

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

April 7, 2026

[REDACTED]
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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/22/2026, 01/23/2026, 02/02/2026 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:** 09/14/2026

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

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 115 **Waking Staff:** 86

Inspection Information

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

Reason: Complaint, Incident **Exit Conference Date:** 02/05/2026

Inspection Dates and Department Representative

01/22/2026 - On-Site: [REDACTED]

01/23/2026 - Off-Site: [REDACTED]

02/02/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 115 **Residents Served:** 89

Special Care Unit

In Residence: Yes **Area:** Reflections **Capacity:** 21 **Residents Served:** 18

Hospice

Current Residents: xx

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 89

Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 26 **Have Physical Disability:** 29

Inspections / Reviews

01/22/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/23/2026

Inspections / Reviews (*continued*)

03/02/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/06/2026

04/07/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/06/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] around 01:50 PM, staff A observed staff B forcing resident [REDACTED] to take [REDACTED] medications and to leave the activity area when the resident's behavior clearly indicated [REDACTED] refusal to do so. The residence did not report this incident to the Department until [REDACTED].

Plan of Correction

Accept [REDACTED] - 03/02/2026)

On 2/6/2026, the Regional Director of Operations educated the Residence Director on the reporting requirements of 2800.16c, documentation shall be kept.

On 12/30/2025, the Resident Director reported incident per reporting requirements of 2800.16c.

On 12/30/2025, the Resident Director placed Staff Person B on suspension and subsequently terminated 2/20/2026.

On 12/31/2025, the Resident Director educated current staff members on the requirements set within regulation 2800.16c

On 2/9/2026, the Memory Care Director observed a complete medication pass, no additional instances of forcing a resident to consume medications were noted.

On 2/9/2026, the Memory Care Director observed 5 staff-to-resident interactions. No additional instances noted of staff asking residents to leave resident common areas.

On 2/6/2026, the Resident Director educated current staff on resident rights. Documentation shall be kept.

Beginning 2/9/2026, the memory care director or designee will observe 5 residents receive their medications during a routine medication pass weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate sustained compliance. Documentation shall be kept.

On 2/26/2026, the above audit findings will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 02/26/2026

Implemented [REDACTED] - 04/07/2026)

23a ADL assistance

2. Requirements

2800.

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

Description of Violation

The assessment dated [REDACTED] for resident [REDACTED] indicates the resident utilizes a wheelchair and requires escorting to/from the dining room and activities. On [REDACTED] around 05:50 PM, the resident requested assistance going back to [REDACTED] room after dinner. An unidentified staff member answered the resident's call bell and assisted the resident to get onto the elevator but got off the elevator without assisting the resident out of the elevator. The resident had to push [REDACTED] out of the elevator.

23a ADL assistance (continued)

Plan of Correction**Accept** [REDACTED] - 03/02/2026)

On 2/5/2026, the resident's assessment was reviewed and reinforced with care staff to escort assistance is provided to and from meals and activities.

On 2/5/2026, the Resident Director educated current staff members on the requirements set within regulation 2800.23.a. Documentation shall be kept.

On 2/10/2026, the Health Care Director conducted a review of current residents requiring escort or mobility assistance to ensure care plans accurately reflect their needs.

Beginning 2/10/2026, The Health Care Director/Designee and Nursing Supervisor will conduct weekly audits of escort assistance compliance for four weeks, then monthly thereafter for 2 months. Documentation shall be kept.

On 2/26/26, the above audit findings shall be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendation shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 02/26/2026

Implemented [REDACTED] 04/07/2026)

42c Dignity/Respect

3. Requirements

2800.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident [REDACTED] resides in the residence's Secured Dementia Care Unit (SDCU). The resident's native language is not English and the resident's ability to communicate in English is declining with the disease progress. On [REDACTED] around 01:50 PM when staff B was trying to give the resident's [REDACTED] PM med, the resident kept pushing the staff's hand away, saying something in a loud voice. Staff B kept trying until the resident eventually grabbed the staff's wrist and staff C stepped in to free staff B's hand. Instead of giving the resident some space, staff B tried to push the resident's wheelchair to the resident's room to finish the medication administration. According to staff A, the resident was observed putting [REDACTED] feet down on the floor as if protesting against the move but staff B wheeled the resident to the room with the help of staff C who lifted the resident's feet.

