

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

September 30, 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 07/14/2026 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:** 09/14/2027
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:** 125 **Waking Staff:** 94

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 07/14/2026

Inspection Dates and Department Representative

07/14/2026 - 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:** Reflections **Capacity:** 21 **Residents Served:** 20

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 89
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 36 **Have Physical Disability:** 0

Inspections / Reviews

07/14/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/08/2026

08/10/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/31/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/15/2026

Inspections / Reviews (*continued*)

08/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/31/2026

09/30/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/31/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b Contract signatures and renewal

1. Requirements

2800.

25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

The contract dated [REDACTED] for resident [REDACTED] was not signed by the administrator/ designee or the resident/the payer.

Plan of Correction

Accept [REDACTED] - 08/17/2026)

The importance of the regulation is signing the contract constitutes a pledge by both parties to abide by the specified terms.

The reason for the violation was the contract was inadvertently filed out of the business file jacket by the former Business Office Manager.

Immediate action taken was that the contract was, in fact, in place on the date of the inspection, later in the afternoon was located and immediately e-mailed by the Residence Director to the licensing office. Documentation to be maintained.

By 8/14/2026, the Business Office Manager will complete a full business file audit using the resident roster list to confirm the contracts are properly filed. Documentation shall be maintained.

On 07/21/2026, the Director of Compliance trained the Residence Director and Office Manager on the requirements of regulation 25b. Documentation shall be maintained.

Beginning 7/27/2026, the Business Office Manager and/or Residence Director/Designee will utilize the business file checklist for each new resident move ins and file the record appropriately. This form will be used going forward to review new move in business files.

By 8/15/2026, the Residence Director or designee, will review the above findings for 2800.25b during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance and any additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 08/10/2026

Implemented [REDACTED] - 09/24/2026)

65j Annual training content

2. 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.

65j Annual training content (continued)

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

During training year 2025, staff person A hired [REDACTED] staff B hired [REDACTED], and staff C hired [REDACTED] did not receive training in (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.

During training year 2025, staff person D hired [REDACTED] did not receive training in (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert and (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.

Plan of Correction**Accept [REDACTED] - 08/17/2026)**

This reason for the violation was the Residence Director failed to ensure that the annual training topics found in 2800.65j were met.

On 7/16/2026, the Residence Director provided training to current associates on 2800.65j. Documentation shall be maintained. Training documents for Staff person A and C were located and training had been completed on 1/21/2025. Documentation shall be maintained.

Although we are unable to correct previous yearly training, Fire Safety training and Emergency Preparedness procedures, as well as, recognition and response to crises and emergency situations will be conducted for current staff by 8/21/2026 with the Maintenance Director, Fire Safety Expert. Documentation shall be maintained.

Starting 8/10/2026, the Residence Director or designee will audit staff completion of initial, monthly, and annual required training to ensure timely completion. This audit will continue weekly for 6 weeks. Because the home's annual training plan spreads required trainings out throughout the training year the audit will continue monthly to align with the home's annual 2026 training plan to ensure ongoing compliance. Documentation shall be maintained.

By 8/15/2026, the Residence Director, Business Office Manager and/or designee will complete an audit of current associate training records for compliance with the 2800.65j requirements. Documentation shall be maintained.

By 8/15/2026, the Residence Director or designee, will review the above findings for 2800.65j during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented [REDACTED] - 09/24/2026)**81b Resident equip – good repair****3. Requirements**

81b Resident equip – good repair (continued)

2800.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED] around 09:50 AM, resident [REDACTED]'s bedside mobility device, which was covered, was observed slid out from under the mattress. The gap between the mattress and the bedside mobility device was wedged with a pillow and the resident stated that it had been like that for a while. Bedside mobility devices that slide under the mattress and are not securely attached to the structure of the bed can move and create entrapment zones not always present upon inspection. These types of devices are not permitted under any circumstances.

Plan of Correction**Accept [REDACTED] - 08/17/2026)**

On 8/12/2026, the Maintenance Director re-evaluated the device for Resident [REDACTED] and attached it securely to the bed frame leaving zero gap between the mattress and device and covered appropriately. A physical therapy order to evaluate the residents need for the mobility device has been requested with the PCP. Should therapy determine the device is not required for bed mobility the device will be removed.

