



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 10, 2022

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

RE: Heartis Yardley
255 Oxford Valley Road
Yardley, Pennsylvania 19067
License #: 147721

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection November 29, 2021, December 3, 7, and 13, 2021, February 16 and 22, 2022, April 27, 28, and 29, 2022, and May 3 and 12, 2021 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), the Department hereby REVOKES your certificate of compliance 147720 dated March 15, 2022 to March 15, 2023 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated March 15, 2022 to March 15, 2023 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2);(3) ;(4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 10, 2022 to February 10, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

[REDACTED]

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jeanne Parisi, Bureau Director
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: HEARTIS YARDLEY License #: 14772 License Expiration: 03/15/2023
Address: 255 OXFORD VALLEY ROAD, YARDLEY, PA 19067
County: BUCKS Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: 267-521-1032 Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: I-2 Date: 12/01/2020 Issued By: Lower Makefield Twp

Staffing Hours

Resident Support Staff: Total Daily Staff: 87 Waking Staff: 65

Inspection Information

Type: Interim - POC Notice: Unannounced BHA Docket #:
Reason: Monitoring Exit Conference Date: 05/12/2022

Inspection Dates and Department Representative

04/27/2022 - On-Site: [REDACTED]
04/28/2022 - Off-Site: [REDACTED]
04/29/2022 - Off-Site: [REDACTED]
05/03/2022 - Off-Site: [REDACTED]
05/12/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 115 Residents Served: 56

Special Care Unit

In Home: Yes Area: 1st Floor Capacity: 21 Residents Served: 11

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 31 Have Physical Disability: 2

Inspections / Reviews

04/27/2022 - Interim - POC

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *05/17/2022*

06/22/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/20/2022*

06/23/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

Follow-Up Date:

96a First aid kit

1. Requirements

2800.

96.a. The residence shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. The residence shall have an automatic external defibrillation device located in each building on the premises.

Description of Violation

The first aid kit located in the Wellness Office does not include eye coverings.

Plan of Correction

Accept

Eye shields were placed in the first aid kit at the time of inspection. Resident Care Director performed an inventory of all other first aid kits to ensure that all required contents were accounted for including eye shields. The Resident Care Director or designee will be responsible to maintain adequate supplies in the first aid kits throughout the community. Audits of the first aid kits will be performed on a monthly basis.

Completion Date: 05/12/2022 Licensee Proposed Date

SW 7/6/22

Document Submission

Implemented

Eye shields were placed in the first aid kit at the time of inspection. Resident Care Director performed an inventory of all other first aid kits to ensure that all required contents were accounted for including eye shields. The Resident Care Director or designee will be responsible to maintain adequate supplies in the first aid kits throughout the community. Audits of the first aid kits will be performed on a monthly basis.

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

Direct care staff, B, copied resident #1's identity on [redacted]/2022 and texted copies of the residents social security card, drivers license and the front and back of the residents credit cards to [redacted] friends with the intent to commit identity fraud. Staff D reported the theft, on [redacted]/2022, to the administration of the home when [redacted] learned of the text from a relative, confirming staff A's intent to commit identity fraud.

Plan of Correction

Accept

Staff member D did report the photos to administration, who immediately placed staff member B on suspension pending investigation. Due to the complexity of the situation upon investigation, staff member D and Staff member A were also placed on suspension. The authorities were called as well as the resident's responsible party. Lower Makefield Police Department responded and have taken over the investigation. Additionally, Heartis administration immediately reported the incident to the Bucks County Area Agency on Aging and the Bureau of Human Services Licensing as required by our guidelines in such an event. Prior to learning of this incident, all staff had been re-trained (between the dates of 4/10 and 4/14). Additional training will be scheduled specifically regarding HIPPA and Resident Rights by 6-20-2022 by the administrator or designee.

Completion Date: 06/17/2022 Licensee Proposed Date

SW 7/6/22 NOT IMPLEMENTED

42s Privacy - self/possessions

1. Requirements

2800.

