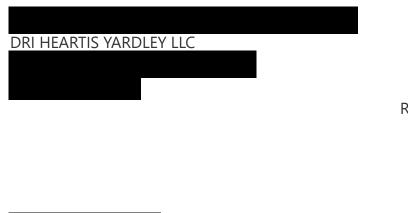
# Department of Human Services Bureau of Human Service Licensing LICENSING INSPECTION SUMMARY - PUBLIC

April 9, 2024



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

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/08/2024, 01/09/2024 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,

cc: Pennsylvania Bureau of Human Service Licensing

HEARTIS YARDLEY			14772
Facility Information			
Name: HEARTIS YARDLEY	I	License #: 14772	License Expiration: 09/14/2024
Address: 255 OXFORD VALLEY ROAD, YAR	RDLEY, PA 19067		
County: BUCKS	Region: SOUTHEAST		
Administrator			
Name:	Phone:	Email:	
Legal Entity			
Name: DRI HEARTIS YARDLEY LLC		-	
Address: Phone: Email:			
Certificate(s) of Occupancy			
Staffing Hours			
Resident Support Staff:	Total Daily Staff: 143		Waking Staff: 107
Inspection Information			
Type: Partial Notice: Ur	nannounced	BHA Docket #:	
Reason: Complaint, Incident	I	Exit Conference Dat	e: 01/09/2024
Inspection Dates and Department Repr	resentative		
01/08/2024 - On-Site:			
01/09/2024 - On-Site:			
Resident Demographic Data as of Inspe	ection Dates		
General Information			
License Capacity: 115 Special Care Unit		Residents Served	: 103
	Generations	Capacity: 21	Residents Served: 20
Hospice		. ,	
Current Residents: xx			
Number of Residents Who: Receive Supplemental Security Inco	me <sup>.</sup> ()	Are 60 Years of A	ge or Older: 103
Diagnosed with Mental Illness: 0	inc. o		ntellectual Disability: 0
Have Mobility Need: 40		Have Physical Dis	ability: 0
Inspections ( Povious			
Inspections / Reviews			
01/08/2024 - Partial			
Lead Inspector:	Follow-Up Type: PC	DC Submission	Follow-Up Date: 02/05/2024
02/07/2024 - POC Submission			
Submitted By:	Date Submitted: 03	8/29/2024	
Reviewer:	Follow-Up Type: PC	DC Submission	Follow-Up Date: 02/09/2024

Inspections / Reviews (continued)	
02/13/2024 - POC Submission	
Submitted By:	Date Submitted: 03/29/2024
Reviewer:	Follow-Up Type: Document Submission Follow-Up Date: 03/30/2024
04/09/2024 - Document Submission	
Submitted By:	Date Submitted: 03/29/2024
Reviewer:	Follow-Up Type: Not Required

# 28a Refunds

### 1. Requirements

### 2800.

28.a. If, after the residence gives notice of discharge or transfer in accordance with § 2800.228(b) (relating to notification of termination), and the resident moves out of the residence before the 30 days are over, the residence shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30-days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

# **Description of Violation**

On , th	ne residence gave a discharge notice to resident. On	, the resident moved out of the
residence, removir	n <u>g all person</u> al belongings. The resident was due a refun	d of . The residence did not issue the
refund check until		
Plan of Correct	ion	Accept 02/07/2024)
Effective	, upon discharge of a resident requiring a refund, BOL	D or designee will process the discharge and

initiate refund to accounting team within 2 business days. Effective date, **See on designee** that process the discharge and BOD to create a follow up tool to track discharges monthly and follow up with accountant within 14 days and 25 days of discharge to track refund status to ensure compliance with 2800.28.a

Licensee's Proposed Overall Completion Date: 02/29/2024

	Implemented	- 04/09/2024)
50a Staffing/support plan needs		

# 2. 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**

On around around around, the main entrance to the residence's Secured Dementia Care Unit (SDCU) was found propped open by a black shopping cart and the front entrance door of the residence was found the same way. During that night, there were 5 staff members working in the residence. Two direct care staff members were assigned on the SDCU, two other direct care staff members on the Assisted Living (AL) side, and one medication trained staff member to oversee both SDCU and AL. Resident claimed that the resident pushed the door of the SDCU open, put a shopping cart between the doors, went to the front entrance and did the same thing, and came back to the SDCU. No staff members were physically present during this time. According to staff interviews, one staff member on the SDCU floor was on a bathroom break and one other staff member on the AL side was on a break.

