STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395922	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Artman Lutheran Home	250 North Bethlehem Pike Ambler, PA 19002

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on the review of clinical records, facility fall investigation, it was determined that the facility failed to implement a care plan intervention for Resident R1 by not providing a properly functioning chair alarm as specified in the resident's individualized care plan for one of five residents reviewed. (Resident R1).Findings Include:Review of Resident R1's care plan dated September 5, 2025, revealed an intervention requiring the use of an electronic chair alarm to alert staff of unassisted rising. Ensure the device is in place every shift. Review of Resident R1's fall investigation dated October 7, 2025, revealed that the resident was found lying on his right side in his room on the floor with his head against the wall and his legs still positioned on his leg rests.Further review of the investigation revealed that current fall preventions included: bed and chair alarm to alert staff of unassisted rising, hourly checks due to poor safety awareness and fall risk, nonskid socks while in bed, and staff to remain with resident at all times while in the bathroom. Continued review of the investigation revealed that Resident R1's chair alarm was not connected properly when fall occurred. Interview with the Director of Nursing, Employee E2, on October 14, 2025, at 12:00 p.m. confirmed that Resident R1's chair alarm was not connected properly as per the care plan when he fell on October 7, 2025. This deficiency was cited as past non-compliance.Review of facility Action plan/Follow up documentation revealed the following information.1. Resident R1's call bell was connected properly and interventions added to ensure functioning every shift.2. All residents with bed or chair alarms were checked immediately to ensure they were on and functioning.3. The Director of Nursing educated the nursing assistant responsible on 10/8/2025. The Unit Manager in-serviced the clinical team on all shifts; completed on 10/12/2025.4. Audits will be completed weekly on the household by the Unit Manager on residents that have alarms x 3 months and 100% compliance is achieved. Use of Bed and Chair alarms are very minimal in community. Plan of Correction will be reviewed by team in QAPI monthly meetings until completed.Facility date of compliance was October 12, 2025.A review was conducted of clinical records, facility documentation, staff education, and documentation of audits conducted by the facility. Interview with staff revealed that the staff was knowledgeable about the facility bed/chair alarm policy. It was determined that the plan of correction was implemented and identified as past non-compliance.28 Pa. Code 211.12(d)(3) Nursing services.28 Pa. Code 211.12(d)(5) Nursing services.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE