



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
September 9, 2022

[REDACTED]
DRI/Heartis Yardley, LLC
[REDACTED]
[REDACTED]

RE: Heartis Yardley
255 Oxford Valley Road
Yardley, Pennsylvania 19067
License #: 14772

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on 09/09/2021, 09/13/2021, 09/15/2021, 09/23/2021, 09/30/2021, 09/30/2021, 10/01/2021, 10/14/2021, 10/21/2021 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Continued compliance must be maintained.

Sincerely,

Claire Mendez

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: HEARTIS YARDLEY License #: 14772 License Expiration:
Address: 255 OXFORD VALLEY ROAD, YARDLEY, PA 19067
County: BUCKS Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: 267-907-7977 Email: [REDACTED]

Legal Entity

Name: DRI HEARTIS YARDLEY LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-3 SP Date: 04/12/2019 Issued By: Lower Makefield Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 56 Waking Staff: 42

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 10/21/2021

Inspection Dates and Department Representative

09/09/2021 - On-Site: [REDACTED]
09/13/2021 - Off-Site: [REDACTED]
09/15/2021 - Off-Site: [REDACTED]
09/23/2021 - Off-Site: [REDACTED]
09/30/2021 - Off-Site: [REDACTED]
09/30/2021 - Off-Site: [REDACTED]
10/01/2021 - Off-Site: [REDACTED]
10/14/2021 - Off-Site: [REDACTED]
10/21/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 115 Residents Served: 31

Special Care Unit

In Home: Yes Area: Generations Capacity: 21 Residents Served: 7

Resident Demographic Data as of Inspection Dates (continued)

Hospice

Current Residents: x

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 31

Diagnosed with Mental Illness: 18

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 25

Have Physical Disability: 5

Inspections / Reviews

09/09/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/12/2021

09/09/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/18/2021

09/09/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 01/20/2022

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED]/2021, resident #1 suffered a laceration on the left arm and displayed altered mental status and was sent to the hospital via paramedics. The residence did not report this incident to the Department. On [REDACTED]/2021, resident #2 had an unwitnessed fall and was sent out to a hospital due to pain in the left leg. The residence did not report this incident to the Department until [REDACTED]/2021. On [REDACTED]/2021, resident #3 fell and sustained a laceration over the right eye requiring stitches. The residence did not report this incident to the Department until [REDACTED]/2021.

Plan of Correction

Staff training of regulation Chapter 2800.16.c. will be completed by 12/30/2021 by Executive Director. Reportable and Condition Binder was made with incident tracker by Executive Director. Executive Director or designee will conduct an audit of facilities' incident or conditions for compliance. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022

Licensee's Proposed Date of POC Implementation

Not Implemented 9/9/22 CM

25b Contract signatures and renewal

1. Requirements

2800.

25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

The contract for resident #4, dated [REDACTED]/2021, was not signed by the resident.

The contract for resident #5, dated [REDACTED]/2021, was not signed by the resident.

Plan of Correction

Resident #4 and #5 are no longer residing at the facility so unable to review and update the resident's contract with a signature. Staff training of regulation Chapter 2800.25b.c. will be completed by 1/3/2022 by Executive Director or designee. Executive Director or designee will conduct an audit of resident's contract for compliance. Checklist will be made for resident's contract to ensure compliance of regulation Chapter 2800.25b. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022

Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

41e Signed statement

1. Requirements

2800.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

The records for resident # 4 and #5 did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

41e Signed statement (continued)

Plan of Correction

Resident #4 and #5 are no longer residing at the facility so unable to review resident's rights and complaint procedures with a documented signature. Staff training of regulation Chapter 2800.41.e. will be completed by 1/3/2022 executive director or designee. Staff will conduct an audit of resident's contracts for compliance of documented signature for reviewing resident's rights and complaint procedure. Checklist will be made for resident's contract to ensure compliance of regulation Chapter 2800.41.e. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022 Licensee's Proposed Date of POC Implementation Implemented 9/9/22 CM

