

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

September 8, 2023

[REDACTED], MANAGER
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 07/12/2023 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] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: Total Daily Staff: 127 Waking Staff: 95

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 07/12/2023

Inspection Dates and Department Representative

07/12/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 115 Residents Served: 105

Special Care Unit
 In Home: Yes Area: Generations Capacity: 21 Residents Served: 22

Hospice
 Current Residents: 2

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 105
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 22 Have Physical Disability: 0

Inspections / Reviews

07/12/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/06/2023

08/08/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/07/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/07/2023

Inspections / Reviews *(continued)*

09/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/07/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

13b Capacity

1. Requirements

2800.

13.b. The maximum capacity specified on the license may not be exceeded.

Description of Violation

On 7/12/23, there were 22 Special Care Unit residents residing at the residence. However, the residence's licensed capacity for Special Care Unit is 21.

Plan of Correction

Accept (████ - 08/08/2023)

On 7/12/2023 residence had 22 residents occupying the secured dementia unit.

Going forward the residence will adhere to the current occupancy based on compliance to operate the assisted living residence licensed in accordance with 2800 licensing regulations.

Upon the exit of 1 resident move out from the SDU. The residence will not exceed the maximum capacity of residents allowed per license in the SDU which is 21.

ED/DSM or designee will review current census with department head team daily during normal operations to ensure an accurate count of residents residing in the residence including the secured dementia unit going forward adhering to the maximum licensing occupancy.

Census counts on-going.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented (████ - 09/08/2023)

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

On █████ at █████ am, Staff person A and Resident 2 entered the elevator. Resident 2 requested to use the rollator walker to rest as they were feeling unwell. Upon reaching the first floor, Resident 2 asked Staff person A to push them while they were sitting on the rollator. Despite knowing that it was unsafe, Staff person A proceeded to push Resident 2 to the dining room, disregarding their safety. As they entered the dining area, the rollator tipped on the lip between the carpet and the tile. Consequently, the rollator went backward, causing Resident 2 to fall from the seat and hit their head on the floor, resulting in a head laceration. The injury caused a significant amount of bleeding. The residence called 911, and the resident was sent to the hospital for evaluation.

42b Abuse/Neglect (continued)

Upon Resident 3's move-in, a request was made for a grab bar to be installed in their shower. They were assured that the installation would take place; however, it was not executed as promised, and the request was neglected.

On the morning of [REDACTED], while coming out of the shower, Resident 3 slipped, fell to the bottom of the shower, and sustained an injury. At the time of the incident, the bath area did not have a grab bar.

Resident 3 was taken by ambulance to the local hospital for evaluation and was returned to the residence at 1:30 pm on the same day. However, two weeks later, Resident 3's neck started to bother them, prompting another visit to the hospital. It was then discovered that the injury was a neck fracture. Following the incident, the residence installed the grab bar in the shower area.

Plan of Correction

Accept [REDACTED] 08/08/2023)

Regarding Resident #2: On 6/28/23 Staff Person A was re-educated on Proper Use of Assistive Devices and Assistance Device Safety by in-house Fox Rehabilitation and Therapy. Staff Person A understands the need to call for assistance or use the proper assisted device for resident transport.

RCD/RCC or designee to re-educate LPN, med tech, and direct care staff on Assisted Device Safety/Resident transport by August 31, 2023.

Residence to add Resident Transport Safety into the Annual Training Plan for focus on proper use of assistive devices.

Regarding Resident #3: On 6/6/23 resident #3 and their bathroom was evaluated for by in-house Fox Rehab for safety interventions to bathroom to address accommodations needed post initial fall. No recommendations nor further request from the resident were made from that assessment. To date there is no record of or to whom the initial request for an additional grab bar was made at the time of move in.

On 5/22/23 there were three grab bars located in the shower area.

BSD/MA/designee will conduct one-time audit of all Assisted Living resident rooms to ensure grab bars are in place in the shower and toilet areas. Residence's BSD/MA/Designee will conduct a door-to-door survey of all Assisted Living resident rooms to request or decline additional grab bars to the shower and toilet area for each room.

Audit to be completed by August 31, 2023.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented [REDACTED] - 09/08/2023)

42m Right - leave/return

3. Requirements

2800.

42.m. A resident has the right to leave and return to the residence at times consistent with the residence rules and the resident's support plan.

Description of Violation

Resident 1 was denied the right to leave and return to the residence without the diagnosis of [REDACTED] disease. Neither the residence rules nor the resident's support plan contain any documentation that the resident right should be restricted.

42m Right - leave/return (continued)

Plan of Correction

Accept (MS - 08/08/2023)

On [redacted] residence obtained new ADME from primary care physician with updated diagnosis of [redacted] for resident #1. On [redacted] resident's support plan was updated to reflect the correct diagnosis along with the need to reside in a secured area.

RCD/RCC/GPD or designee to audit current resident charts to ensure proper diagnosis are listed on all ADMEs for SDU residents. Audit to be completed by August 31, 2023.

