

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER Artman Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>36609</p> <p>Based on interviews with residents and staff, observations, and review of facility policy, it was determined the facility did not ensure the residents' right to file a grievance anonymously was available for the residents for nine of nine residents interviewed (Resident R15, 16, 26, 28, 29, 39, 42, 43, and 159).</p> <p>Findings include:</p> <p>Review of the facility's policy titled Resident Concerns/Grievances not dated states, The resident or family has the right to file a grievance anonymously by using the locked boxes on the households which are routinely checked by the DON (Director of Nursing).</p> <p>During resident council on May 22, 2025, at 10:00 a.m. with nine alert and oriented residents (Resident R15, 16, 26, 28, 29, 39, 42, 43, and 159) all agreed that they were not aware it was their right to be able to file a grievance anonymously.</p> <p>During an interview and observation with Community Life Leader, Employee E6, on May 22, 2025, at 11:30 a.m., a sign posted in one of the three skilled nursing units titled Notice of Grievance Procedures indicated the residents had the right to file a grievance and may file a grievance anonymously. The surveyor did not observe a designated area where the anonymous grievance would be submitted. Employee, E6 pointed to the box labeled suggestion box.</p> <p>The Director of Nursing confirmed On May 23, 2025, at approximately 11:30 a.m., there will be a box labeled for anonymous grievances.</p> <p>28 Pa. Code 201.14(a)Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(3) Management</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 201.29(a)Resident rights</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER Artman Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36609</p> <p>Based on review of facility policies, clinical record reviews and interviews with staff, it was determined that the facility did not ensure that all allegations of abuse and neglect were reported immediately to the Pennsylvania Department of Health for one of 16 residents reviewed. (Resident R28)</p> <p>Findings Include:</p> <p>Review of the facility policy titled Abused or Neglected Residents revied 2023, states the resident has the right to freedom from neglect and protects residents from real or perceived abuse or neglect from any source. The policy defines neglect as deprivation by an individual, including caretaker, a facility, its employees, or service providers to provide good and services that is necessary to attain or maintain physical mental emotional psychosocial well-being. The same policy states that the investigation will include the witness(es) interview and signed statement will be obtained. Any suspected or alleged abuse will be reported to the Department of Health.</p> <p>Resident R28 was admitted to the facility on [DATE], with heart failure, and atrial fibrillation (irregular heartbeat causing increased risk for stroke).</p> <p>Review of nursing note dated February 5, 2025, stated the resident alerted the staff that she spilled coffee on herself. Upon the nurse's assessment the resident was noted with scattered intact blisters to the right abdominal area, under right breast and upper right thigh.</p> <p>Interview with Resident R28 on May 23, 2025, at approximately 1:00 p.m. indicated she was given her cup of coffee sitting up in bed and fell asleep with the cup in her hand. The resident stated, At first, I didn't realize it because it didn't hurt. I didn't tell nursing until later.</p> <p>Interview with the Director of Nursing on May 22, 2025, at approximately 9:30 a.m. stated the incident was not reported to State Survey Agency.</p> <p>28 Pa. Code: 201.14(a)(c) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1)(e)(1) Management.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER Artman Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36609</p> <p>Based on clinical record review, interviews with staff and residents and reviews of policies and procedures, it was determined that the facility failed to conduct complete and thorough investigations into allegations of abuse and neglect for one of 16 residents reviewed. (Resident R28)</p> <p>Findings include:</p> <p>Review of the facility policy titled Abused or Neglected Residents revised 2023, states the resident has the right to freedom from neglect and protects residents from real or perceived abuse or neglect from any source. The policy defines neglect as deprivation by an individual, including caretaker, a facility, its employees, or service providers to provide good and services that is necessary to attain or maintain physical mental emotional psychosocial well-being. The same policy states that the investigation will include the witness(es) interview and signed statement will be obtained. Any suspected or alleged abuse will be reported to the Department of Health.</p> <p>Review of Resident R28 was admitted to the facility on [DATE], with heart failure, atrial fibrillation (irregular heartbeat causing increased risk for stroke).</p> <p>Review of nursing note dated February 5, 2025, stated the resident alerted the staff that she spilled coffee on herself. Upon the nurse's assessment the resident was noted with scattered intact blisters to the right abdominal area, under right breast and upper right thigh.</p> <p>Review of facility investigation and interview with dining coordinator, Employee E7 May 22, 2025, at 12:00 p. m. who placed the coffee on the resident's breakfast tray and the aide Employee E8 on May 23, 2025, at 11:30 p.m., who served the coffee to Resident R28, confirmed the facility failed to obtain the written witness statement to rule out any possibility of neglect.</p> <p>28 Pa. Code: 201.14(a)(c) Responsibility of licensee</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER Artman Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>46993</p> <p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>Based on review of facility provided documentation, review of clinical record, and interview with staff, it was determined that facility did not ensure to provide pneumococcal immunization according to professional standards of practice for one of 73 residents reviewed (Resident R165)</p> <p>Findings include:</p> <p>Review of facility provided policy 'Immunization Policy,' unknown date, indicates that All residents will be offered the Pneumococcal vaccine per Centers for Disease Control and Prevention (CDC) recommendations (age/timing of previous vaccine).</p> <p>According to CDC Epidemiology and Prevention of Vaccine-Preventable Diseases, revised on April 22, 2024, indicates that The key to preventing serious adverse reactions after vaccination is effective screening. Every patient should be screened for contraindications and precautions before administering any vaccine dose.</p> <p>Further review of facility's policy 'Immunization Policy,' unknown date, indicates that these vaccines will be administered by any appropriately qualified personnel who are following facility procedures, without the need for an individual physician evaluation or order other than the signed standing orders.