

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

May 11, 2023

[REDACTED]
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 03/14/2023, 03/15/2023, 03/16/2023 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: 1 2 Date: 12/01/2020 Issued By: Lower Makefield Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 110 Waking Staff: 83

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/15/2023

Inspection Dates and Department Representative

03/14/2023 On Site [REDACTED]
 03/15/2023 On Site [REDACTED]
 03/16/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 115 Residents Served: 93

Special Care Unit
 In Home: Yes Area: Generations Capacity: 21 Residents Served: 17

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 93
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 17 Have Physical Disability: 0

Inspections / Reviews

03/14/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/10/2023

Inspections / Reviews (*continued*)

04/18/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/23/2023

04/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/31/2023

05/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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

On [REDACTED]/23, resident #1 was exit seeking from the secured care unit to the assisted living side [REDACTED]. After being redirected by staff member A, staff member B reengaged resident #1 [REDACTED]. Res 1 became verbally and physically aggressive with staff member A. In response, staff A grabbed resident #1's arms in a forceful manner and backed the resident into a seated position on a chair. The resident sustained some small cuts and bruises from staff member A [REDACTED].

Plan of Correction

Accept [REDACTED] - 04/24/2023)

Staff was removed from employment.

Staff to be educated on the right of residents by ED/Designee by 5/31/2023. Training to include de-escalation techniques and observing triggers.

ED bringing on a Certified Dementia Practitioner during the month of April 2023 to train staff on Challenging Behaviors and Redirection Techniques. This training will be completed by April 30, 2023.

As part of our on-going training the GPD/RCC/Designee will conduct in-services 1 x monthly for next 3 months beginning April 2023.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented [REDACTED] - 05/10/2023)

42c Dignity/Respect

2. Requirements

2800.

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

Description of Violation

Resident #2 has mobility needs and requires assistance with toileting and hygiene. As of 11/18/22, resident #2 requires two staff present at all times when providing care due to resident's mental status [REDACTED]. Based on call bell reports and staff interviews, resident #2 has to wait long periods of time just to use the restroom and is often heard calling out for help from [REDACTED] bed. Resident #2 also alienates staff by using racial slurs when they do provide care.

Plan of Correction

Accept [REDACTED] - 04/24/2023)

Beginning April 24, 2023, call bell reports will be review weekly by ED/RCD/RCC/GPD/Designee and any long intervals will be identified and staff members responsible will be counseled to preserve the dignity and respect of residents.

Staff to be in-serviced on 4/26/23 at the all-staff meeting on Dignity and Respect surrounding call bells.

Beginning the week of 4/24/23, 2 residents will be interviewed 1 x weekly for 2 months to ensure proper call bell response times.

GPD/RCC/RCD/Designee will educate staff members 1x monthly for 3 months and cover the call bell protocols within the on-boarding process.

Licensee's Proposed Overall Completion Date: 06/30/2023

42c Dignity/Respect (continued)

Implemented (MJ - 05/10/2023)

57d Waking staff hours

3. Requirements

2800.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

Based on timecards and records provided by the home; on Sunday [redacted]/23, a total of 110 hours of direct care was required. However, only 71.74 of the required hours, or 65.21 percent, were provided during waking hours.

Plan of Correction

Accept (redacted) - 04/24/2023)

On the date in question, there were 22 shifts worked, 17 shifts during waking hours and over 170 hours for the day and over 125 hours worked during waking hours. However, this is what we will do to ensure compliance going forward.

Beginning 4/24/23, RCD/RCC/GPD/Designee will review daily staffing hours for compliance to meet the requirements for the appropriate number of staff during waking hours within the residence.

ED to in-service the RCD/RCC/GPD/Designee on the appropriate number of hours needed for safety and compliance with the waking staffing hours requirement. This in-service to be completed by 4/30/2023.

Effective 5/1/2023 and on-going the RCD/RCC/GPD/Designee will continue to review and update staffing daily and make adjustment as needed to provide adequate staffing during waking hours.

