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

August 20, 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 06/09/2026 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**: *127* **Waking Staff**: *95*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date**: *06/09/2026*

Inspection Dates and Department Representative

06/09/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *115* **Residents Served**: *92*

Special Care Unit

In Residence: *Yes* **Area**: *Generations* **Capacity**: *21* **Residents Served**: *20*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *92*

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

Have Mobility Need: *35* **Have Physical Disability**: *1*

Inspections / Reviews

06/09/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/09/2026*

07/08/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/24/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/30/2026*

Inspections / Reviews *(continued)*

08/20/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/24/2026*

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

141b1 Annual medical evaluation

1. Requirements

2800.
141.b. A resident shall have a medical evaluation:
1. At least annually.

Description of Violation

Resident [redacted] most recent annual evaluation dated [redacted] and resident [redacted] most recent annual evaluation dated [redacted] do not include

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.

Plan of Correction ***Accept ([redacted] - 07/08/2026)***

On 6/10/2026, the Resident Director educated current nursing staff on the regulations set within 2800.141.b1. Documentation shall be maintained.
On 6/15/2026, Resident [redacted] received TB skin test and results were updated in resident's chart. Resident [redacted] received TB skin test 6/30/2026 and results were updated in resident's chart.
On 6/15/2026, the AHCD completed an audit of current resident annual evaluations to ensure all annual evaluations had up to date tuberculin test that has been administered with negative results within 2 years. Any annual evaluation's that did not include an up-to-date TB skin test will be documented and updated as soon as possible. Documentation was kept.
Beginning 6/15/2026, the AHCD or designee will audit any new resident medical evaluations once a week for 4 weeks, then bi weekly for 4 weeks to ensure there is an indication that a TB skin test has been administered with negative results within 2 years; or if the TB skin test is positive, the result of a chest X-ray. Documentation will be kept.
On 7/1/2026, the Residence Director or designee, will review the above findings for 2800.141.b1 during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.
Completion Date: 7/30/2026

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented [redacted] - 08/20/2026)

225b Assessment content

2. Requirements

2800.
225.b. The assessment must, at a minimum include the following:
1. The resident's need for assistance with ADLs and IADLs.
2. The mobility needs of the resident.
3. The ability of the resident to self-administer medication.
4. The resident's medical history, medical conditions, and current medical status and how these impact or interact with the individual's service needs.
5. The resident's need for supplemental health care services.
6. The resident's need for special diet or meal requirements.
7. The resident's ability to safely operate key-locking devices.

225b Assessment content *(continued)*

Description of Violation

Resident [redacted] utilizes a bedside mobility device for turning and repositioning; however, the resident's most recent annual assessment completed on [redacted] does not include any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction ***Accept [redacted] - 07/08/2026)***

On 6/10/2026 Resident's [redacted] most recent annual assessment was immediately updated to show risks associated with the use of a bedside mobility device for turning and repositioning, the resident's ability to use the device safely for the purpose it was intended, and identification of the specific device to be used and whether a cover is required to meet FDA guidelines.
On 6/10/2026, the Resident Director educated current nursing staff on the regulations set within 2800.225.b. Documentation shall be maintained.
On 6/10/2026, the AHCD completed an audit of current resident's annual assessments that utilize a bedside mobility device to ensure the resident's ability to use the device safely for the purpose it was intended, and identification of the specific device to be used and whether a cover is required to meet FDA guidelines are included. Any assessments missing information were updated immediately. Documentation was kept.
Beginning 6/10/2026, the AHCD or designee will audit any new resident's annual assessments that utilize a bedside mobility device once a week for 4 weeks then bi weekly for 4 weeks to ensure the resident's ability to use the device safely for the purpose it was intended, and identification of the specific device to be used and whether a cover is required to meet FDA guidelines are included. Documentation will be kept.
On 7/1/2026, the Residence Director or designee, will review the above findings for 2800.225.b during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.
Completion Date: 7/30/2026

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented ([redacted] 08/20/2026)

227d Support plan – med/dental

3. 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] needs continuous Oxygen therapy; however, the resident' support plan, dated [redacted] does not document how this need will be met.