42b Abuse/Neglect

1. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #5 was admitted to the residence's secured dementia care unit on [redacted]/21. On [redacted]/21, resident #5 eloped through a window in order to visit an unsecured area of the residence in which a [redacted] resides. The residence's progress notes state "needs to be aware of resident's whereabouts at all times." The residence noted on progress reports that on [redacted]/21, the resident was constantly exit seeking during the afternoon shift and pulled the alarm out of the garden door. Resident #5 continued to exhibit exit seeking behaviors. On [redacted]/21 resident broke the wanderguard and removed it from the wrist. On [redacted]/21, the resident attempted to elope through the all-purpose room by pulling a window off of the tracks and removed the screen. On [redacted]/21, the resident attempted to climb over an outside gate. On [redacted]/2021 at approximately 10am, resident #5 eloped from the residence through a window in the fireplace lounge area and was later found on the sidewalk outside of the community near an adjacent community about 1/4 of a mile away. The road on which the resident was found is a four lane road with an additional middle turning lane. The road is heavily traveled with several stores nearby and has a speed limit of 40 miles per hour. At 10am, the outside temperature was 76 degrees with a dewpoint between 64 and 69. The home was not immediately aware of the resident's elopement and resident #5 was without supervision outside of the community for an unknown period of time. When the resident was returned to the community, a small scrape was discovered on the left elbow. The most recent support plan, dated 6/3/21 indicates that the resident wanders through the community and needs redirection and prompting. The support plan was not updated to include the resident's exit seeking behaviors or plan to address these behaviors.

Plan of Correction

Accept

Staff training of regulation Chapter 2800.42.d. will be completed by 12/20/2021 by executive director or designee. Generations Program Director or designee will conduct rotating shift monthly elopement drills and documented on the Elopement Drill Record. Documentation will be available for Department of Health and Human Services for review

Completion Date: 01/17/2022 Licensee's Proposed Date of POC Implementation

Not Implemented 9/9/22 CM

42d Notice - home rules

1. Requirements

2800.

42.d. A resident shall be informed of the rules of the home and given 30 days' written notice prior to the effective date of a new residence rule.

Description of Violation

The residence contract stipulates that the residents agree to the general policies and code of conduct specified in the residence handbook/code of conduct including:

- Residents must not be disruptive, must not create unsafe conditions, and must not be physically or verbally abusive to other residents or staff
- Show courtesy and respect to all residents, guests, and community associates at all times
- Demonstrate behavior and conduct that does not infringe upon the peaceful environment of other residents.

Resident #1 failed to abide by these policies and code of conduct on multiple occasions. The resident brought alcoholic beverages, sharp objects, and over-the-counter vitamin supplements into resident #4's room. Resident #1 would also engage in angry verbal exchanges with resident #4 in the presence of other residents. The residence changed resident #1's visiting schedule/rules several times, allowing and then not allowing resident #1 to sleep over in resident #4's room without sufficient notice, exasperating both residents and thus triggering problematic behaviors.

Plan of Correction

Accept

Staff training of regulation Chapter 2800.42.d. will be completed by 12/20/2021 by executive director or designee. Executive Director or designee will ensure 30-day notification of any changes in the home rules are in writing to all residents, if applicable. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/17/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

42s Privacy - self/possessions

1. Requirements

2800.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 05/30/2021, staff A utilized a cell phone to record audio and video resident #4 in the dining room area without the residents' consent. The staff person was interviewing the resident about an altercation that occurred in the dining room between Residents #1 and #4.

Plan of Correction

Staff training of facility's employee handbook regarding video and taping and regulation Chapter 2800.42.d by business office director or designee. Training will be completed by 12/20/2021. Audit of employee's personnel file to ensure employee signed that they read and received the facility handbook by 1/3/2022 by business office director or designee. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

42s Privacy - self/possessions (continued)

51 Criminal background checks

1. Requirements

2800.

51.a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

51.b. The hiring policies shall be in accordance with the Department of Aging’s Older Adult Protective Services Act policy as posted on the Department of Aging’s web site.

Description of Violation

Staff person B previously provided direct care at the residence as an agency staff prior to being hired as a regular staff person on 07/19/2021. Staff person C is an agency staff who works on an as needed basis. The residence did not have a criminal background check on file for either staff.

Plan of Correction

Executive director or designee will train Business Officer Director, Resident Care Director and Generation Program Director of regulation Chapter 2800.51.a and Chapter 2800.51.b. Training will be completed by 12/20/2021. Audit of employee’s personnel file to ensure a criminal background check was completed and documentation is in the employee file by 1/3/2022 by business office director or designee. Checklist will be made for employee’s file to ensure compliance with regulation Chapter 2800.51a/b. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022 Licensee’s Proposed Date of POC Implementation Not Implemented 9/9/22 CM

54a Direct care staff quals

1. Requirements

2800.