# Plan of Correction

Effective the ED, RCD, GPD, RCC or designee will staff Generations/SDCU with 3 direct care workers for all shifts to ensure adequate staffing and supervision of residents residing in the SDCU. In the event of a call out, ED, RCD, RCC, GPD, or designee will ensure that appropriate staffing levels are maintained for SDCU. To ensure compliance, effective 2/5/2024, RCC or designee will audit and approve daily assignment sheets daily for 30 days.

Proposed Overall Completion Date: 03/05/2024

Licensee's Proposed Overall Completion Date: 03/05/2024

Implemented - 04/09/2024)

Accept

02/07/2024)

# 95 Furniture & Equipment

# 3. Requirements

### 2800.

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

# Description of Violation

The residence's SDCU doors are equipped with magnetic locking system. According to the manufacturer's statement, the magnetic locking system will shut down and the door will open when one or more of the following occurs:

- (1) Upon a signal from an activated fire alarm system, heat or smoke detector.
- (2) Power failure to the residence.
- (3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

However, on around around resident was able to force open one of the maglock doors in the residence's SDCU.

According to staff interviews, the residence's main entrance door, which was supposed to be locked between 08:00 PM and 08:00 AM, did not lock properly, requiring staff presence at the entrance area to keep intruders out.

### **Plan of Correction**

Accept - 02/07/2024)

This has been resolved. The magnetic locks have been replaced with higher strength locks to assist with ensuring the locks engage properly. As part of an going process moving forward - beginning February 2024, ED, BSD or designee to create a monthly audit through the TELS system to verify door locks are working properly. Audit to be completed by BSD or designee monthly.

Proposed Overall Completion Date: 02/29/2024

# Licensee's Proposed Overall Completion Date: 02/29/2024

	Implemented - 04/09/2024)
141b1 Annual medical evaluation	
4. Requirements	
2800. 141.b. A resident shall have a medical evaluation: 1. At least annually.	
Description of Violation	
Resident most recent medical evaluation was completed on evaluation was completed on	The resident's previous medical
Resident most recent medical evaluation was completed on evaluation was completed on	. The resident's previous medical
Plan of Correction	Accept - 02/13/2024)
An audit of all ADMEs to be completed by ED, RCD, GPD, or designee work with resident physician to complete any ADMEs not found in con as part of an ongoing process, an alert has been added to Eldermark so designee to complete ADME on annual basis.	npliance by . Effective and

Proposed Overall Completion Date: 03/15/2024

1b1 Annual medical evaluation (continued)	
Licensee's Proposed Overall Completion Date: 03/15/2024	
Implemented	- 04/09/2024
3b Sanitary practices	
2800.	
163.b. Staff persons, volunteers and residents shall follow sanitary practices while working in the kitche	n areas.
Description of Violation	
On at staff person A was observed without a hair net while working in the kitcher	I
	- 02/07/202
ED, CSD, or designee to in-service staff on regulation 2800.163b by Beginning the week of once per week for four weeks, ED or designee will complete random audits of dietary staff to ensure conwearing a hairnet while working in the kitchen.	, mpliance with
Proposed Overall Completion Date: 03/15/2024	
Licensee's Proposed Overall Completion Date: 03/15/2024	
Implemented	04/09/202
3b Medications and syringes locked	
Requirements	
<ul><li>2800.</li><li>183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or contain locked. This includes medications and syringes kept in the resident's living unit.</li></ul>	ner that is
Description of Violation	
On <b>Construction</b> , resident who manages <b>Construction</b> own medications, had the medications kept in an unload drawer. The resident does not always lock the apartment door when leaving.	
Resident who manages own medications, had the medications kept in an unlocked kitchen curresident does not always lock the apartment door when leaving.	ipboard. The
Plan of Correction Accept	- 02/07/202
On, ED has purchased lock boxes for all residents that self-administer medications and will distributed and in-serviced to residents by ED, RCD or designee by ED, RCD or designee to poxes to all residents that self-administer medications moving forward. To ensure compliance with utilit boxes for securing medications, ED, RCD, RCC or designee to do random audit of two residents per week weeks beginning the week of ED, RCD, RCC or medication not found in compliance will be in-serviced again utilization of the lock box and maintaining compliance.	ll be provide lock izing lock ek for four
Proposed Overall Completion Date: 03/15/2024	
Licensee's Proposed Overall Completion Date: 03/15/2024	
	- 04/09/202

HEARTIS YARDLEY

14772

# 228b Discharge or transfer

### 7. Requirements

2800.

