

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

June 9, 2025

[REDACTED], REGIONAL VICE PRESIDENT OF OPERATIONS
DRI HEARTIS YARDLEY LLC
[REDACTED]
[REDACTED]

RE: THE REMINGTON OF YARDLEY
PERSONAL CARE & MEMORY CARE
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 04/07/2025, 04/07/2025 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: *THE REMINGTON OF YARDLEY PERSONAL CARE & MEMORY CARE* License #: *14772* License Expiration: *09/14/2025*

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: *120* Waking Staff: *90*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:

Reason: *Renewal, Complaint* Exit Conference Date: *04/08/2025*

Inspection Dates and Department Representative

04/07/2025 - On-Site: [REDACTED]

04/07/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *115* Residents Served: *101*

Special Care Unit

In Home: *Yes* Area: *Generations* Capacity: *21* Residents Served: *19*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *101*

Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *19* Have Physical Disability: *1*

Inspections / Reviews

04/07/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/02/2025*

Inspections / Reviews (*continued*)

05/05/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/03/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/03/2025

06/09/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/03/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65j Annual training content

1. Requirements

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in the following areas during the 2024 training year:

1. Resident rights.
2. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).
3. Falls and accident prevention.

Plan of Correction

Accept (████ - 05/05/2025)

BOM or designee will assign staff person A to the annual training program, including resident rights, The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708), and Falls/Accident prevention which is to be completed by 5/31/2025. BOM or designee will audit existing employee files for compliance with regulation 2800.65J, which is to be completed by 5/15/2025. Any staff person found not to be in compliance will be required to attend annual training sessions by 5/31/2025, which will include resident rights, The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708), and Falls/Accident prevention. RD to in-service BOM on regulation 2800.65j by 5/15/2025. Effective 5/1/2025 and as part of a permanent process moving forward, BOM or designee will pull a report of employees with employment anniversaries for the following month and assign them into an annual training to ensure continued compliance with 2800.65J.

To ensure consistent adherence to regulation 65J. Compliance monitoring shall be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on May 21, 2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented (████ - 06/09/2025)

69 Dementia training

2. Requirements

2800.

69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Staff person A, hired on █████, received 0 hours of dementia-specific training during the 2024 training year.

Staff person B, hired on █████ received 0 hours of dementia-specific training within 30 days of hire.

69 Dementia training (continued)

Plan of Correction

Accept (█) - 05/05/2025)

Staff person B had received the initial training and had signed off on the training, however, the trainer missed signing their part. Staff person B's training forms have been corrected and signed by trainer on 4/24/2025. Staff person A to attend annual training session, which will include required Dementia training by 5/31/2024 conducted by the BOM. BOM or designee will educate all departments on regulation 2800.69 and the importance of signing off on training forms once training is complete by 5/31/2025. BOM or designee to conduct audit of employee files for compliance with 2800.69 by 5/15/2025. Any employee found out of compliance will be required to reattend Dementia training conducted by Memory Director or designee by 5/31/2025. RD to in-service BOM on regulation 2800.69 by 5/15/2025. As part of a permanent process moving forward, Residence Director to sign off on initial training forms up hire to ensure accuracy and compliance with 2800.69. Effective 5/1/2025 and as part of a permanent process moving forward, BOM or designee will pull a report of employees with employment anniversaries for the following month and assign them into an annual training to ensure continued compliance with 2800.69.

To ensure consistent adherence to regulation 69. Compliance monitoring shall be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on May 21, 2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented (█) - 06/09/2025)

85a Sanitary conditions

3. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/7/25, a strong odor of urine was detected in Resident 1's room, coming from the recliner, which had a large oval shaped stain on the seat of the recliner.

On 4/8/25 at 12:05 PM, Staff person C was observed removing medication from blister packs with their bare, ungloved fingers and placing it into a medication cup during administration for Resident 9.

Plan of Correction

Accept (█) - 05/05/2025)

The recliner for resident 1 was extracted and cleaned with upholstery cleaner on 4/9/2025 by Maintenance Director. Maintenance Director (MD) to provide education on regulation 2800.85.a to housekeeping staff by 5/15/2025. By 5/15/2025, Maintenance Director or designee to conduct an audit of resident rooms for compliance with 2800.85.a with instruction to report smells of urine or visible stains to MD. Beginning the week of 5/5/2025, MD to conduct an audit of 3 apartments per week for 4 weeks to ensure continued compliance with regulation 2800.85.a.