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

Staff person D, hired [redacted]/21, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry on file.

Plan of Correction

Administrator or designee will train Business Officer Director, Resident Care Director and Generation Program Director of regulation Chapter 2800.54.a. Training will be completed by 12/20/2021. Audit of employee’s personnel file to ensure direct care staff qualification are in the employee file. Audit will be completed 1/3/2022 by business office director or designee. Checklist will be made for employee’s file to ensure compliance with regulation Chapter 2800.54.a. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022 Licensee’s Proposed Date of POC Implementation Not Implemented 9/9/22 CM

65a Fire Safety-1st day

1. Requirements

2800.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- 1. Evacuation procedures.

65a Fire Safety-1st day (continued)

2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

The residence did not have any documents showing that substitute staff person B and C received orientation on the topics listed above.

Plan of Correction

Staff person B and C no longer work at the facility. Audit of employee's personnel file to ensure fire safety first day training was complete by business office director or designee. Re fresher staff training of regulation Chapter 2800.65.a will be completed by 12/14/2021 by fire safety expert. Checklist will be made for employee's files to ensure compliance with regulation Chapter 2800.65.a. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022 *Licensee's Proposed Date of POC Implementation* **Not Implemented 9/9/22 CM**

65e Rights/Abuse 40 Hours**1. Requirements**

2800.

65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.
5. Safe management techniques.
6. Core competency training that includes the following:
 - i. Person-centered care.
 - ii. Communication, problem solving and relationship skills.
 - iii. Nutritional support according to resident preference.

Description of Violation

The residence did not have any documents showing that substitute staff person B and C received an orientation on the topics listed above within 40 scheduled working hours.

Plan of Correction

Staff person B and C no longer work at the facility. Audit of employee's personnel file to ensure employees received an orientation on the topics were completed during first 40 hours of employment. Re fresher staff training of regulation Chapter 2800.65.e will be completed by 12/28/2021 business office director or designee. Checklist will be made for employee's files to ensure compliance with regulation Chapter 2800.65.e. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022 *Licensee's Proposed Date of POC Implementation* **Not Implemented 9/9/22 CM**

69 Dementia training

1. Requirements

2800.

69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Staff person D, date of hire [redacted] 2021, did not complete the required dementia-specific training until [redacted] /2021.

Plan of Correction

Staff person D no longer work at the facility. Audit of employee's personnel file to ensure dementia training was completed within 30 days of hire. Re fresher staff training of regulation Chapter 2800.69 will be completed by 1/12/2022. Checklist will be made for employee's files to ensure compliance with regulation Chapter 2800.69. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022 Licensee's Proposed Date of POC Implementation Not Implemented 9/9/22 CM

141a Medical evaluation

1. Requirements

2800.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Description of Violation

The medical evaluation for resident #1, dated [redacted] /2021, does not include TB Skin Test or Chest X-Ray date. This area of the form is blank.

The medical evaluation for resident #4, dated [redacted] /2021, does not include TB Skin Test or Chest X-Ray date. This area of the form is blank.

The medical evaluation for resident #5, dated [redacted] /2021, does not include TB Skin Test or Chest X-Ray date. This area of the form is blank.

Plan of Correction

Accept

Resident #1 and #4 and #5 are no longer residing at the facility so unable to ensure that resident's medical evaluation reflect a current TB skin test or chest-ray. Administrator or designee will train Business Officer Director, Resident Care Director, Resident Care Coordinator and Generation Program Director and Director of Sales and Marketing on regulation Chapter 2800.141.a. Training will be completed by 12/20/2021. Audit of resident's file to ensure compliance of documentation of a tuberculin skin test by resident care director of designee. Audit will be completed 1/3/2022. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/17/2022 Licensee's Proposed Date of POC Implementation Not Implemented 9/9/22 CM

191 Resident right to refuse

1. Requirements

2800.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #4 and #5 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Resident #4 and #5 are no longer residing at the facility so unable to review resident's right to refuse medication with a documented signature. Update resident's contract under the resident's rights to reflect the education of the resident has the right to refuse medication. Staff training of regulation Chapter 2800.191 will be completed by 1/3/2022 by executive director or designee. Executive Director or designee will conduct an audit of resident's contracts for compliance of documented signature for reviewing resident's right to refuse medication. Checklist for resident's file to ensure compliance of regulation chapter 2800.191. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

201 Positive interventions

1. Requirements

2800.