Going forward the residence will implement a 3-step review process to ensure all diagnosis are appropriately entered on the ADME prior to resident move-in or transfer to SDU.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented ([redacted] - 09/08/2023)

57b 1 hour/day/resident

4. Requirements

2800.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 6/25/23, there were 105 residents in the residence, requiring a minimum of 127 hours of direct care service. On this day, only 123 hours of direct care staffing was provided.

Plan of Correction

Accept ([redacted] - 08/08/2023)

RCD/RCC/GPD or designee will review daily the mobility needs of mobile residents to ensure the adequate number of direct care staff persons are available for resident care needs.

RCD/RCC/GPD or designee will keep assignment sheets updated daily to reflect the proper amount of direct care staff needed to maintain adequate staffing levels.

To prevent staffing shortages the RCD/RCC/GPD or designee will attempt to staff above the minimum staffing level requirements for mobile residents. The RCD/RCC/GPD or designee will arrange for adequate staffing coverage by calling available direct care staff workers to replace any open shifts.

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented ([redacted] - 09/08/2023)

57c 2 hrs/day/immob. resident

5. Requirements

2800.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

57c 2 hrs/day/immob. resident (continued)

Description of Violation

On 6/25/23, there were 105 residents in the residence, including 22 residents with mobility needs, requiring a total minimum of 127 hours of direct care service. On this date, only 123 hours of direct care staffing was provided.

Plan of Correction

Accept () - 08/08/2023)

RCD/RCC/GPD or designee will review daily the mobility needs of mobile residents to ensure the adequate number of direct care staff persons are available for resident care needs.

RCD/RCC/GPD or designee will keep assignment sheets updated daily to reflect the proper amount of direct care staff needed to maintain adequate staffing levels.

To prevent staffing shortages the RCD/RCC/GPD or designee will attempt to staff above the minimum staffing level requirements for mobile residents. The RCD/RCC/GPD or designee will arrange for adequate staffing coverage by calling available direct care staff workers to replace any open shifts.

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented () - 09/08/2023)

102d Grab bars, hand rails, and slip-resistant surfaces

6. Requirements

2800.

102.d. Toilet and bath areas in the living unit must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

On (), the shower area in the living unit # 111 did not have a grab bar, hand rail, or assist bar. On () resident fell in the shower area and sustained an injury.

Plan of Correction

Accept () - 08/08/2023)

On () there were three grab bars in total in the shower area along with three grab bars at the toilet area in room #111.

The residence's BSD/MA/designee will conduct a door-to-door survey of all Assisted Living resident rooms using a Grab Bar Assistive Device Request/Decline form for each resident to request or decline additional grab bars to their shower and toilet area for each room.

Going forward the residence will make the Grab Bar Assistive Device Request/Decline form part of the new move-in process conduct by the ED or Designee to identify request for additional assistive device.

Audit to be completed by August 31, 2023. All current residents that have elected to have additional grab bars placed n their shower or toilet area will have it installed by August 31.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented () - 09/08/2023)

141a Medical evaluation

7. Requirements

2800.

141a Medical evaluation (*continued*)

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

Description of Violation

The medical evaluation for Resident 2, dated [REDACTED], does not include the immunization history. This area of the form is blank.

Plan of Correction

Accept (MS - 08/08/2023)

On [REDACTED] the ADME for resident #2 was updated by the Resident Care Director/RCD per physician request to reflect the known/unknown immunization history to date.

RCD/RCC/GPD/ED will conduct a 3-step visual review process to ensure all initial, annual, and significant change ADMEs are completed thoroughly prior to acceptance into the resident chart.

RCD/RCC/GPD will conduct resident chart audit of current ADMEs to ensure all are compliant with regulation 141a. Any ADMEs found not in compliance will have the PCP notified for correction.

Audit completed by 8/31/23.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented ([REDACTED] - 09/08/2023)

185a Storage procedures

8. Requirements

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 1 is prescribed [REDACTED] take two tablets by mouth every 6 hours as needed for pain. On 7/12/23, this medication was not available in the residence.

Plan of Correction

Accept ([REDACTED] - 08/08/2023)

On 7/12/23 residence/GPD requested the refill of the Acetaminophen 325mg. On 7/12/23 this medication was delivered to the residence and stored according to the medication control level and available for resident use.

RCD/RCC/GPD or designee will conduct a weekly MAR-to-Cart audit for 1 month, completed by August 31,2023.

Med Techs to be re-educated on proper storage procedures to ensure medications are available for residents at all times. Any medication not available for resident use as prescribed, Med Tech will notify nurse on duty/on-call to reorder medication.

Re-education to be conducted by GPD/Monica Howard by August 31,2023.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented ([REDACTED] - 09/08/2023)

202 Prohibitions

9. 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).

Description of Violation

Resident 1 is not diagnosed with dementia or Alzheimer's disease. However, they do not have access to the directions for the operation of the keypads or other lock-releasing devices to exit the special care unit. During the interview on 7/12/23, Resident 1 expressed their unwillingness to live in the special care unit. They also reported not having access to the codes to exit the SCU.

