

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

May 17, 2023

[REDACTED], MANAGER
DRI HEARTIS YARDLEY LLC
[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 12/07/2022, 12/12/2022, 12/13/2022, 12/16/2022, 12/19/2022 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: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 125 Total Daily Staff: 239 Waking Staff: 179

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 12/19/2022

Inspection Dates and Department Representative

12/07/2022 - Off-Site: [REDACTED]
 12/12/2022 - Off-Site: [REDACTED]
 12/13/2022 - Off-Site: [REDACTED]
 12/16/2022 - Off-Site: [REDACTED]
 12/19/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 115 Residents Served: 94

Special Care Unit
 In Home: Yes Area: Generations Capacity: 21 Residents Served: 18

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 94
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 20 Have Physical Disability: 0

Inspections / Reviews

12/07/2022 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/05/2023

Inspections / Reviews (*continued*)

01/12/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/17/2023

01/23/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/23/2023

05/17/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a ADL assistance

1. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident #1, indicates the resident requires assistance with toileting and bladder and bowel management . On the overnight shift from [REDACTED] at [REDACTED] until [REDACTED] am, the resident did not receive this assistance as required.

Plan of Correction

Accept [REDACTED] - 01/20/2023)

Staff member responsible was removed from the facility effective [REDACTED] pending the outcome of the investigation - determined that staff will no return. ED, AED or designee to review support with direct care staff by 1/9/23 to ensure resident needs are known, specifically with toileting and bladder and bowel management. Staff to be in serviced by ED and AED at "All Staff Meeting" on 1/31/2023 on location and utilization of ASPs so that all resident needs are known. Effective 1/18/2023, Resident Support Plan training (regarding location of ASP's and how to review them to acknowledge resident care needs) will be a permanent training topic during new hire orientation, which will be captured on the new hire training sheet.

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

Implemented [REDACTED] - 05/17/2023)

42b Abuse/Neglect

2. 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

Staff person A worked in the Special Care Unit (SCU) from [REDACTED] at [REDACTED] until [REDACTED] at [REDACTED]. During this time, staff person A did not check on resident #1. Resident #1 has a need for assistance with toileting and bowel and bladder management. Resident 1's assessment and support plan (ASP) indicates staff will assist with bowel management every 2 hours and as needed. On [REDACTED] at [REDACTED], staff person B arrived to work in the SCU and was told by staff person A that resident #1 had not been checked on all night. Staff person B found resident #1 in bed "soaking wet" and immediately changed resident #1. Additionally, resident 1's ASP indicates that two care staff are to be present during care for resident at all times, however, there was only one staff person scheduled to work in the SCU on [REDACTED] from [REDACTED] to [REDACTED].

Repeat Violation: 4/27/22 et al.

Plan of Correction

Accept [REDACTED] - 01/20/2023)

Staff member responsible was removed from the facility effective [REDACTED] pending the outcome of the investigation. Staff person a will not return. ED, AED or designee to review support with direct care staff by 1/9/23 to ensure resident needs are known, specifically with toileting and bladder and bowel management. Staff to be re-educated on abuse and neglect to reiterate abuse and neglect policy, prevention and procedures by ED, AED, or designee 1/31/2023 and re-training on abuse and neglect to occur monthly at monthly All Staff Meeting by ED, AED or designee for the next 4 months and will be a part of annual training plan thereafter. Beginning January 2023 and for the next 4 months, 2 Residents per month will be interviewed at random to ensure evaluate the protection of

42b Abuse/Neglect (continued)

resident rights.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented () - 05/17/2023)

60a Staffing/support plan needs

3. Requirements

2800.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan. Residence staff or service providers who provide services to the residents in the residence shall meet the applicable professional licensure requirements.

Description of Violation

During the overnight shift from [redacted] at [redacted] until [redacted], resident #1 did not receive assistance with toileting and bladder management, as required by his/her assessment and support plan. Resident #1 requires two staff members to provide care at all times and there was only one person scheduled to work in Generations.

During the overnight shift from [redacted] at [redacted] until [redacted], there was only one person scheduled to work in Generations. Resident #1's assessment and support plan requires two staff members to provide care at all times.

Plan of Correction

Accept () - 01/20/2023)

ED and AED to in-service to be provided to RCC and RCD regarding regulation 2800.60.a and needs of the facility by 1/31/2023. Effective 1/23/23 and for the next 4 schedule cycles (2 months), bi-Weekly Care Staff Schedule to be reviewed and approved by RCD for compliance to ensure adequate staffing for all shifts.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented () - 05/17/2023)

63a First Aid/CPR 1:35

4. Requirements

2800.

63.a. For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times to meet the needs of the residents.

Description of Violation

There are 94 residents in the residence. Daily, from [redacted] to [redacted], the residence does not have adequate staff persons present who are trained in first aid and certified in obstructed airway techniques and CPR.