201. Safe Management Techniques - The residence shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident #1 and #4 are [REDACTED]. Resident #1 resided on the assisted living side of the residence and resident #4 resided on the memory care side. Resident #1 visited resident #4 often to include [REDACTED]. Resident #1 would bring in objects that are unsafe for residents in a secured dementia care unit including alcoholic beverages, sharp objects, and over the counter vitamins. Residents #1 and #4 would engage in verbal altercations with each other and would get mad at staff who tried to intervene, disrupting the peace of the other residents. On [REDACTED]/2021 at dinner, both resident #1 and #4 were upset and talking loudly with each other. Resident #4 grabbed a bowl of soup and tried to throw it in the direction of the resident sitting opposite. Staff A pulled back the resident's wheelchair backwards to prevent the object from making contact. However, resident #4 continued to grab silverware and threaten the other residents at the table. Resident #1, who was sitting beside resident #4, became angry at the intervening staff person, stood up abruptly, lacerating [REDACTED] left arm against the table in the process. Staff A and other staff in the dining area failed to employ safe management techniques to prevent the altercation and deescalate the situation.

201 Positive interventions (continued)

Plan of Correction

Resident #1 and #4 are no longer residing at the facility so unable to review the assessment support plan with the staff to ensure positive interventions are followed. Staff training of regulation Chapter 2800.201 will be completed by 1/5/2022. Executive director or designee will ensure continued compliance of positive interventions for residents thru resident engagement. Documentation will be available for Department of Health and Human Services for review.

Accept

Resident #1 and #4 are no longer residing at the facility so unable to review the assessment support plan with the staff to ensure positive interventions are followed. Staff training of regulation Chapter 2800.201 will be completed by 1/5/2022. Executive director or designee will ensure continued compliance of positive interventions for residents thru resident engagement during monthly resident council. Executive Director or designee will conduct department head stand up meetings weekly to include any resident's situations in the community regarding attention and develop collaborative interventions of the de-escalation of the resident situation. Collaborative interventions will be documented on resident's assessment support plan when appropriate. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/17/2022

Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

224c5 Preliminary support plan - completion

1. Requirements

2800.

224.c.5. A residence may use its own support plan form if it includes the same information as the Department's support plan form. An LPN, under the supervision of an RN, or an RN shall review and approve the preliminary support plan.

Description of Violation

The home uses its own preliminary support plan form. The preliminary support plans for resident #1 and #4 were not reviewed or approved by an RN.

Resident #5 was transferred to the SDCU on [REDACTED]/2021. The preliminary support plan dated [REDACTED]/2021 was not reviewed or approved by an RN.

Plan of Correction

Resident #1 and #4 and #5 are no longer residing at the facility. Administrator or designee will train Business Officer Director, Resident Care Director, Resident Care Coordinator and Generation Program Director and Director of Sales and Marketing on regulation Chapter 2800.224.c.5. Training will be completed by 12/20/2021. Audit of resident's file to ensure compliance of resident's assessment support plan was reviewed or approved by RN. Audit will be completed 1/3/2022 by resident care director or designee. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022

Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

224c8 Preliminary support plan - participants' signatures

1. Requirements

2800.

224.c.8. Individuals who participate in the development of the preliminary support plan shall sign and date the preliminary support plan.

224c8 Preliminary support plan - participants' signatures (continued)

Description of Violation

Resident #4 participated in the development of the resident's preliminary support plan; however, the resident did not sign and date the preliminary support plan.

Resident #5's designated person participated in the development of the resident's preliminary support plan; however, the designated person did not sign and date the preliminary support plan.

Plan of Correction

Resident #4 and #5 are no longer residing at the facility. Administrator or designee will train Business Officer Director, Resident Care Director, Resident Care Coordinator and Generation Program Director and Director of Sales and Marketing on regulation Chapter 2800.224.c.8. Training will be completed by 12/20/2021. Audit of resident's file to ensure compliance of resident's assessment support plan were reviewed and signed by the resident. Audit will be completed 1/3/2022 by resident care director or designee. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022

Licensee's Proposed Date of POC Implementation

Not Implemented 9/9/22 CM

227a Final support plan – 30 days

1. Requirements

2800.