Resident [REDACTED] needs escorting to/from the dining room in [REDACTED] wheelchair. After dinner on [REDACTED] around 05:50 PM, resident [REDACTED] pushed the pendant to request assistance to go back to [REDACTED] room. A staff responded to the call and once in the elevator, resident [REDACTED] requested to be placed at the front of the elevator but the staff refused to do so, speaking in a harsh voice, and got off the elevator without assisting the resident out of the elevator.

Plan of Correction**Accept** [REDACTED] - 03/02/2026)

On 12/30/2025, Staff person B was placed on suspension and was subsequently terminated on 2/20/2026.

On 2/5/2026 The Resident Director in serviced current staff on the requirements set within 2800.42c, Dignity and Respect. Documentation shall be kept.

On 2/9/2026, the Memory Care Director observed a complete medication pass, no additional instances of insistent administration of medication noted.

Beginning 2/9/2026, the Memory Care Director and/or designee will observe 3 residents receive their medications during a routine medication pass weekly x 4 weeks, then bi weekly x 4 weeks, then monthly x 1 to validate

42c Dignity/Respect (continued)

sustained compliance. Documentation shall be kept.

On 2/9/2026, the Memory Care Director observed 5 staff to resident interactions. No additional instances noted of staff asking residents to leave resident common areas.

On 2/5/2026, the Resident Director educated current Direct Care Staff on resident [REDACTED]'s needs as documented in their Assessment and Support Plan. Documentation shall be kept.

On 2/9/2026, the Health Care Director and/or designee observed 3 direct care staff assist 3 residents on and off the elevator, validating each resident was assisted on and off the elevator properly.

Beginning 2/9/2026, the Memory Care and/or designee will observe 3 direct care staff assist 3 residents on and off the elevator weekly x 4 weeks, then bi weekly x 4 weeks, then monthly x 1 to validate sustained compliance.

Documentation shall be kept.

On 2/26/2026, the above audit findings will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 02/26/2026

Implemented [REDACTED] - 04/07/2026)

187d Follow prescriber's orders**4. Requirements**

2800.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] one tablet by mouth daily at bedtime. The home stopped administering this medication to the resident effective [REDACTED] without an order from a prescriber.

Repeated Violation: [REDACTED] et al., [REDACTED]

Plan of Correction

Accept ([REDACTED] 03/02/2026)

On 1/22/2026, upon discovery of discontinuation of the Seroquel for Resident [REDACTED] the resident's physician was contacted and a hard script for discontinuation was obtained from the prescriber.

On 2/17/2026, the Health Care Director educated current nursing staff and medication technicians that all verbal physical orders regarding resident medication changes need to be signed and dated by the nurse receiving the order. a hard script signed by the prescriber needs to be obtained within 48 hours of the receiving the verbal physician order. Documentation shall be kept.

On 2/17/2026, an audit was completed by the HCD of current memory care resident's physician orders to the MAR to validate that no medications were discontinued without prescriber authorization.

Beginning 2/17/2026 MAR vs Physician Order audit will be continued weekly to monitor for continued compliance x 4 weeks then monthly for 2 months by the HCD and/or designee. Documentation shall be kept.

On 2/26/2026, the above audit findings will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 02/26/2026

187d Follow prescriber's orders (*continued*)

Implemented (████) - 04/07/2026)

202 Prohibitions

5. 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).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device or the resident or █████ designee understands the need for the device and consents to its use.
6. A manual restraint, defined as a hands on physical means that restricts, immobilizes or reduces a resident's ability to move █████ arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompt escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On █████ at 01:50 PM when staff B was trying to give resident █████ 2 PM medication, resident █████ was visibly agitated and kept trying to push the staff's hand away. Staff B attempt to remove the resident from the environment by trying to push the resident's wheelchair to the resident's room. Resident █████ displayed resistance by putting █████ feet on the floor to stop the wheelchair's movement, which the staff interpreted as a trigger for the resident's agitation. Staff person B kept pushing the wheelchair despite the sign of resistance and eventually pushed the resident's wheelchair out of the activity room with the help of staff C, who lifted the resident's feet off the floor to facilitate the wheelchair's movement.

Plan of Correction

Accept (████) - 03/02/2026)

On 12/30/2026 Staff person B was placed on suspension.

On 2/9/2026, the Memory Care Director observed a complete medication pass, no additional instances of insistent administration of medication noted.

