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

June 29, 2026

[redacted]
DRI HEARTIS YARDLEY LLC
[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 03/05/2026 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

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *123* **Waking Staff**: *92*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *03/05/2026*

Inspection Dates and Department Representative

03/05/2026 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

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

Special Care Unit

In Residence: *Yes* **Area**: *Memory Care Unit* **Capacity**: *21* **Residents Served**: *19*

Hospice

Current Residents: *7*

Number of Residents Who:

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

Diagnosed with Mental Illness: *19* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *34* **Have Physical Disability**: *7*

Inspections / Reviews

03/05/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/14/2026*

05/19/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/29/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/02/2026*

Inspections / Reviews *(continued)*

06/29/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/29/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42b Abuse/Neglect

1. 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

During the night shift on [redacted] from 10:00 p.m. to 6:00 a.m. on [redacted] staff member A was responsible to care for resident [redacted]. During that time, resident [redacted] pressed their call bell four times. The first time the resident pressed the call bell was at 10:15 p.m. Staff member A responded to the call and found the resident requesting assistance, stating that their pacemaker was not functioning properly. The staff member called staff member B, who called the nurse on duty to ask for follow-up instructions. The pacemaker has a white device that sends reports to the cardiologist about the resident's heart condition. Staff member B found the device, but it wasn't charged. Staff member B gave the device to the resident and did not charge it.

Resident [redacted] pressed the call bell again at 10:32 p.m. Staff member A responded to the call with staff member C. Resident [redacted] complained about the pacemaker not working, was observed touching their chest and asked for help. The white device was found in the room during this time, but it was not charged.

Resident [redacted] pressed the call bell two more times that evening: at 10:40 p.m. and 11:07 pm. Each time complaining about the pacemaker. Staff member A returned to the room at 1:00 a.m. to check on the resident. The next morning when staff member D went to check on the resident, resident [redacted] complained that someone took the call bell pendant from [redacted] around 1:00 a.m. because [redacted] was using it too much. The call bell was found in the living room on the TV stand. The pacemaker device was charged some time before the resident's family member visited, which was approximately 3:30 p.m. that day.

Plan of Correction ***Accept [redacted] - 05/19/2026)***

On 4/6/2026, the Resident Director placed Staff Person A on suspension.
On 3/6/2026, the Resident Director educated current staff members on the requirements set within regulation 2800.42b. Documentation will be maintained.
On 2/3/2026, the Health Care Director or Designee educated current staff on pacemaker education and properly charging device. Documentation will be maintained.
Beginning 5/13/2026, the Health Care Director or Designee will have the med tech check that the pacemaker device is plugged in and charged once a shift for two weeks and then daily on dayshift for two weeks. Documentation will be maintained.
Beginning 5/12/2026, the Health Care Director or Designee will conduct 5 resident pendant checks daily to ensure resident call pendants are accessible, daily for 2 weeks, then weekly for 2 weeks.
On 5/26/2026, the above findings for 2800.42b 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.
Completion date: 5/30/2026

Licensee's Proposed Overall Completion Date: *05/30/2026*

Implemented [redacted] - 06/29/2026)

51 Criminal background checks

2. Requirements

2800.
51. Criminal background checks
   a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).
   b. The hiring policies shall be in accordance with the Department of Aging's Older Adult Protective Services Act policy as posted on the Department of Aging's web site.

Description of Violation

Staff person E's date of hire was [redacted]. However, the criminal background check was completed on [redacted].

Plan of Correction ***Accept [redacted] 05/19/2026)***

On 3/6/2026 and again on 4/20/2026, the Resident Director educated the Business Office Director on timeliness of completing criminal background checks for new hires before actual hire date and requirements set within regulation 2800.51
By 5/19/2026, the Business Office Director will complete a current staff audit of all background checks. Any backgrounds check that are found to be out of compliance with 2800.51 will have the following statement applied to the bottom of the criminal background, "Non-compliance identified during criminal background record review completed on XXXXXXX by WHO as part of a plan of correction for survey on 3/5/2026". Documentation will be maintained.
Beginning 4/12/2026, the Resident Director will oversee criminal background checks for new staff when completed by the Business Office Director weekly for 4 weeks, then bi weekly for 4 weeks. Documentation will be maintained.
On 5/26/2026, the above findings for 2800.51 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.
Completion date: 5/30/2026

Licensee's Proposed Overall Completion Date: *05/30/2026*

Implemented [redacted] 06/29/2026)

105g Dryer lint removal

3. 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 [redacted] there was a large accumulation of lint in the lint trap of the 2nd-floor dryer. There were no clothes in the dryer at the time.

Plan of Correction ***Accept [redacted] - 05/19/2026)***

On 3/6/2026, the Residence Director or Designee educated staff on the requirements set within regulation 2800.105.g. Documentation will be maintained
Beginning 5/6/2026, the Maintenance Director or Designee will do safety walk throughs of all laundry rooms in the community and check all lint trap and drum of clothes dryers, daily for two weeks then weekly for two weeks Documentation will be maintained.