</p> <p>Review of facility provided documentation on May 21, 2025, 12:00 p.m., revealed Resident R165, received pneumococcal immunization on August 27, 2024.</p> <p>Review of R165's clinical record revealed no evidence of completed screening prior to immunization.</p> <p>Interview with facility's infection preventionist, Employee E4, on May 21, 2025 at 2:00 pm, confirmed that facility does not complete screening for pneumococcal immunizations prior to administration.</p> <p>28 Pa Code 210.14(a) Responsibility of licensee</p> <p>28 Pa Code 201.18(b)(1) Management</p> <p>28 Pa Code 211.12 (c)(d) (10) nursing services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER Artman Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>46993</p> <p>Based on review of facility provided documentation, review of clinical record, and interview with staff, it was determined that facility did not provide Covid-19 immunizations according to professional standards of practice for 35 of 73 residents reviewed (Residents R7, R26, R35, R27, R48, R43, R29, R18, R177, R15, R178, R20, R14, R38, R166, R167, R168, R169, R170, R171, R172, R173, R174, R8, R175, R176, R179, R180, R39, R37, R9, R46, R40, R22, R181)</p> <p>Findings include:</p> <p>Review of facility provided policy 'Immunization Policy,' unknown date, indicates that All residents, staff and volunteers will be offered covid-19 vaccine per the Centers for Disease Control and Prevention (CDC) recommendations.</p> <p>According to CDC Epidemiology and Prevention of Vaccine-Preventable Diseases, revised on April 22, 2024, indicates that The key to preventing serious adverse reactions after vaccination is effective screening. Every patient should be screened for contraindications and precautions before administering any vaccine dose.</p> <p>Further review of facility's policy 'Immunization Policy,' unknown date, indicates that these vaccines will be administered by any appropriately qualified personnel who are following facility procedures, without the need for an individual physician evaluation or order other than the signed standing orders.</p> <p>According to S483.80(d)(3) COVID-19 immunizations, The LTC facility must develop and implement policies and procedures to ensure all the following: When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized. (Screening individuals prior to offering the vaccination for prior immunization, medical precautions and contraindications is necessary for determining whether they are appropriate candidates for vaccination at any given time.)</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R7 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R26 was administered covid-19 immunization on October 14, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R35 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R27 was administered covid-19 immunization on October 11, 2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER Artman Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R48 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R43 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R29 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R18 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R177 was administered covid-19 immunization on December 17, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R15 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R178 was administered covid-19 immunization on October 26, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R20 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R7 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R14 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R38 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R166 was administered covid-19 immunization on November 8, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R167 was administered covid-19 immunization on February 22, 2025.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R168 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R169 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R170 was administered covid-19 immunization on October 15, 2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER Artman Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R171 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R172 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R173 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R174 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R8 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R175 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R176 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R179 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R180 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R39 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R37 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R9 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R46 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R40 was administered covid-19 immunization on April 24, 2025.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R22 was administered covid-19 immunization on October 11, 2024.</p> <p>Review of facility provided documentation, on May 21, 2025 at 12:00 pm, revealed Resident R181 was administered covid-19 immunization on October 14, 2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER Artman Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of residents' clinical records revealed no evidence of completed screening prior to covid-19 immunizations.</p> <p>Interview with facility's infection preventionist, Employee E4, on May 21, 2025 at 2:00 p.m. confirmed facility did not</p> <p>complete screenings on the residents listed above as required.</p> <p>28 Pa Code 201.18(b)(1) Management</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER Artman Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36609</p> <p>Based on interviews review of clinical records and facility policy, it was determined the facility failed to have a scheduled maintenance for residents' bed rails to ensure safety for one of 16 resident records reviewed (Resident R28).</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled Bed Rails states the facility will ensure individual bed rail assessments and evaluations are performed on a regular basis.</p> <p>Resident was admitted to the facility on [DATE], with heart failure, atrial fibrillation (irregular heartbeat causing increased risk for stroke).</p> <p>Review of Resident R28's nursing note revealed an incident on March 11, 2025, the resident was found on the floor with a hematoma (bruise) to the left side of the head. The nurse noted that the right-side bed rail was broken, right side rail was in up position but would not lock in place.</p> <p>Interview with the Director of Maintenance on May 22, 2025, at 9:00 a.m. stated the bed rails were checked only at the time that a room was prepare for a new admission. Since the incident the Director of Maintenance stated we now check the bedrails monthly since the incident.</p> <p>28 PA Code 201.18(b)(1) Management</p>		