

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

April 4, 2023

[REDACTED]  
DRI HEARTIS YARDLEY LLC  
[REDACTED]  
[REDACTED]

RE: HEARTIS YARDLEY  
255 OXFORD VALLEY ROAD  
YARDLEY, PA, 19067  
LICENSE/COC#: 14772

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/28/2022, 11/29/2022 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: HEARTIS YARDLEY License #: 14772 License Expiration: 02/10/2023  
Address: 255 OXFORD VALLEY ROAD, YARDLEY, PA 19067  
County: BUCKS Region: SOUTHEAST

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: DRI HEARTIS YARDLEY LLC  
Address: 5910 N CENTRAL EXPY, SUITE 1400, DALLAS, TX, 75206  
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: 118 Waking Staff: 89

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Incident, Monitoring Exit Conference Date: 11/29/2022

**Inspection Dates and Department Representative**

11/28/2022 - On-Site: [Redacted]  
11/29/2022 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity:	115	Residents Served:	93
Special Care Unit			
In Home:	Yes	Area:	First Floor
Capacity:	21	Residents Served:	18
Hospice			
Current Residents:	2		
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	93
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	25	Have Physical Disability:	0

**Inspections / Reviews**

11/28/2022 - Partial  
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/26/2022

12/30/2022 - POC Submission  
Submitted By: [Redacted] Date Submitted: 03/03/2023  
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/04/2023

Inspections / Reviews (*continued*)

## 01/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/03/2023

## 04/04/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 25c11 List of rates

## 1. Requirements

2800.

25.c. At a minimum, the contract must specify the following:

11. A list of assisted living services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

**Description of Violation**

*The resident-residence contract, dated [REDACTED] for resident #1 does not include a list of assisted living services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services. Resident #1 moved to the memory care from assisted living on [REDACTED]. An Addendum was not completed or a list of the actual rates given for the Memory Care Services.*

**Plan of Correction****Accept (CM - 01/10/2023)**

*Resident #1 was provided an addendum to sign on [REDACTED] (Appendix B – Residency Agreement) which reflects current scheduled monthly fees and details actual rates of Assisted Living Services to be provided based on updated support plan. Documented education will be provided to staff involved with admissions paperwork and resident transfers (ED/AED/BOD, Sales, Resident Care Director, Resident Care Coordinator, Memory Care Director) to inform staff of the requirement to provide residents with a contract or an addendum with pricing based on the residents' level of care when a resident admits or transfers within the community that will be executed by the E.D., Administrator or designee. Audit to be performed on all residents that have transferred within the community that would warrant an addendum and any missing paperwork found from the audit will be executed at that time. Audit and corrections will be completed by the 1/31/2023. ED, AED or designee will review all documents regarding internal transfers moving forward.*

**Licensee's Proposed Overall Completion Date: 01/31/2023**

**Implemented (CM - 04/04/2023)**

## 42c Dignity/Respect

## 2. Requirements

2800.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

*On [REDACTED] at [REDACTED]. Staff member A was transferring resident #2 from an activity to the dining room area in the Secure Dementia Care Unit (Generations). Staff member A was moving fast while pushing resident #1's wheelchair and pushed the resident into the table. Resident #2 told staff member A "You hurt my knees." Staff member A did not address resident #2's concern or incident and left to get other residents.*

**Plan of Correction****Directed (CM - 01/10/2023)**

*On 11/15/2022, ED, AED or Designee has begun staff persons' re-education on the importance of resident rights (focusing on abuse, neglect, dignity and respect) and repercussions of violating such rights. ED, AED, or Designee will perform audit of employee training records to ensure all staff persons have received the required documented trainings. AED will ensure that all new staff persons shall review and sign resident rights upon hire. To prevent recurrence ED, AED, or designee will provide annual retraining to staff based on training plan in accordance to 2800.42.C.*

**Directed Plan of Correction 1/10/23 CM:**

42c Dignity/Respect (continued)

ED, AED or Designee shall complete re-education on the importance of resident rights (focusing on abuse, neglect, dignity and respect) and repercussions of violating such rights by 1/31/23.

ED, AED, or Designee shall begin audits of employee records on 2/1/23 to be completed by 2/28/23. ED, AED, or Designee shall complete monthly audits of new employee records for 3 months.

Directed Completion Date: 02/28/2023

Implemented (CM - 04/04/2023)

51 Criminal background checks

3. 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 A’s date of hire was [REDACTED] The home failed to obtain an FBI clearance for this staff member that does not have Pennsylvania residency for the last 2 years.

Plan of Correction

Directed (CM - 01/10/2023)

Staff files to be audited for compliance with 2800.51 (a & b) by 2/17/23 by ED, AED or Designee. All employees who’s file are found non-compliant will be rectified. Education to be provided to all hiring managers regarding policy 2800.51(a-b) by 1/31/23 by ED and AED. AED implementing use of pre-hire check list effective 1/1/23 that is to be signed off on by ED or AED by the employee’s first day of work - this will be an on-going process to ensure compliance.