Healthcare Director (HCD), Memory Care Director (MCD), or designee will educate staff person c and med techs on regulation 2800.85.a and the importance of wearing gloves/washing hands by 5/15/2025. Beginning the week of 5/5/2025, HCD or designee will observe three med passes once per week for four weeks to ensure continued compliance with 2800.85.a.

To ensure consistent adherence to regulation 85a. Compliance monitoring shall be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on May 21, 2025, documentation shall be kept, further

85a Sanitary conditions (continued)

ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented (█) - 06/09/2025)

101j7 Lighting/operable lamp**4. Requirements**

2800.

101.j. Each resident shall have the following in the living unit:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 4/8/25 at 3:50 PM, Resident 2 did not have access to a source of light that can be turned on/off at bedside.

Repeat violation date: 02/05/2024 et al.

Plan of Correction

Accept (█) - 05/05/2025)

The inoperable light-bulb for resident 2 was removed and replaced by Maintenance Director (MD) on 4/7/2025 while surveyor was on site. MD or designee to complete audit of resident apartments to ensure that all residents have an operable lamp or other source of lighting that can be turned on at bedside by 4/30/2025. Any resident found not to be in compliance will be provided a light source at the time of inspection and immediately brought into compliance. By 5/15/2025, MD to provide education to housekeeping and direct care staff on regulation 2800.101.j.7 with instruction to report any issues to MD immediately. Beginning the week of 5/5/2025, MD to audit 3 apartments weekly for four weeks to ensure continued compliance with 2800.101.j.7

To ensure consistent adherence to regulation 101j7. Compliance monitoring shall be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on May 21, 2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented (█) - 06/09/2025)

103g Storing food**5. Requirements**

2800.

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

Description of Violation

On 4/7/25 at 10:20 AM, a bag of chocolate chip cookies, a bag of mild sausage patties, and a bag of beef steak fritters were found opened and unsealed in the main kitchen's walk-in freezer.

Repeat violation date: 02/05/2024 et al.

Plan of Correction

Accept (█) - 05/05/2025)

The bag of chocolate chip cookies, a bag of mild sausage patties, and a bag of beef steak fritters were immediately closed/sealed by Residence Director (RD) on 4/7/2025 while surveyor was on site. RD conducted an initial audit of freezer on 4/8/2025 to ensure compliance with 2800.103g. RD, Chef, or designee to educate culinary staff on regulation 2800.103.g by 5/15/2025. Beginning the week of 5/5/2025, RD, Chef or designee to audit freezer for

103g Storing food (continued)

compliance with 2800.103.G once weekly for four weeks.

To ensure consistent adherence to regulation 103g. Compliance monitoring shall be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on May 21, 2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented () - 06/09/2025

105g Dryer lint removal

6. Requirements

2800.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 4/7/25, approximately 1/2in thickness of lint was observed in the lint traps of each dryers located in the first-floor laundry room. There were no clothes in the dryer at the time.

Repeat violation date: 02/05/2024 et al.

Plan of Correction

Accept () - 05/05/2025

Dryer lint was cleaned/removed by MD on 4/7/2025 while surveyor was on site. MD conducted audit of all dryers to ensure compliance with regulation 2800.105.G on 4/11/2025. MD or designee to educate housekeeping and direct care staff by 5/15/2025 on regulation 2800.105.g. Beginning the week of 5/5/2025, MD to audit all dryers once weekly for four weeks to ensure continued compliance with regulation 2800.105.G.

To ensure consistent adherence to regulation 105g. Compliance monitoring shall be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on May 21, 2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented () - 06/09/2025

121a Unobstructed egress

7. Requirements

2800.

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

On 4/7/25, a trash cart was found obstructing the Exit Tower Stairwell #1, blocking the egress path and limiting accessibility for residents using wheelchairs or walkers, and creating a choke point.

Plan of Correction

Accept () - 05/05/2025

Trash cart was immediately removed from Exit Tower Stairwell #1 on 4/7/2025 while surveyor was on site by MD. MD conducted audit of all stairwells on 4/11/2025 to ensure that all egress routes were free from obstruction. MD to provide education to housekeeping and maintenance staff on regulation 2800.121.a. Effective the week of

121a Unobstructed egress (continued)

4/21/2025, as part of a permanent process moving forward, a weekly maintenance task has been added to the TELS maintenance system to require MD or designee to audit stairwells and points of egress to ensure continued compliance with 2800.121.a.