- 228.b. If the residence initiates a transfer or discharge of a resident, or if the legal entity chooses to close the residence, the residence shall provide a 30-day advance written notice to the resident, the resident's family or designated person and the referral agent citing the reasons for the transfer or discharge. This shall be stipulated in the resident-residence contract.
  - 1. The 30-day advance written notice must be written in language in which the resident understands, or performed in American Sign Language or presented orally in a language the resident understands if the resident does not speak standard English. The notice must include the following:
    - iv. An explanation of the measures the resident or the resident's designated person can take if they disagree with the residence decision to transfer or discharge which includes the name, mailing address, and telephone number of the State and local long-term care ombudsman.

### **Description of Violation**

Resident	received a discharge notice dated	and effective	. The notice did not	include an
explanation	n of the measures the resident or the res	sident's designated per	rson can take if they disagree wit	th the
residence d	ecision to transfer or discharge which ir	ncludes the name, mail	ling address, and telephone nun	nber of the
State and lo	ocal long-term care ombudsman.			

### Plan of Correction

Accept 02/07/2024)

Moving forward if the residence initiates a transfer or discharge of a resident, or if the legal entity chooses to close the residence, prior to notice of discharge, the ED or designee shall provide a 30-day advance written notice to the resident, the resident's family or designated person and the referral agent citing the reasons for the transfer or discharge with An explanation of the measures the resident or the resident's designated person can take if they disagree with the residence decision to transfer or discharge which includes the name, mailing address, and telephone number of the State and local long-term care ombudsman. By RCD, GPD, RCC on regulation 2800.228b

Proposed Overall Completion Date: 02/29/2024

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented

Accept

04/09/2024)

# 8. Requirements

2800.

228.b.3. Practicable notice, rather than a 30-day advance written notice is required if a delay in transfer or discharge would jeopardize the health, safety or well-being of the resident or others in the residence, as certified by a physician or the Department. This may occur when the resident needs psychiatric services or is abused in the residence, or the Department initiates closure of the residence.

# **Description of Violation**

The residence discharged resident against the resident's will on without a 30 day written notice. The residence discharged the resident because the resident presented a danger to the health, safety and well-being of the residence's staff, other residents, as well as the resident's self. The residence did not obtain a certification from a physician that a delay in transfer or discharge would jeopardize the health, safety, or well-being of the resident or others in the residence.

# Plan of Correction

02/07/2024)

Moving forward, should the need present itself to issue discharge without 30-day advance notice, prior to notice of discharge, the ED or designee obtain a certification from a physician in writing that a delay in transfer or discharge would jeopardize the health, safety, or well-being of the resident or others in the residence. By the ED will in-service BOD, RCD, GPD, RCC on regulation 2800.228.b.3

### 228b Discharge or transfer (continued)

# Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented

04/09/2024)

### 228h Grounds-discharge/transfer

### 9. Requirements

2800.

228.h. The only grounds for transfer or discharge of a resident from a residence are for the following conditions:

- 1. If a resident is a danger to himself or others and the behavior cannot be managed through interventions, services planning or informed consent agreements.
- 6. If closure of the residence is initiated by the Department.
- 7. Documented, repeated violation of the residence rules.
- 8. A court has ordered the transfer or discharge.

### Description of Violation

On **advances**, the residence discharged resident is against the resident's or family's will. The resident was discharged on the grounds that the resident was a danger to **be advances** or others and the behavior could not be managed through interventions, services planning or informed consent agreements. However, there is no written certification by a physician or the Department that a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the residence

# Plan of Correction

- 02/07/2024)

Moving forward, should the need present itself to issue discharge without 30-day advance notice, prior to notice of discharge, the ED or designee obtain a certification in writing from a physician that a delay in transfer or discharge would jeopardize the health, safety, or well-being of the resident or others in the residence or the Department that a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the resident or others in the residence. By **Turner**, the ED will in-service BOD, RCD, GPD, RCC on regulation 2800.228h

Proposed Overall Completion Date: 02/29/2024

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented - 04/09/2024)

Accept