42s Privacy - self/possessions (*continued*)

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 [REDACTED]/2022, resident #1's social security card, drivers license and credit card were copied and sent to friends by direct care staff person B with the intent to commit identity fraud.

Plan of Correction**Accept**

Staff member D did report the photos to administration, who immediately placed staff member B on suspension pending investigation. Due to the complexity of the situation upon investigation, staff member D and Staff member A were also placed on suspension. The authorities were called as well as the resident's responsible party. Lower Makefield Police Department responded and have taken over the investigation. Additionally, Heartis administration immediately reported the incident to the Bucks County Area Agency on Aging and the Bureau of Human Services Licensing as required by our guidelines in such an event. Prior to learning of this incident, all staff had been re-trained (between the dates of 4/10 and 4/14). Additional training will be scheduled specifically regarding HIPPA and Resident Rights by 6-20-2022 by the administrator or designee.

Completion Date: 06/24/2022 **Licensee Proposed Date**

SW 7/6/22 NOT IMPLEMENTED

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:

Description of Violation

Staff person A, whose first day of work was [REDACTED]/2022, did not receive any orientation on general fire safety and emergency preparedness.

Staff person B, whose first day of work was [REDACTED]/2022, did have a record to verify the completion of orientation on general fire safety and emergency preparedness on [REDACTED] first day of work.

Plan of Correction**Accept**

Staff member A was oriented to the fire safety and emergency preparedness however documentation was not available at the time of inspection. Staff member A has since been re-oriented to the procedures. New orientation process has been initiated by the community and has been followed closely by administration for all new hires. Any new staff are not permitted to work in the community until all requirements are met. ED and BSD will be responsible to monitor compliance with meeting the expectations of fire safety training.

Completion Date: 06/15/2022 **Licensee Proposed Date**

SW 7/6/22

Document Submission**Implemented**

Staff member A was oriented to the fire safety and emergency preparedness however documentation was not available at the time of inspection. Staff member A has since been re-oriented to the procedures. New orientation process has been initiated by the community and has been followed closely by administration for all new hires. Any new staff are not permitted to work in the community until all requirements are met. ED and BSD will be responsible to monitor compliance with meeting the expectations of fire safety training.

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:

Description of Violation

Staff person A and B completed their 40th hour of scheduled work. However, these staff persons did not complete training in the following topics:

- 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.

Plan of Correction

Accept

Staff member A has since been re-oriented to the procedures. Staff member B remains on suspension pending the outcome of an investigation. Should the employee return to the community, the above topics will be oriented to prior to the employee returning to duty. New orientation process has been initiated by the community and has been followed closely by administration for all new hires. Any new staff are not permitted to work in the community until all requirements are met. The Business Office Director and Executive Director will be responsible to maintain compliance.

Completion Date: 05/31/2022 Licensee Proposed Date

SW 7/6/22

Document Submission

Implemented

Staff member A has since been re-oriented to the procedures. Staff member B remains on suspension pending the outcome of an investigation. Should the employee return to the community, the above topics will be oriented to prior to the employee returning to duty. New orientation process has been initiated by the community and has been followed closely by administration for all new hires. Any new staff are not permitted to work in the community until all requirements are met. The Business Office Director and Executive Director will be responsible to maintain compliance.

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 A, date of hire [redacted]/2022, did not complete any hours of dementia-specific training within 30 days of hire.

69 Dementia training (continued)

Staff person C, date of hire [REDACTED]/2022, did not complete any hours of dementia-specific training within 30 days of hire.

Plan of Correction**Accept**

Staff member A and C have been oriented to the dementia specific training since the time of inspection. New orientation process has been initiated by the community and has been followed closely by administration for all new hires. Any new staff are not permitted to work in the community until all requirements are met.

Completion Date: 05/31/2022 Licensee Proposed Date

SW 7/6/22**Document Submission****Implemented**

Staff member A and C have been oriented to the dementia specific training since the time of inspection. New orientation process has been initiated by the community and has been followed closely by administration for all new hires. Any new staff are not permitted to work in the community until all requirements are met.