

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

February 26, 2024

[REDACTED]  
DRI HEARTIS YARDLEY LLC  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/06/2023 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: 09/14/2024  
 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: 0 Total Daily Staff: 145 Waking Staff: 109

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 11/27/2023

**Inspection Dates and Department Representative**

11/06/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 115 Residents Served: 102

**Special Care Unit**  
 In Home: Yes Area: Generations Capacity: 21 Residents Served: 20

**Hospice**  
 Current Residents: NM

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 103  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 43 Have Physical Disability: 0

**Inspections / Reviews**

11/06/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/28/2023

01/04/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 02/20/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/09/2024

Inspections / Reviews (*continued*)

01/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/03/2024

02/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a Sanitary conditions

1. Requirements

2800.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED], at [REDACTED], there was a malodorous smell of incontinence concerns in room [REDACTED]

Plan of Correction

Accepted [REDACTED] - 01/10/2024)

To improve sanitary conditions and eliminate malodorous smell from resident's personal spaces the community staff upon discovery will make the housekeeping team aware that a resident's apartment need to be cleaned and sanitized. Apartment [REDACTED] is cleaned and sanitized weekly on Tuesday by a designated housekeeper which will continue to be the practice unless a need for more frequency is determined as needed.  
On-going The BSD/MA, or designee will ensure all housekeeping tasks are completed by housekeepers weekly in accordance with the housekeeping cleaning checklist.

Proposed Overall Completion Date: 01/09/2024

Licensee's Proposed Overall Completion Date: 01/09/2024

Implemented [REDACTED] - 02/26/2024)

96a First aid kit

2. Requirements

2800.  
96.a. The residence shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. The residence shall have an automatic external defibrillation device located in each building on the premises.

Description of Violation

The first aid kit located in the special care unit does not include goggles.

Plan of Correction

Accepted [REDACTED] - 01/04/2024)

Goggles for the first-aid kit were replaced in the special care unit while the surveyor was on site. The GPD/RCD immediately took inventory of all first-aid kits onsite to ensure all kits were stocked appropriately. The main first-aid kit stored in the wellness office are now stocked by Cintas/medical supply vendor on a monthly basis and will be monitored by the wellness nurse, resident care coordinator, generations program director, resident care director, or designee for missing supplies. Any items found not present will be immediately replaced to ensure compliance.

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 02/26/2024)

103g Storing food

3. Requirements

2800.

103g Storing food (continued)

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The applesauce on the medication cart located in the special care unit was opened and unsealed.

Plan of Correction

Accepted [redacted] - 01/10/2024)

Daily Med Tech checks for proper storage of food is set to begin on [redacted]. This practice will continue ongoing as a daily routine practice. The reviews conducted by the RCD, RCC, GPD, or designee will be weekly to ensure that the med techs are signing off on the audit form each shift. Any missing documentation will be immediately addressed by the RCD, RCC, GPD, or designee and will re-educate staff as needed on the importance of proper food and beverage storage.

Proposed Overall Completion Date: 01/09/2024

Licensee's Proposed Overall Completion Date: 01/09/2024

Implemented [redacted] 02/26/2024)

227d Support plan – med/dental

4. 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

The assessment for resident [redacted], dated [redacted], indicates the resident has a need for assistance with a [redacted]. However, the resident no longer uses a [redacted].

Plan of Correction

Directed [redacted] 01/10/2024)

Beginning January 1, 2024, the support plan due dates are now a part of the clinical charting software system (Eldermark) to remind the clinical team of when an assessment/support plan is due for completion. Monthly and upon a change of status of a resident's condition the RCD, RCC, GPD, or designee will immediately and expeditiously complete and file the support plan in the resident's chart as an ongoing practice. Beginning January 1, 2024, and on-going the clinical charting software (Eldermark) will remind the RCD, RCC, GPD, or designee every 90-days of when a quarterly review is due for completion.

Proposed Overall Completion Date: 01/09/2024

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

Within 15 days of the receipt of the acceptable plan of correction, the administrator or designee will conduct an initial audit of support plans to ensure that all plans are current and up-to-date with resident's current health status.

Starting 2/1/24 and continuing monthly for 6 months, the administrator or designee shall review the newly installed software program for accuracy and ensure that reports are updated as required.

227d Support plan – med/dental (continued)

Directed Completion Date: 02/02/2024

Implemented [redacted] 02/26/2024)

227g Support plan - signatures

5. 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 [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident reported that [redacted] signed and dated the support plan on [redacted].

Plan of Correction

Directed [redacted] - 01/10/2024)

To ensure that all participants in the development of the support plan sign the document the assessor will obtain signatures at the time of the support plan meeting or within 5-15 days after the completion of the support plan. Beginning January 1, 2024, and on-going the clinical charting software (Eldermark) will remind the RCD, RCC, GPD, or designee every 90-days of when a quarterly review is due for completion.

Proposed Overall Completion Date: 01/09/2024

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

Within 15 days of the receipt of the acceptable plan of correction, the administrator or designee will conduct an initial audit of support plans to ensure that all plans are signed by the assessor and resident or documented of a resident inability or repeated refusals to sign.

Starting 2/1/24 and continuing monthly for 6 months, the administrator or designee shall review the newly installed software program for accuracy and ensure that reports are updated as required.

Directed Completion Date: 02/02/2024

Implemented [redacted] - 02/26/2024)