On 2/5/2026 The Resident Director educated current Direct Care staff on the requirements set within 2800.202c. Documentation shall be kept.

Beginning 2/9/2026, the HCD and/or designee will observe 3 residents receive their medications during a routine medication pass weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate sustained compliance. Documentation shall be kept.

On 2/9/2026, the Memory Care Director observed 3 staff to resident interactions. No additional instances noted of staff insistenty assisting a resident to their apartment.

Beginning 2/9/2026, The HCD and/or designee will observe 3 staff to resident interactions weekly x 4 weeks, then

202 Prohibitions (continued)

bi weekly x 4 weeks, the monthly x 1 to validate sustained compliance. Documentation shall be kept. On 2/26/2026, the above audit findings will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 02/26/2026

Implemented [REDACTED] 04/07/2026)

227c Final support plan - revision

6. Requirements

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

Resident [REDACTED]'s support plan has not been reviewed on a quarterly basis since the resident's initial support plan finalized on [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/02/2026)

On 1/29/2026 The ACHD updated Resident [REDACTED] support plan.

On 2/5/2026 The Resident Director educated the Health Care Director and Assistance Health Care Director on the requirements set within regulation 2800.227.c. Documentation shall be kept.

On 2/10/2026 The HCD audited current resident Assessment and Support Plans (ASP), noting assessments due or overdue for updates, making the necessary updates as needed. Documentation shall be kept.

Beginning 2/10/2026 the HCD and/or designee will audit the ASPs of three current residents weekly x 4 weeks, the bi weekly x 4 weeks, then monthly x 1 to validate sustained compliance. Documentation shall be kept.

On 2/26/2026, the above audit findings will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 02/26/2026

Implemented [REDACTED] 04/07/2026)

227h Support plan – refusal sign

7. Requirements

2800.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident [REDACTED] assessment/support plan (ASP) dated [REDACTED] resident [REDACTED] ASP dated [REDACTED], and resident [REDACTED] ASP dated [REDACTED] were not signed by the resident. However, the residence did not make a notation regarding the resident's inability/refusal to sign.

227h Support plan – refusal sign (continued)

Plan of Correction

Accept [REDACTED] - 03/02/2026

On 1/23/2026 The Memory Care Director presented Resident # [REDACTED]'s ASP dated 10/06/2025 and Resident [REDACTED]'s ASP dated 12/15/2025 for their signing. (if resident was unable to sign, Add, "the resident was unable to sign and it was notated accordingly")

On 1/29/2026 educated the MCD, HCD and AHCD on the requirements set within regulation 2800.227.h. Documentation shall be kept. (Exhibit – in-service)

On 1/23/2026 The MCD conducted an audit of the ASP's associated with current residents, noting the absence of resident signatures. In instances identified, the ASP was presented accordingly to the resident for signing. Documentation shall be kept.

Beginning 1/23/2026, the MCD and/or designee will audit the ASPs associated with three current residents weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to validate sustained compliance. Documentation shall be kept.

On 2/26/2026, the above audit findings will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendation shall be implemented. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 02/26/2026

Implemented [REDACTED] - 04/07/2026

231c1 Preadmit screening

8. 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 # [REDACTED] was admitted to the special care unit on [REDACTED]. However, the resident's written cognitive preadmission screening was completed on [REDACTED].

Resident [REDACTED] was admitted to the special care unit on [REDACTED]. However, the resident's written cognitive preadmission screening was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 03/02/2026

The community is unable to correct documentation related to this violation associated with Resident [REDACTED] and [REDACTED] due to the requirements of 2800.231.c.1.i.

On 1/29/2026, the Resident Director educated the MCD, HCD, and AHCD on the requirements set within regulation 2800.231.c.1. Documentation shall be kept.

On 1/23/2026, the MCD audited the cognitive preadmission screenings associated with current memory care neighborhood residents notating the move in date and preadmission screening date in attempt to identify additional screenings dated outside the regulated window of time. Any found to be outside the required window shall be noted. Beginning 2/10/2026 the HCD and/or designee will audit the preadmission screenings of newly admitted residents weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly x 1 to validate sustained compliance. Documentation shall be kept.

On 2/26/2026, the above audit findings will be reviewed during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be kept.

231c1 Preadmit screening (continued)

Licensee's Proposed Overall Completion Date: 02/26/2026

Implemented [REDACTED] - 04/07/2026)