To ensure consistent adherence to regulation 121a. Compliance monitoring shall be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on May 21, 2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented (█) - 06/09/2025

187c Refusal to take medication**8. Requirements**

2800.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

At 9:00 AM on 3/28/25, 3/29/25, and 3/30/25, Resident 3 refused a scheduled dose of Ferrous Sulfate 325 mg. The residence did not report the refusal to the prescriber within 24 hours.

Plan of Correction

Accept (█) - 05/05/2025

Resident 3's PCP was notified of the 3/28, 3/29 and 3/30 medication refusals by HCD on 4/8/2025 with no concerns or recommendations provided. RD or designee to educate nurses/med-techs on regulation 2800.187.C by 5/15/2025. By 5/9/2025, HCD or designee to conduct an initial audit of MARs for any missed refusals - HCD or designee will notify the resident's PCP of any missed refusals found by 5/7/2025. Beginning the week of 5/12/2025, HCD or designee to audit eMAR for refusals once weekly for four weeks to ensure continued compliance with 2800.187.c.

To ensure consistent adherence to regulation 187c. Compliance monitoring shall be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on May 21, 2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 06/06/2025

Implemented (█) - 06/09/2025

187d Follow prescriber's orders**9. Requirements**

2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 4 is prescribed Carb/levo tab 25-100mg, take 1 and ½ tablets by mouth four times a day at 6am, 10am, 3pm, and 7:30pm for Parkinson's disease. On 4/5/25 at 10:00am, this medication was not administered to the resident.

Resident 5 is prescribed Famotidine tab 20mg, take one tablet by mouth once daily for gastro-esophageal reflux disease. On 4/6/25 at 10:00am, this medication was not administered to the resident.

187d Follow prescriber's orders (continued)

Repeat violation date: 02/05/2024 et al.

Plan of Correction

Accept (█) - 05/05/2025

Upon investigation, the medication for resident 4 and 5 was administered, however, the med tech failed to properly sign out the medication due to an internet issue. HCD or designee to educate med techs and nurses on regulation 2800.187.D and the procedure to ensure electronic signature has processed in the eMAR and to utilize paper MARs in the instance of an outage. HCD or designee to conduct an initial audit for any missed medications by 5/7/2025 - any discrepancies found will be reported to all parties per regulation. Beginning the week of 5/12/2025, HCD or to audit eMAR system once weekly for four weeks to ensure continued compliance with regulation 2800.187.D.

To ensure consistent adherence to regulation 187d. Compliance monitoring shall be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on May 21, 2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 06/06/2025

Implemented (█) - 06/09/2025

226a Mobility – assessment**10. Requirements**

2800.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

On 4/7/25, a bedside mobility device was present on Resident 2's bed for turning and repositioning. However, the resident's assessment and support plan, dated █ does not indicate the resident's need for this device and how this need will be addressed.

On 4/7/25, a bedside mobility device was present on Resident 6's bed for turning and repositioning. However, the resident's assessment and support plan, dated █ does not indicate the resident's need for this device and how this need will be addressed.

On 4/7/25, a bedside mobility device was present on Resident 7's bed for turning and repositioning. However, the resident's assessment and support plan, dated █ does not indicate the resident's need for this device and how this need will be addressed.

On 4/7/25, a bedside mobility device was present on Resident 8's bed for turning and repositioning. However, the resident's assessment and support plan, dated █ does not indicate the resident's need for this device and how this need will be addressed.

Plan of Correction

Accept (█) - 05/05/2025

Resident 2, 6, 7, 8 shall be assessed for mobility needs by HCD or designee and Support Plan to be updated by 5/15/2025. RD to provide education to HCD, AHCD, and Memory Care Director (MCD) on regulation 2800.226A by 5/8/2025. HCD, MCD or designee to conduct audit of all resident apartments to capture use of a bedside mobility device by 5/15/2025. Any resident found to have a bedside mobility device will be assessed by HCD or designee

226a Mobility – assessment (continued)

and Support Plan to be update by 5/31/2025. RD to discuss at May Resident Council the process to utilize a bedside mobility device. Beginning the week of 5/5/2025, HCD or designee to audit 3 random resident apartments once weekly for 4 weeks to monitor for bedside mobility devices and to ensure continued compliance with 2800.226a.

To ensure consistent adherence to regulation 226a. Compliance monitoring shall be conducted during the QMPI meeting. This review shall occur at the next QMPI meeting on May 21, 2025, documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented (█ - 06/09/2025)