On [redacted], from [redacted] to [redacted] and [redacted] to [redacted] 94 residents were present in the residence. From [redacted] to [redacted] pm only 2 staff persons were present in the residence who were trained in first aid and certified in obstructed airway techniques and CPR. From [redacted] to [redacted], only 1 staff person was present in the residence who was trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction

Directed () - 01/23/2023)

CPR class scheduled with CPR trainer for [redacted] to increase number of CPR certified staff members. Another training to be scheduled by [redacted] to increase number of CPR certified staff members. Thereafter, CPR classes will be offered quarterly to ensure new hires are captured to maintain compliance. New Hire Checklist to be created and implemented as permanent process effective [redacted] where AED or designee will audit new hire files to verify CPR

63a First Aid/CPR 1:35 (continued)

status. Staff training records already in process of being reviewed by AED to be completed by 2/28/23, any direct care staff missing CPR cert will be required to attend CPR training by 3/31/23.

DPOC in addition to the above plan, the AED or designee shall audit the upcoming staff schedule weekly to review for CPR certified staff coverage. This review shall be completed weekly for 4 weeks then once monthly for 3 months. Additionally, the AED or designee shall provide education to the staff person responsible for scheduling staff on the CPR certified staff requirements. Documentation of training shall be kept for department review.

Directed Completion Date: 02/22/2023

Implemented [redacted] - 05/17/2023)

65a Fire Safety-1st day

5. 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], did not receive orientation on the following topics:

- (1) Evacuation procedures.
- (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 residence'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.

Repeat Violation: 2/16/22, 4/27/22 et al.

Plan of Correction

Directed [redacted] - 01/23/2023)

Effective 12/1/22, ED and AED have implemented training documents and new hire orientation process to properly document trainings received, which include Fire Safety 1st day training which will a permanent process moving forward. New hires will not be eligible to start until ED, AED or Designee reviews training and approves new hire training list checklist. Existing employee files to be audited by AED or Designee by 2/28/23 to check for training records any missing trains will be provided as necessary by 3/31/23.

DPOC In addition to the above plan, any staff person who does not have the required documentation of Fire Safety 1st day training shall be removed from the schedule until the training is completed. Documentation of training and employee audits shall be kept for department review.

Directed Completion Date: 02/23/2023

Implemented [redacted] - 05/17/2023)

65e Rights/Abuse 40 Hours

6. 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 completed his/her 40th scheduled work hour on or about [REDACTED]. However, this staff person 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.

Repeat Violation: 2/16/22, 4/27/22 et al.

Plan of Correction

Directed ([REDACTED] - 01/23/2023)

Effective 12/1/22, ED and AED have implemented training documents and new-hire orientation process to properly document trainings received, which include trainings outlined in 2800.64.e, which will a permanent process moving forward. New hires will not be eligible to start until ED, AED or Designee reviews training and approves new hire training list checklist. Existing employee files to be audited by AED or Designee by 2/28/23 to check for training records - any missing trains will be provided as necessary by 3/31/23.

DPOC-In addition to the above plan, any staff person who does not have the required documentation of Resident Rights/Abuse-40hrs training shall be removed from the schedule until the training is completed. Documentation of training and employee audits shall be kept for department review.

Directed Completion Date: 02/23/2023

Implemented ([REDACTED] - 05/17/2023)

65g Initial direct care training

7. 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.

Description of Violation

Direct care staff person A did not complete the Department approved direct care training course and passing of the competency test.

Repeat Violation: 2/16/22 et al.

65g Initial direct care training (continued)

Plan of Correction

Accept (█ - 01/23/2023)

AED to be educated on regulation 2800.65.g by ED on 1/18/2023. New Hire Checklist to be created and implemented as permanent process effective 2/1/23 where AED or designee will review new hire files and require proof of Direct Care training. New direct care staff members will not be eligible to start until checklist has been approved by ED or AED to verify compliance. Existing employee files to be audited by AED or Designee by 1/31/23 to check for training records - DCS with missing direct care training will be removed from schedule until compliance is met.

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

Implemented (█ - 05/17/2023)

231c1 Preadmit screening

8. 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 #1 was admitted to the special care unit on █. However, resident # 1's written cognitive preadmission screening was not completed.

Plan of Correction

Accept (█ - 01/23/2023)

Resident #1's cognitive screen was completed on █ by AED. Memory care resident files to be audit for compliance by RCD, RCC or designee by █. Residence has implemented a new resident check list effective █ on-going that will be reviewed and signed off by ED or AED, or designee for compliance with new admission paperwork. ED and AED to educate DSMs, RCD and RCC on regulation 231c1 and the new resident check list by █

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

Implemented (█ - 05/17/2023)