227.a. Each resident requiring services shall have a written final support plan developed and implemented within 30 days after admission to the residence. The final support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #4 was admitted on [REDACTED]/2021; however, the resident's final support plan was not completed until [REDACTED]/2021.

Plan of Correction

Resident #4 is no longer residing at the facility. Administrator or designee will train Business Officer Director, Resident Care Director, Resident Care Coordinator and Generation Program Director and Director of Sales and Marketing on regulation Chapter 2800.227.a. Training will be completed by 12/20/2021. Audit of resident's file to ensure compliance of resident's final assessment support plan were completed within 30 days of admission. Audit will be completed 1/3/2022 by resident care director or designee. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022

Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

227d Support plan – med/dental

1. Requirements

2800.

227.d. Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

On 05/21/2021, the residence held a care meeting with resident #1 and the resident's family regarding the resident's behavior, hoarding, and verbal combativeness towards care staff; however, these behaviors were not addressed on the resident's support plan.

227d Support plan – med/dental (continued)

On 05/14/2021, resident #6 was prescribed 2oz gin or 4 oz wine daily. The resident's support plan was not updated to reflect this order.

Plan of Correction

Resident #1 and #6 are no longer residing at the facility. Administrator or designee will train Business Officer Director, Resident Care Director, Resident Care Coordinator and Generation Program Director and Director of Sales and Marketing on regulation Chapter 2800.227.d. Training will be completed by 12/20/2021. Audit of resident's file to ensure compliance of resident's assessment support plan are update with the current plan of care. Audit will be completed 1/3/2022 by resident care director or designee. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

227g Support plan - signatures

1. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4's Assessment and Support Plan (ASP) dated [redacted]/2021 was not signed by the assessor or the resident.

Resident #5's ASP dated [redacted]/2021 was not signed by the assessor or the resident.

Resident #6's ASP dated [redacted]/2021 was not signed by the resident.

Plan of Correction

Resident #4 and #5 and #6 are no longer residing at the facility. Administrator or designee will train Business Officer Director, Resident Care Director, Resident Care Coordinator and Generation Program Director and Director of Sales and Marketing on regulation Chapter 2800.227.g. Training will be completed by 12/20/2021. Audit of resident's file to ensure compliance of resident's assessment support plan were reviewed and signed by the resident. Audit will be completed 1/3/2022 by resident care director or designee. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022 Licensee's Proposed Date of POC Implementation

Not Implemented 9/9/22 CM

227h Support plan – refusal sign

1. Requirements

2800.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #4's ASP dated [redacted]/2021, resident #5's ASP dated [redacted]/2021, and resident #6's ASP dated 05/04/2021 were not signed by the resident. However, the residence did not make a notation regarding the resident's ability or refusal to sign on each resident's ASP.

Plan of Correction

Resident #4 and #5 and #6 are no longer residing at the facility. Administrator or designee will train Business Officer Director, Resident Care Director, Resident Care Coordinator and Generation Program Director and Director of Sales and Marketing on regulation Chapter 2800.227.h. Training will be completed by 12/20/2021. Audit of resident's file to ensure documentation of resident to refuse to sign their assessment support plan. Audit will be completed

227h Support plan – refusal sign (continued)

1/3/2022 by resident care director or designee. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

228b Discharge or transfer

1. Requirements

2800.

228.b. If the residence initiates a transfer or discharge of a resident, or if the legal entity chooses to close the residence, the residence shall provide a 30-day advance written notice to the resident, the resident’s family or designated person and the referral agent citing the reasons for the transfer or discharge. This shall be stipulated in the resident-residence contract.

Description of Violation

The residence discharged resident #1 against the resident's will on [redacted]/2021. The residence did not notify the resident of the discharge until [redacted]/2021.

Plan of Correction

Accept

Executive Director or designee will conduct staff training of regulation Chapter 2800.228.b. will be completed by 12/20/2021. Executive Director or designee will collaborate with the Department of Human Services for any discharge/transfer notices that is less than 30 days due to unsafe conditions for the resident or other residents of Heartis Yardley. Executive Director or designee will conduct a weekly department head meeting to discuss any resident that require a 30-day discharge/transfer notices and will be documented on the department head stand-up form. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/17/2022 Licensee's Proposed Date of POC Implementation

Implemented 9/9/22 CM

2. Requirements

2800.

