

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

August 24, 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 05/01/2023, 05/02/2023, 05/04/2023, 05/08/2023, 05/12/2023 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] 5 Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 118 Waking Staff: 89

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Complaint, Incident, Monitoring Exit Conference Date: 05/02/2023

**Inspection Dates and Department Representative**

05/01/2023 - On-Site: [REDACTED]  
05/02/2023 - On-Site: [REDACTED]  
05/04/2023 - Off-Site: [REDACTED]  
05/08/2023 - Off-Site: [REDACTED]  
05/12/2023 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity: 115		Residents Served: 97	
Special Care Unit			
In Home: Yes	Area: 1st floor	Capacity: 21	Residents Served: 16
Hospice			
Current Residents: xx			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 97	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 21		Have Physical Disability: 0	

**Inspections / Reviews**

**05/01/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/27/2023

Inspections / Reviews (*continued*)

## 05/30/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/04/2023

## 06/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/30/2023

## 08/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

23b IADL assistance

1. Requirements

2800.

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

Description of Violation

The assessment and support plan for resident #1, dated 01/24/2023, indicates the resident requires assistance with laundry once weekly and making and keeping appointments. In the month of April, the resident's laundry was done only twice. On 04/27/2023 at 11:40 AM, the resident had a podiatrist appointment and the family notified the residence of the appointment the previous day. However, when the family arrived around 11:00 AM on 04/27/2023 to take the resident out for the appointment, the resident was not aware of the appointment and was not ready. The staff assigned for the resident on that morning was not aware of the appointment, either.

Plan of Correction

Accept [redacted] - 06/13/2023)

RCC/GPD or designee will re-educate direct care workers on laundry and shower schedules by June 30, 2023.

Beginning week of June 1, 2023,

RCC/GPD will conduct 2 randomized resident interviews weekly for one month to determine we are meeting the needs of residents based on the assessment and support plan according to IALD assistance.

RCC/GPD or designee will update communication board in nursing office with notifications of resident appointments to ensure resident is aware and staff are assisting with meeting resident needs related to meeting appointments.

Randomized resident interviews to begin 6/2/2023 conducted by RCD/GPD or designee weekly for 1 month, ending 6/30/2023.

Communication board currently utilized as of 6/2/2023 and updated as needed to relay information to staff regarding assisting residents with meeting appointments.

Licensee's Proposed Overall Completion Date: 06/03/2023

Implemented [redacted] - 08/24/2023)

183d Current medications

2. Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On 05/02/2023, Mucus Relief tab 30-600 ER prescribed for resident #2 was in the residence's medication cart; however, the medication was not an active order.

Plan of Correction

Accept [redacted] - 05/30/2023)

RCD will conduct MAR-to Cart Audit with 3 residents per week for 1 month to ensure accuracy and compliance with 183d beginning week of June 1, 2023 and completed by June 30, 2023.

RCD will educate RCC/LPN by June 15, 2023, on when orders are discontinued to be properly removed from medication cart and destroyed as per policy.

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

Implemented [redacted] 08/24/2023)

187a Medication record

3. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

8. Frequency of administration.

Description of Violation

Resident #1's Bupropion order was changed from Bupropion 150 mg once daily to Bupropion 75 mg two tabs twice daily on 04/28/2023. The resident's April medication administration record (MAR) for this medication read 'take 2 tabs by mouth once daily'. Staff initials are present in both the morning and the evening beginning 04/28/2023. This discrepancy was not caught until 08:00 PM on 05/01/2023.

Plan of Correction

Accept [redacted] - 06/13/2023)

LPN responsible for error was re-educated on 5/18/2023 on Medication pass, medication administration, and 6 Rights of Medication Administration that includes documentation. LPN also re-educated on 2-Step verification process initiated with LPN and RCD to ensure accuracy and compliance with 187a to avoid reoccurrence of violation.

Effective May 22, 2023, 2-Step verification process in effect and will be conducted as needed for 30 days ending June 22, 2023. RCD/LPN will immediately communicate with provider and or pharmacy to correct any order discrepancies.

LPN re-education occurred on 5/18/2023 and was conducted by [redacted] /Nurse Consultant with [redacted] Consultant Group as nursing support for the facility.

RCD/designee will be responsible for 2-step verification process to ensure accuracy and compliance with keeping medication records regarding correct dose, frequency of medication administration, and related subsections of 187a to avoid reoccurrence of violation.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented [redacted] - 08/24/2023)

187b Date/time of med admin

4. 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

On 4/28/23, Resident #1's physician changed the resident's order for Bupropion from 150mg tab once daily to 75mg tab twice daily. From 4/28/23 8pm through 5/1/23 8am, Resident #1 was administered two 75 mg tablets twice daily.

Resident #2 is prescribed Lorazepam 0.5 mg once daily as needed. According to the Narcotic Control Record for this medication, it was not signed out on 04/24/2023. However, the Medication Administration record indicates that Staff A administered this medication at 6:31am on this day. The Narcotic Control Record does not indicate a discrepancy in pill counts.

Repeated Violation: 11/28/22 et al

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

**Plan of Correction****Accept** [REDACTED] - 05/30/2023)

RCD/designee re-educated LPN and med techs on 6 rights of medication administration including documentation on 5/18/2023. Education included verification of medication orders and reporting discrepancies to RCD or LPN. RCD or designee to conduct MAR/NARC audit with 3 residents per week for 1 month to beginning June 2023 to ensure accuracy and compliance.

**Licensee's Proposed Overall Completion Date: 06/30/2023****Implemented** [REDACTED] - 08/24/2023)