Directed Plan of Correction 1/10/23 CM:

Staff files shall be audited for compliance with 2800.51 (a & b) by 2/17/23 by ED, AED or Designee. All employees who’s file are found non-compliant will be rectified by 2/28/23.

Implementation of the pre-hire checklist shall be a permanent update to the home’s process.

Directed Completion Date: 02/28/2023

Implemented (CM - 04/04/2023)

65g Initial direct care training

4. Requirements

2800.

65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- 3. Initial direct care staff person training to include the following:

**65g Initial direct care training (continued)**

- i. Safe management techniques.
- ii. ADLs and IADLs
- iii. Personal hygiene.
- iv. Care of residents with mental illness, neurological impairments, an intellectual disability and other mental disabilities.
- v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
- vi. Implementation of the initial assessment, annual assessment and support plan.
- vii. Nutrition, food handling and sanitation.
- viii. Recreation, socialization, community resources, social services and activities in the community.
- ix. Gerontology.
- x. Staff person supervision, if applicable.
- xi. Care and needs of residents with special emphasis on the residents being served in the residence.
- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. The signs and symptoms of infections and infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the residence.
- xvii. Behavioral management techniques.
- xviii. Understanding of the resident's assessment and how to implement the resident's support plan.
- xix. Person-centered care and aging in place.

**Description of Violation**

Direct care staff person B provided unsupervised assisted living services on [REDACTED]. Direct care staff person B did not complete 18 hours of training as required by 2800.65g (1-3).

**Plan of Correction****Accept (CM - 01/10/2023)**

Initial direct care training provided to staff, including staff person b, to meet the regulation of 2800.65.G. ED, AED or designee to complete training record audit by 1/31/23. Direct Care staff retraining to be completed by ED, AED or designee as needed by 2/28/23. New Hire training process has been revamped. New training record form being utilized and signed off on by new hire and AED (or designee) to confirm that required training is being met.

Licensee's Proposed Overall Completion Date: 02/28/2023

**Implemented (CM - 04/04/2023)****82c Locked poisons****5. Requirements**

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

**Description of Violation**

Toothpaste and bar of soap, with a manufacture's label indicating "contact poisonous control if swallowed", was unlocked, unattended, and accessible to residents. Not all the residents of the residence, including resident #1, have been assessed capable of recognizing and using poisons safely.

**Plan of Correction****Directed (CM - 01/10/2023)**

All units checked for poisonous materials on 11/28/22 by ED, AED, and GPD – any materials found were removed immediately. New non-toxic hand soap that was suggested by BHSL supervisor on 12/14/22 was purchased by ED on 12/14/22 and provided to MC residents. Lockable bins were purchased on 12/27/22 by ED and provided to each MC unit to secure all poisonous materials, while still being easily accessible to direct care staff. Daily audit process

**82c Locked poisons (continued)**

changed and implemented on 12/26/22, ED, AED, GPD or designee to complete audit tool every shift, per previously directed POC, to verify unit is free of poisonous materials.

**Directed Plan of Correction 1/10/23 CM:**

ED, AED, GPD or designee shall audit all areas where poisons are present during every shift for next 2 months and then daily thereafter.

Directed Completion Date: 02/28/2023

Implemented (CM - 04/04/2023)

**184a Resident meds labeled****6. Requirements**

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Violation**

The pharmacy label for resident # 5's Alprazolam 0.25 mg, filled on 05/29 /22 instructs to "take one tablet by mouth twice a day". This order was changed on 5/30/22 by the physician with instructions to "take one tablet by mouth every evening at 8pm". The blister pack of medication did not have a direction change label.

**Plan of Correction**

Accept (CM - 01/10/2023)

Medication blister pack was removed and destroyed by RCC and Med Tech on 12/3/2022 and replaced with correct card to reflect correct physician order. Education to be provided on 12/27 to Clinical Leadership team to reflect that when orders are reviewed and approved, the blister pack must be identified to reflect there was a change and instruct to refer to MAR. MAR to Cart audit to be performed by pharmacy on 12/29/22-12/30/22 to monitor for compliance. Pharmacy to perform quarterly med cart audits effective 12/29/22 going forward.

Licensee's Proposed Overall Completion Date: 01/04/2023

Implemented (CM - 04/04/2023)

**187b Date/time of med admin****7. Requirements**

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

Resident #2 is prescribed Oxycodone 5 mg (every 4 hours as needed), Tramadol 50 mg every 6 hours as needed. Resident # 1's November 2022 medication administration record does not include the initials of the staff person who administered Oxycodone 5 mg on 11/6/22 at 4pm and 11/11/22 at 6:45pm and Tramadol 50 mg on 11/06/22 at 4:00pm.

