Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

May 11, 2026

[redacted]
ARTIS SENIOR LIVING OF LOWER MORELAND LLC
[redacted]

RE: ARTIS SENIOR LIVING OF
HUNTINGDON VALLEY
2085 LIEBERMAN DRIVE
HUNTINGDON VALLEY, PA, 19006
LICENSE/COC#: 14279

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/21/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ARTIS SENIOR LIVING OF HUNTINGDON VALLEY* **License #**: *14279* **License Expiration**: *04/08/2026*

Address: *2085 LIEBERMAN DRIVE, HUNTINGDON VALLEY, PA 19006*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *ARTIS SENIOR LIVING OF LOWER MORELAND LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I 2* **Date**: *10/13/2016* **Issued By**: *Township of Lower Moreland*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *142* **Waking Staff**: *107*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Monitoring* **Exit Conference Date**: *04/21/2026*

Inspection Dates and Department Representative

04/21/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* **Residents Served**: *71*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Entire Home* **Capacity**: *72* **Residents Served**: *71*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *NA* **Are 60 Years of Age or Older**: *71*

Diagnosed with Mental Illness: *NA* **Diagnosed with Intellectual Disability**: *NA*

Have Mobility Need: *71* **Have Physical Disability**: *NA*

Inspections / Reviews

04/21/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *05/14/2026*

Inspections / Reviews *(continued)*

05/07/2026 POC Submission

Submitted By: [redacted] **Date Submitted**: *05/11/2026*

Reviewer: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *05/12/2026*

05/11/2026 POC Submission

Submitted By: [redacted] **Date Submitted**: *05/11/2026*

Reviewer: [redacted] **Follow Up Type**: *Bypass Document Submission*

05/11/2026 Bypass Document Submission

Submitted By: [redacted] **Date Submitted**: *05/11/2026*

Reviewer: [redacted] **Follow Up Type**: *Not Required*

54a Direct Care Staff

1. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction ***Directed [redacted] - 05/11/2026)***

In response to the violation of PA 2600.54a the Director of Health and Wellness took immediate action and staff person A and staff person B were removed from the schedule of direct care until such time as a waiver can be received, GED obtained, or a active registry status on the Pennsylvania nurse aide registry be produced.

On 04/21/2026 the executive director and director of health and wellness vetted the schedule to ensure there were no staff members administering direct care while being out of compliance with PA 2600.54a

The executive director shall audit all new staff members records from the period 04/22/2026 thru 12/31/2026, to ensure ongoing compliance with PA 2600.54a

Proposed Overall Completion Date: 05/08/2026

Directed Plan of Correction (5/11/26 - [redacted]

To clarify the above plan of correction, beginning immediately, the administrator shall conduct monthly audits of newly hired direct care staff to ensure all of the requirements of 54a are met prior to the staff performing unsupervised direct care tasks.

Directed Completion Date: *05/12/2026*

Implemented [redacted] - 05/11/2026)

65d Initial Direct Care Training

2. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person C, hired on [redacted], began providing unsupervised ADL services on [redacted]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

65d Initial Direct Care Training *(continued)*

Plan of Correction ***Directed [redacted] 05/11/2026)***

In response to the violation of PA 2600.65d, 04/21/2026 the executive director took immediate action and removed staff member C from the schedule of rendering unsupervised ADL services, until completing the Department approved direct care training course and passing the competency test.

Staff member C then took immediate action and began the department approved course and passed the competency test. Please see attached proof of compliance.

On 04/22/2026 the executive director conducted an audit of all staff records to ensure compliance with PA 2600.65(d). The executive director shall audit all new staff members records from the period 04/22/2026 thru 12/31/2026, to ensure ongoing compliance with PA 2600.65(d).

Proposed Overall Completion Date: 05/08/2026

Directed Plan of Correction (5/11/26 - [redacted]):

To clarify the above plan of correction, beginning immediately, the administrator shall conduct monthly audits of newly hired direct care staff to ensure all of the requirements of 65d are met prior to the staff performing unsupervised direct care tasks.

Directed Completion Date: *05/12/2026*

Implemented [redacted] - 05/11/2026)

183e - Storing Medications

3. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted] for Resident [redacted], the blister pack was punctured in slot 4 and the pill remained in place.

On [redacted], for Resident [redacted] the blister pack was punctured in slot 8 and the pill remained in place.

Plan of Correction ***Accept ([redacted] - 05/11/2026)***

In response to the violation of PA 2600.183e on 04/15/2026, the executive director and director of health and wellness had begun the process of addressing blister packet punctures. The service provider was consulted and the solution of providing multi drug packaging, with a cardboard backing was deemed to be the most suitable manner of addressing the issue. The predominant cause of the issue was noted to be spacing inside the cart. In the mid May 2026, the service provider will provide training to all medication administration staff and nursing. The start of use date is scheduled for May 28, 2026.

183e Storing Medications (continued)

Weekly cart audits will be conducted beginning 04/22/2026 and remain in place until 12/31/2026, at a minimum. The person in charge of cart audits will be the Director of Health & Wellness.

Please see attached documentation between leadership and the service provider.

Licensee's Proposed Overall Completion Date: *05/08/2026*

Implemented [redacted] - 05/11/2026)