On 8/5/2026, the Operations Specialist provided education to the Healthcare Director and Memory Care Director on the requirements of 2800.81b. and use of bedside mobility devices. Documentation shall be maintained.

By 08/07/2026, the Healthcare Director/Memory Care Director/Designee will audit current resident rooms to identify that no unapproved devices remain on any resident bed. Any resident found to have these devices will have them checked for compliance with 2800.81b, those out of compliance shall be corrected at the time of audit and a consult for therapy will be requested. Documentation shall be maintained.

By 8/15/2026, the Residence Director or designee, will review the above findings for 2800.81b during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented [REDACTED] 09/24/2026)**102i Soap dispenser****4. Requirements**

2800.

102.i. Bar soap or a dispenser with soap shall be provided within reach of each bathroom sink. Bar soap, however, is not permitted when a living unit is shared unless there is a separate bar clearly labeled for each resident sharing the living unit.

Description of Violation

On [REDACTED] around 10:00 AM, the soap dispenser was empty at the bathroom sink in the residence's special care unit common bathroom.

Plan of Correction**Accept [REDACTED] - 08/10/2026)**

Immediately on 07.14.2026 upon discovery, the soap dispenser was replaced by the Maintenance Director.

The reason for the violation is a memory care resident likes to pick it up and carry it around and therefore the soap was missing from this particular location.

102i Soap dispenser (continued)

On 07.16.2026, the Residence Director educated current associates on the requirements found in 2800.102i and documentation is maintained on file.

On 07.20.2026 the Maintenance Director installed a new locking soap dispenser in the community bathroom of the SDCU which will deter residents from removing them. The image of the correction is maintained on file.

Starting 8/10/2026, the Memory Care Director or designee will check all SDCU common bathroom weekly for 4 weeks. Documentation shall be maintained.

By 8/15/2026, the Residence Director or designee, will review the above findings for 2800.102i during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 08/15/2026

Implemented [REDACTED] - 09/24/2026)

103g Storing food**5. Requirements**

2800.

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

Description of Violation

On [REDACTED] around 10:15 AM, the ice cream tubs in the kitchen freezer were opened and unsealed.

Repeat Violation - [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 08/10/2026)

Immediately upon discovery at the time of inspection, the servers and Chef re-sealed the ice cream tubs with the secure lids. They were also labeled and dated.

On 7/15/2026, the Residence Director conducted training on regulation 2800.103g with the Chef and on 07/16/2026 the Residence Director conducted training on 2800.103g with the Dining Services staff. Documentation shall be maintained.

Starting 8/3/2026, the Chef or designee will audit all food daily for 2 weeks and then weekly for 2 weeks to ensure the requirements of regulation 2800.103g are met. Documentation shall be maintained.

By 8/15/2026, the Residence Director or designee, will review the above findings for 2800.103.g during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 08/15/2026

Implemented [REDACTED] - 09/24/2026)

103g Storing food (*continued*)

103i Outdated food

6. Requirements

2800.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated plastic container of blueberries and mixed fruit in the walk in refrigerator. An unlabeled, undated plastic container of what looked like pesto was observed in the walk in freezer.

Plan of Correction

Accept [REDACTED] - 08/10/2026)

Immediately on the date of inspection, 07/14/2026, the Chef removed the products from the walk in refrigerator and freezer and the unlabeled and undated items in refrigerator/freezer were disposed of.

On 7/15/2026, the Residence Director conducted training regarding this regulation 2800.103i with the Chef and on 07.16.2026 with Dining Services staff. Staff is aware that further non compliance can result in disciplinary action. Documentation shall be maintained.

Beginning 08/03/2026 the Chef/designee will audit all food daily for 2 weeks and then weekly for 2 weeks. Documentation shall be kept.

Starting 8/3/2026, the Operations Specialist/Designee will review the audits weekly upon completion to ensure compliance with regulations. Documentation shall be maintained.