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented (redacted) - 05/10/2023)

60a Staffing/support plan needs

4. 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

Based on staff interviews, the staffing in the secured care unit (Generations) typically consists of one med tech and 2 aides. The unit has at least one resident who is a two person assist. This staffing is not sufficient to adequately meet the needs of the residents in the Generations unit.

Plan of Correction

Accept (redacted) - 04/24/2023)

Beginning 3/15/2023 ED/RCD/RCC/GPD have reviewed staffing patterns to ensure adequate staffing to meet the needs of residents requiring 2 care aides for assistance in Generations/Memory Care, based on the number of people working in the neighborhood. This includes the Generations Program Director and the Programs' Assistant that are trained and certified to provide care related services to residents based on their support plan needs.

The number of staffing is also based on the support plans of residents residing within the neighborhood.

RCD/RCC/GPD are responsible to ensure appropriate staffing based on residents' support plan.

As an ongoing practice the RCD/RCC/GPD will conduct quarterly reviews to ensure resident needs are capture and make staffing pattern adjustments accordingly.

60a Staffing/support plan needs (continued)

ED to review and ensure process is in place by RCD/RCC/GPD for appropriate staffing based on resident support plan needs by 5/31/2023.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented (█) - 05/10/2023)

60d Licensed nurse

5. Requirements

2800.

60.d. In addition to the staffing requirements in this chapter, the residence shall have a licensed nurse available in the building or on call at all times. The licensed nurse shall be either an employee of the residence or under contract with the residence.

Description of Violation

Based on timecards and records provided by the home, on Sunday 02/26/23 from 6:00 AM to 10:00 PM, there was no licensed nurse available in the building nor on call.

Plan of Correction

Accept (█) - 04/24/2023)

On the date in question, there was an agency nurse scheduled and onsite from 6am-10pm during waking hours. To prevent reoccurrence and to ensure compliance the residence has hired two nurses that will cover onsite nursing hours as well as on-call and after-hour needs for the residence beginning 4/26/2023.

ED will review onsite and on-call nurse coverage procedures with facility nurses to ensure compliance 1x monthly for 2 months beginning week of April 26, 2023.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented (█) - 05/11/2023)

95 Furniture & Equipment

6. Requirements

2800.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 03/15/23 at approximately 1:30 PM, an interview was conducted with resident #2. During the interview the resident mentioned that █ food tray is broken and █ had expressed this concern to management. Upon further inspection, the tray nearly collapsed when the licensing representatives tried to move it.

Plan of Correction

Accept (█) - 04/24/2023)

Furniture was replaced while surveyor was on site to resident apartment.

GPD/RCC/RCD/Designee to be in-serviced by ED to observe and report furniture that is not in good repair in resident apartments by 5/31/2023.

BSD/BSA/GPD/RCC/RCD/Designee will report to ED if any furniture found to be hazardous for resident use and to remove said furniture from the area.

BSD/BSA will in-service housekeepers to observe and report hazardous furniture during weekly housekeeping services to BSD/BSA by 5/31/2023.

BSD/MA will remove any furniture found to be hazardous for resident use and replace this furniture as necessary

95 Furniture & Equipment (continued)

as an ongoing practice.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented () - 05/11/2023)

202 Prohibitions

7. Requirements

2800.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2800.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device or the resident or his designee understands the need for the device and consents to its use.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On the morning of [redacted] 23, resident # 1 was exit seeking from the secured care unit to see [redacted] on the assisted living side. Staff person B physically restrained resident #1 and pushed [redacted] to a seated position in a chair.

Plan of Correction

Accept () - 04/18/2023)

Staff was removed from employment.

Staff to be re-educated on the right of residents by 5/31/2023.

ED acquiring a Certified Dementia Practitioner/trainer during the month of April 2023 to train staff on Challenging Behaviors and Redirection Techniques.

Staff to be retrained on prohibitions and restraints of residents and the adverse effects on resident behaviors by 5/31/2023.

GPD/RCC/Designee to conduct in-services 1 x monthly for next 3 months.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented () - 05/11/2023)