227d Support plan – med/dental *(continued)*

Plan of Correction ***Accept [redacted] - 07/08/2026)***

On 6/9/2026, Resident [redacted] support plan was immediately corrected to show how the resident's need for continuous oxygen therapy will be met.
On 6/10/2026, the Resident Director educated current nursing staff on the requirements set within 2800.227.d. Documentation shall be maintained.
On 6/10/2026, the AHCD completed an audit of current resident support plans to ensure support plans show if a resident is requiring any services, that the support plan reflects on how the need will be met. Any support plans that do not meet requirements were updated immediately. Documentation was kept.
Beginning 6/10/2026, the AHCD or designee will audit any new resident's support plans weekly for 4 weeks and then bi weekly for 4 weeks to ensure support plans show if a resident is requiring any services and how those needs will be met. Documentation will be kept.
On 7/1/2026, the Residence Director or designee, will review the above findings for 2800.227.d during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.
Completion Date: 7/30/2026

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented [redacted] - 08/20/2026)

231b Medical evaluation

4. Requirements

2800.
231.b. Medical evaluation. A resident or potential resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission.
1. Documentation for a special care unit for residents with Alzheimer's disease or dementia must include the resident's diagnosis of Alzheimer's disease or dementia and the need for the resident to be served in a special care unit.

Description of Violation

Resident [redacted] medical evaluation, dated [redacted], does not include the need for the resident to be served in a special care unit.

Plan of Correction ***Accept [redacted] - 07/08/2026)***

Resident [redacted]s current medical evaluation dated 3/12/2026 reflects the need for the resident to be served in a SCU.
On 6/18/2026, the Resident Director educated current nursing staff on the requirements set within regulation 2800.231.b. Documentations shall be maintained.
On 6/30/2026, the AHCD completed an audit of current SDCU resident's medical evaluations to ensure they include the need for the resident to be served in a SDCU. Any medical evaluations missing criteria were noted. Documentation was kept.
Beginning 6/30/2026, the AHCD or designee will complete an audit once a week for 4 weeks then bi weekly for 4 weeks of any new SDCU resident's medical evaluations to ensure the need for the resident to be served in a SDCU is included. Documentation will be kept.
On 7/1/2026, the Residence Director or designee, will review the above findings for 2800.231.b during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

231b Medical evaluation (continued)

Completion Date: 7/30/2026

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented [redacted] - 08/20/2026)

5. Requirements

2800.
231.b. Medical evaluation. A resident or potential resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission.

1. Documentation for a special care unit for residents with Alzheimer's disease or dementia must include the resident's diagnosis of Alzheimer's disease or dementia and the need for the resident to be served in a special care unit.

Description of Violation

Resident [redacted] was admitted to the special care unit on [redacted]; however, the resident's medical evaluation was completed on [redacted]

Plan of Correction ***Accept [redacted] - 07/08/2026)***

Resident [redacted] actual physical admission date was 1/14/2026 and was written incorrectly on face sheet in Resident's Chart. Face sheet was immediately corrected to reflect actual physical move in date. Resident [redacted] took financial possession on 1/7/2026 and medication information was added into ECP on 1/13/2026. Documentation is available.
On 6/18/2026, the Resident Director educated the current nursing staff on the requirements set within 2800.231.b. Documentation shall be maintained.
On 6/30/2026, the AHCD and MCD completed an audit of current SDCU resident's medical evaluations to ensure admission dates were correct and reflected actual physical move in date. Any medical evaluations that did not meet the requirements set within 231.b. Documentation was kept.
Beginning 6/30/2026, the AHCD or designee will complete an audit of new SDCU resident's medical evaluations weekly for 4 weeks then bi weekly for 4 weeks to ensure medical evaluation dates meet the requirements set within 231.b. Documentation will be kept.
On 7/1/2026, the Residence Director or designee, will review the above findings for 2800.231.b during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.
Completion Date: 7/30/2026

Licensee's Proposed Overall Completion Date: *07/30/2026*

Implemented [redacted] 08/20/2026)