By 8/15/2026, the Residence Director or designee, will review the above findings for 2800.103.i during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations shall be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 08/15/2026

Implemented [REDACTED] - 09/24/2026)

187d Follow prescriber's orders

7. Requirements

2800.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] 3 times a day based on a sliding scale: 0 units for blood sugar level (BGL) less than 131, 2 units for BGL 131 150, 4 units for BGL 151 180, 6 units for BGL 181 220, 8 units for BGL 221 260, 10 units for BGL 261 300, 12 units for BGL 301 340, 14 units for BGL 341 360, 16 units for BGL 361 380, 18 units for BGL 381 400. The resident was administered wrong units of insulin on following dates and times:

[REDACTED]

187d Follow prescriber's orders (continued)

Repeat Violation - [REDACTED] et al., [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 08/10/2026)

Immediately upon discovery, the Assistant Health Care Director reviewed the MAR and spoke to the med tech involved and reviewed sliding scales with them.

On 7/16/2026, the Residence Director trained the Health Care Director, the Resident Care Coordinator and the LPN on 2800.187d. Documentation shall be maintained.

On 7/16/2026, mandatory training for current med techs/nurses was completed by the Healthcare Director on regulation 2800.187d and how to administer insulin on residents requiring a sliding scale. Documentation shall be maintained.

Beginning 08/10/2026, the Healthcare Director or designee will conduct daily MAR audits for 2 weeks then twice weekly for 2 weeks to verify all insulin sliding scale medications are administered according to physician's orders. Documentation shall be maintained.

Beginning 8/10/2026, the sliding scale dose will be verified by two med techs or licensed staff prior the administration of the medication. This will continue daily for 2 weeks. Documentation shall be maintained.

On 8/15/2026, the Residence Director or designee, will review the above findings for 2800.187.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.

Licensee's Proposed Overall Completion Date: 08/21/2026

Implemented [REDACTED] 09/24/2026)

225a1 Assessment – annually**8. Requirements**

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident [REDACTED] most recent assessment was completed on [REDACTED] The resident's previous assessment was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 08/10/2026)

Resident [REDACTED] ASP was completed on 07/15/2026 of this year within the annual guidelines.

By 8/5/2026, the Residence Director or designee will train the Health Care Director in the requirements of 2800.225a1. Documentation shall be maintained.

By 08/15/2026, the Healthcare Director or designee will audit all current resident ASPs for compliance with 225a1. Any found to be out of compliance will have the following notation documented on it: "Non-compliance identified during Resident Record audit completed on XXXXXX and by whom as part of a plan of correction for survey on

225a1 Assessment – annually (continued)

7/14/2026" Documentation shall be maintained.

On 8/15/2026, the Residence Director or designee, will review the above findings for 2800.225.a.1 during the community's next routine Quality Management Performance Improvement Meeting (QMPI) to validate compliance. Additional recommendations may be implemented. Documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 08/15/2026

Implemented [REDACTED] - 09/24/2026)

225b Assessment content**9. 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.

Description of Violation

Resident [REDACTED] utilizes a bedside mobility device; however, the resident's annual assessment, dated [REDACTED], does not include:

The specific need for the device

The intended use and 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] - 08/17/2026)

Resident [REDACTED] ASP was completed on 07/15/2026 and included the bed enabler information.

By 8/5/2026, the Residence Director or designee will train the Health Care Director and Memory Care Director on the requirements of 2800.225b. Documentation shall be maintained.

By 08/15/2026, the Healthcare Director or designee will audit all current resident ASPs for compliance with 2800.225b. Any missing elements of 2800.225b will be added at that time. Documentation shall be maintained.

Moving forward, beginning 8/17/2026 the Residence Director/Designee will audit new move in's resident ASPs upon completion for compliance with 2800.225b weekly through end of year 2026. Beginning 8/17/2026 the HCD and AHCD shall conduct an audit for compliance with 2800.225b by reviewing each ASP completed by the other nurse.

On 8/15/2026, 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.

225b Assessment content (*continued*)

Licensee's Proposed Overall Completion Date: 08/28/2026

Implemented [REDACTED] - 09/24/2026)