105g Dryer lint removal (continued)

On 5/26/2026, the above findings for 2800.105.g. 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.
Completion date: 5/30/2026

Licensee's Proposed Overall Completion Date: *05/30/2026*

Implemented [redacted] - 06/29/2026)

121a Unobstructed egress

4. 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 [redacted] at 9:44 a.m., the egress route on the exit door #3 of the 2nd floor has multiple items, such as a mattress, box spring, bed frame, and a large trash can, blocking egress from the facility.

Plan of Correction ***Accept ([redacted] - 05/19/2026)***

On 3/5/2026, the Maintenance Director immediately removed the items that were preventing egress from exit door#3.
On 3/5/2026, the Residence Director educated the Maintenance Director on the requirements set within regulation 2800.121.a. Documentation will be maintained.
Starting 3/5/2026, the Maintenance Director or Designee will do safety walk throughs throughout the community to make sure egress routes are free of clutter and are unobstructed, daily for two weeks then weekly for two weeks. Documentation will be maintained.
On 5/26/2026, the above findings for 2800.121.a 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.
Completion date: 5/1/2026

Licensee's Proposed Overall Completion Date: *05/14/2026*

Implemented ([redacted] - 06/29/2026)

141a Medical evaluation

5. Requirements

2800.
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:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.

141a Medical evaluation *(continued)*

7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
12. Information about a resident's day-to-day assisted living service needs.

Description of Violation

The medical evaluation for resident [redacted], dated [redacted], does not include the information about a resident's day-to-day assisted living service needs. This area of the form is blank.

Plan of Correction ***Accept ([redacted] 05/19/2026)***

The community is unable to correct this violation associated with Resident [redacted]
On 3/5/2026, the Residence Director educated the Health Care Director and Assistance Health Care Director on the requirements set within regulation 2800.141.a Documentation will be maintained.
By 5/19/2026, the Health Care Director or Designee will audit current resident medical evaluations to ensure they meet the requirements set forth in 2800.141.a. The PCP will be notified of any omission found and confirmation will be obtained from the physician to update the ADME at that time. Documentation will be kept.
Beginning 5/11/2026 the Residence Director or designee will audit the medical evaluation of new residents weekly for 4 weeks, the bi-weekly for 4 weeks to ensure they meet the requirements set forth in 2800.141.a.Documentation will be maintained.
On 5/26/2026, the above findings for 2800.141.a 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.
Completion Date: 5/30/2026

Licensee's Proposed Overall Completion Date: *05/30/2026*

Implemented [redacted] 06/29/2026)

227d Support plan – med/dental

6. 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 [redacted] has a pacemaker. The resident's support plan, dated [redacted], does not address how this need will be met.

Plan of Correction ***Accept [redacted] 05/19/2026)***

On 3/5/2026, the Health Care Director updated Resident [redacted]s support plan.
On 3/5/2026,the Residence Director educated the Health Care Director and Assistance Health Care Director on the

227d Support plan – med/dental (continued)

requirements set within regulation 2800.227.d. Documentation will be maintained.
By 5/20/2026, the Health Care Director or Designee will audit current resident Support Plans. Support plans not addressing resident health care services that should be provided will be updated as needed. Documentation will be maintained.
Beginning 5/11/2026, Residence Director or designee will audit the support plan of new residents to verify resident health care services are being captured and addressed. This will occur weekly for 4 weeks, then monthly for two months. Documentation will be maintained.
On 5/26/2026, the above findings for 2800.227.d 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.
Completion Date: 5/30/2026

Licensee's Proposed Overall Completion Date: *05/30/2026*

Implemented [redacted] - 06/29/2026)

251b Record entries - legible

7. Requirements

2800.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The ADME dated [redacted] for resident [redacted] has the dates of evaluation and completion overridden.

Plan of Correction ***Accept[redacted] - 05/19/2026)***

The community is unable to correct this violation associated with Resident [redacted]
On 3/5/2026 the Residence Director educated the Health Care Director and Assistance Health Care Director on the requirements set within regulation 2800.251.b Documentation will be maintained.
On 3/6/2026, the Health Care Director or Designee educated the nurses on the requirements set within regulation 2800.251.b Documentation to be maintained.
By 5/20/2026, the Health Care Director or Designee will audit current resident ADME's. If ADME's are found to be illegible the nurse will confirm with the residents PCP what the entry should be. Corrections will be made at that time. Documentation will be maintained.
Beginning 5/11/2026, the Health Care Director or Designee will audit the ADMEs of new residents to ensure they meet the requirements set forth in 2800.251.b weekly for 4 weeks, the bi-weekly for 4 weeks. Documentation will be maintained.
On 5/26/2026, the above findings for 2800.251.b 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.
Completion Date: 5/30/2026

Licensee's Proposed Overall Completion Date: *05/30/2026*

Implemented [redacted] - 06/29/2026)