**Plan of Correction**

Directed (CM - 01/05/2023)

All med tech's being retrained and certified beginning on 1/2/2023 and completed by 1/11/22 by Certified Med Tech Trainer and will review procedure for signing out controlled substances. Following the completed training, MAR/NARC audit to be completed for accuracy beginning January 2023 for 4 months by RCD or RCC or designee.

## 187b Date/time of med admin (continued)

**Directed Plan of Correction 1/10/23 CM:**

Starting 2/13, weekly MAR/NARC audits shall be completed by RCD or RCC or designee for one month and monthly thereafter.

Directed Completion Date: 02/28/2023

Implemented (CM - 04/04/2023)

## 225a2 Assessment – significant change

**8. Requirements**

2800.

225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

On 11/29/22 at 8:52 am, resident # 3 needed help with toileting. Resident # 3's assessment, dated [REDACTED] does not include the assistance given by the home for toileting. An additional written assessment was not completed. Per resident#3's interview the home help her to use the bathroom as she is not able to stand on her own.

**Plan of Correction**

Accept (CM - 01/10/2023)

Assessment and new ASP was completed on [REDACTED] by Nurse Consultant to reflect current needs of resident with toileting. Re-Education to be provided by 1/31/23 to staff by ED, AED, RCD or Designee regarding communication of significant changes to a resident and utilization of the end of shift report and our "stop and watch tool". Education also provided to clinical leadership by 1/31/23 by ED or AED on process for review of end of shift report for monitoring of significant changes within a resident, which would prompt a revised ASP

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented (CM - 04/04/2023)

## 231b Medical evaluation

**9. 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 #1's medical evaluation, dated [REDACTED], does not include the need for the resident to be served in a special care unit.

**Plan of Correction**

Accept (CM - 01/10/2023)

New ADME requested on 12/23 by nurse consultant from MD and completed on [REDACTED] Residence has implemented on 12/23/22 the use of a new move in "check list" that requires ED/AED review and signature for



231b Medical evaluation (continued)

accuracy. Residence will also create and implement a "transfer" check list that will require ED/AED sign-off for transfers within the community effective 12/23/22.

Licensee's Proposed Overall Completion Date: 01/04/2023

Implemented (CM - 04/04/2023)

231c1 Preadmit screening

10. Requirements

2800.

231.c.1. Special care unit for residents with Alzheimer's disease or dementia.

- 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 # 1's written cognitive preadmission screening, was not dated and states that the resident does not require the services of a special care unit.

Plan of Correction

Accept (CM - 01/10/2023)

Cognitive Prescreen Completed for resident #1 on [redacted] and #2 on [redacted] by AED and Nurse Consultant. Audit to be performed on all MC Charts for compliance with 2800.231.c.1 by 1/31/23 by ED, AED or Nurse Consultant. Residence has implemented the use of a new move in "check list" that requires ED/AED review and signature for accuracy effective 12/23/22 - on-going. Residence will also create and implement a "transfer" check list that will require ED/AED sign-off for transfers within the community effective 12/23/22 ongoing.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented (CM - 04/04/2023)

234a Admission – support plan

11. Requirements

2800.

234.a.1. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident # 1 was admitted to the special care unit on [redacted]. However, the resident's initial support plan was not completed.

Plan of Correction

Accept (CM - 01/05/2023)

Assessment and new support plan was completed on [redacted] by nurse consultant to reflect change in condition and entry to SDU. Audit to be performed on Memory Care residents to verify that ASP reflects care in a SDU by 1/31/23 by nurse consultant or designee. Also, residence has implemented the use of a new move in "check list" that requires ED/AED review and signature for accuracy effective 12/23/22 ongoing. Residence will also create and implement a "transfer" check list that will require ED/AED sign-off for transfers within the community effective 12/23/22 ongoing.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented (CM - 04/04/2023)

## 234d Support plan - review

**12. Requirements**

2800.

234.d.1. The support plan for a resident of a special care unit for residents with Alzheimer's disease or dementia shall be reviewed, and if necessary, revised at least quarterly and as the resident's condition changes.

**Description of Violation**

A support plan for resident # 1 was completed on [REDACTED]; however, it does not address the numerous of witnessed and/or unwitnessed fall has sustained. On 06/12, 08/04, 08/20, 08/26, 09/18, 10/03, 10/05, 10/21, 11/10, 11/14, 11/23, 11/27, but ASP dated [REDACTED] does not address how these falls would/could be prevented or managed

**Plan of Correction****Accept (CM - 01/05/2023)**

Assessment and new support plan and fall risk assessment completed to reflect change in condition for frequent falls [REDACTED] by nurse consultant. ED, AED or Designee will educate clinical leadership by 1/31/23 on Fall Response Procedures and Fall Reduction Program which outlines required response for falls and follow-up regarding support plans.

Licensee's Proposed Overall Completion Date: 01/31/2023

**Implemented (CM - 04/04/2023)**