228.b. If the residence initiates a transfer or discharge of a resident, or if the legal entity chooses to close the residence, the residence shall provide a 30-day advance written notice to the resident, the resident’s family or designated person and the referral agent citing the reasons for the transfer or discharge. This shall be stipulated in the resident-residence contract.

1. The 30-day advance written notice must be written in language in which the resident understands, or performed in American Sign Language or presented orally in a language the resident understands if the resident does not speak standard English. The notice must include the following:
 - i. The specific reason for the transfer or discharge.
 - ii. The effective date of the transfer or discharge.
 - iii. The location to which the resident will be transferred or discharged.
 - iv. An explanation of the measures the resident or the resident’s designated person can take if they disagree with the residence decision to transfer or discharge which includes the name, mailing address, and telephone number of the State and local long-term care ombudsman.
 - v. The resident’s transfer or discharge rights, as applicable.

Description of Violation

Resident #1 and #4 received a discharge notice dated [redacted]/2021. The notice did not include the following:

228b Discharge or transfer (continued)

- The specific reason for the transfer or discharge.
- The effective date of the transfer or discharge.
- The location to which the resident will be transferred or discharged.
- An explanation of the measures the resident or the resident’s designated person can take if they disagree with the residence decision to transfer or discharge which includes the name, mailing address, and telephone number of the State and local long-term care ombudsman.
- The resident’s transfer or discharge rights, as applicable.

Plan of Correction

Accept

Executive Director or designee will conduct staff training of regulation Chapter 2800.228.b. will be completed by 12/20/2021. Executive Director or designee will collaborate with the Department of Human Services for any discharge/transfer notices that is less than 30 days due to unsafe conditions for the resident or other residents of Heartis Yardley. Executive Director or designee will conduct a weekly department head meeting to discuss any resident that require a 30-day discharge/transfer notices and will be documented on the department head stand up form. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/17/2022 Licensee’s Proposed Date of POC Implementation

Implemented 9/9/22 CM

231b Medical evaluation

1. Requirements

2800.

231.b. Medical evaluation. A resident or potential resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission.

1. Documentation for a special care unit for residents with Alzheimer’s disease or dementia must include the resident’s diagnosis of Alzheimer’s disease or dementia and the need for the resident to be served in a special care unit.

Description of Violation

Resident #5 was admitted to the special care unit on [REDACTED]/2021; however, the resident’s medical evaluation was completed on [REDACTED]/2021 for the resident’s initial move into the assisted living unit.

Plan of Correction

Resident #5 and is no longer residing at the facility. Administrator or designee will train Business Officer Director, Resident Care Director, Resident Care Coordinator and Generation Program Director and Director of Sales and Marketing on regulation Chapter 2800.231.b. Training will be completed by 12/20/2021. Audit of special care unit resident’s file to ensure compliance of regulation Chapter 2800.231.b. Audit will be completed 1/3/2022 by resident care director or designee. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022 Licensee’s Proposed Date of POC Implementation

Implemented 9/9/22 CM

231c1 Preadmit screening

1. Requirements

2800.

231.c.1.i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Description of Violation

Resident #4 was admitted to the special care unit on [REDACTED] 2021. However, the resident's written cognitive preadmission screening is missing the 2nd page with information on determination, participants, and screeners.

Resident #5 was transferred to the special care unit on [REDACTED] /2021. However, the resident's written cognitive preadmission screening was completed on [REDACTED] 2021 for the resident's initial move into the assisted living unit. The residence did not complete a new written cognitive preadmission screening for the resident's transfer to the special care unit.

Plan of Correction

Facility will not admit any residents into the special care unit until a written cognitive preadmission screening is completed within 72 prior to resident's admission date. Staff training of regulation Chapter 2800.231.c.1.i will be completed by 1/12/2022. Resident's charts in special care unit will be audited for compliance by 1/3/2022 by generation program director or designee. Documentation will be available for Department of Health and Human Services for review.

Completion Date: 01/12/2022 *Licensee's Proposed Date of POC Implementation*

Implemented 9/9/22 CM