Plan of Correction

Accept (████) - 08/08/2023

On 7/12/23 the code for entering and exiting the SDU was posted on both sides of the doorway of the neighborhood. On this day resident #1 current ADME did state that the resident needed to reside in a secure unit therefore resident was not provided directions to operate the keypad for access to leave unescorted from the SDU based on the Cognitive Impairment diagnosis listed on the ADME. On ██████ the residence obtained a new ADME for resident #1 to reflect a ██████ as well as the need to reside in a secured area.

The three-step review process conducted by RCD/RCC/GPD/ED or designee has been put in place effective 7/13/23 to ensure that each resident residing in the SDU will have the proper diagnosis listed on the ADME prior to moving into or transferring into the SDU.

RCD/RCC/GPD or designee will conduct resident chart audit for proper dementia diagnosis of all residents residing in the SDU. Audit completed by August 31,2023.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented (████) - 09/08/2023

227d Support plan – med/dental

10. Requirements

2800.

- 227.d. Each residence shall document in the resident’s final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

Resident 1's assessment, dated ██████ does not include an assessment for eating, drinking, toileting, transferring, and ambulating. Resident 1 has a diagnosis of Parkinson's disease and has tremors in their free hand.

227d Support plan – med/dental (continued)

Resident 2's assessment, dated [REDACTED] does not include an assessment for ambulating. Resident has a need need for a rollator walker, however, they were assessed as independent.

Plan of Correction **Accept** [REDACTED] **08/08/2023)**

Resident 1's care plan was updated on needs for eating, drinking, toileting, transferring and ambulating to reflect the current need due to fracture of left wrist. Assistance will be provided by direct care staff or designee while this remains a need for resident.

Resident #2 will have their care plan updated to reflect current need for ambulation and assistive devices to include the use of a rollator for mobility needs.

RCD/RCC/GPD or designee to review care plans as they become due for appropriate mode of care relating to regulation 227d for accuracy. Any care plans found not reflecting the appropriate need will be updated by the RCD/RCC/GPD or designee.

Review will be on-going.

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented [REDACTED] **- 09/08/2023)**

227g Support plan - signatures

11. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 3 participated in the development of his/her support plan on [REDACTED] However, the assessor did not sign and date the assessment and support plan.

Plan of Correction **Accept** [REDACTED] **08/08/2023)**

Post inspection survey on [REDACTED] the assessment and support plan for resident #3 was updated with signature of assessor, [REDACTED].

RCD/RCC/GPD/ or designee will ensure they sign the assessment and support plan after the assessment and support plan is developed thus having all parties included in its development will also sign as appropriate as the assessment becomes do.

Review will be on-going.

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented [REDACTED] **- 09/08/2023)**

231b Medical evaluation

12. 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 a diagnosis of [REDACTED] and the need for the resident to be served in a special care unit.

Plan of Correction

Accept [REDACTED] - 08/08/2023)

On [REDACTED] resident #1 ADME was updated by primary care physician to reflect the current diagnosis of [REDACTED] including the need to reside in a secured area.

RCD/RCC/GPD or designee to audit current resident charts to ensure proper diagnosis are listed on all ADMEs for SDU residents. Audit to be completed by August 31, 2023.

Going forward the residence will implement a 3-step review process to ensure all diagnosis are appropriately entered on the ADME prior to resident move-in or transfer to SDU.

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented [REDACTED] - 09/08/2023)

231c1 Preadmit screening

13. 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 [REDACTED]. However, Resident 1's written cognitive preadmission screening, dated [REDACTED], does not include a diagnosis of dementia or Alzheimer's disease.

Plan of Correction

Accept [REDACTED] - 08/08/2023)

On [REDACTED] GPD created an updated/post transfer/post inspection for POC/Preadmission screen for resident #1 indicating the updated [REDACTED] diagnosis.

RCD/RCC/GPD/ED or designee has been put in place a three-step review process effective 7/13/23 to ensure that each resident residing in the SDU will have the proper diagnosis listed on prescreen tool prior to moving into or transferring into the SDU.

231c1 Preadmit screening (continued)

RCD/RCC/GPD or designee will conduct resident chart audit for proper dementia diagnosis listed on prescreening tool of all residents residing in the SDU.

Audit completed by August 31, 2023.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented (████) - 09/08/2023)

231f Non-dementia admission

14. Requirements

2800.

231.f.1. The spouse, friend or family member 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 to the residence or 15 days after admission to the residence.

Description of Violation

Resident 1, who does not have a primary diagnosis of Alzheimer's disease or dementia, was admitted to the special care unit on █████. The resident does not live with a spouse, friend or family member who has a primary diagnosis of Alzheimer's disease or dementia.

Plan of Correction

Accept (████) - 08/08/2023)

Resident #1 was moved into the SDU as a single resident without a spouse or family member with a diagnosis of █████. On █████, resident #1 had an updated ADME provided by primary care physician to reflect the current diagnosis of █████ including the need to reside in a secured area.

RCD/RCC/GPD/ED or designee will utilize a three-step review process to ensure that each resident residing in the SDU will have the proper diagnosis listed on all necessary documents for residents prior to moving into or transferring into the SDU.

RCD/RCC/GPD or designee will conduct a one-time audit of all SDU resident charts to ensure proper diagnosis are present.

Audit completed by August 31, 2023.

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented (████S - 09/08/2023)