



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **DRESHER MC OPCO, LLC**

LEGAL ENTITY

To operate **VIVA MEMORY CARE AT DRESHER**

NAME OF FACILITY OR AGENCY

Located at **1424 DRESHER TOWN ROAD, DRESHER, PA 19025**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed

66

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 66**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **November 1,** **2024** until **May 1,** **2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **151641**


ISSUING OFFICER


ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628P – 04/23



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: NOVEMBER 1, 2024

[REDACTED]
[REDACTED]
Dresher MC Opco, LLC
[REDACTED]
[REDACTED]

RE: Viva Memory Care at Dresher
1424 Dreshertown Road
Dresher, Pennsylvania 19025
License #: 151641

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on September 30, 2024 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *Viva Memory Care At Dresher* License #: *15164* License Expiration:
Address: *1424 DRESHERTOWN ROAD DRESHER, Dresher, PA 19025*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED]

Name: *Dresher MC Opco, LLC*

Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *12/19/2019* Issued By: *Township of Upper Dublin*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *New* Exit Conference Date: *09/30/2024*

Inspection Dates and Department Representative

09/30/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *33*

Secured Dementia Care Unit

In Home: *Yes* Area: *Whole Home* Capacity: *66* Residents Served: *33*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *33* Have Physical Disability: *0*

Inspections / Reviews

09/30/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/12/2024*

Inspections / Reviews (*continued*)

10/17/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/14/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/14/2024

10/29/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/30/2024

10/30/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/29/2024

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

82c - Locking Poisonous Materials**1. Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 9/30/24, Dawnmist gel fluoride toothpaste, with a manufacturer's label indicating "If swallowed contact poison control", was unlocked, unattended, and accessible to residents in room [REDACTED]. Not all the residents of the home, including the resident of room [REDACTED] have been assessed as capable of recognizing and using poisons safely.

On 9/30/24, Colgate toothpaste, and zinc oxide ointment both with a manufacturer's labels indicating "If swallowed contact poison control", were unlocked, unattended, and accessible to residents in room [REDACTED]. Not all the residents of the home, including the resident of room [REDACTED] have been assessed as capable of recognizing and using poisons safely.

Plan of Correction**Accept [REDACTED] - 10/17/2024)**

The Dawnmist gel fluoride toothpaste in room [REDACTED] and the Colgate toothpaste, and zinc oxide ointment in room [REDACTED] were immediately locked at the time of inspection.

A care staff meeting was held on 10.9.24 re-educating staff on the requirement and regulation 2600.82c that poisons must be locked at all times.

The Resident Care Director and/or Memory Care Director are responsible to review care tasks completed daily to verify all poisons are locked. Results of the care task documentation is reported weekly to the Regional Director of Operations.

Starting 10.9.24 the management team is completing random audits three (3) times a week for three (3) weeks, then two (2) times a week for two (2) weeks, then one (1) time a week for one (1) week to ensure that all poisons are locked.

On or before 10.31.24 plastic tote caddy's will be purchased. All resident personal hygiene products that are poisonous will be secured in tote caddy's which will be stored in a locked storage closet.

Caregivers will be responsible to obtain a resident's caddy when completing ADLs and return the caddy to the locked storage closet upon completion of resident ADL's.

Med techs will be responsible on their shift to monitor caregiver documentation of safety checks for locked poisons and completing rounds on their shift to ensure caddy's have been secured in the locked storage closet upon completion of resident ADLs.

On 10.15.24 a mandatory all staff meeting is scheduled to educate all staff on the new process for securing to be implemented on or before 10.31.24 to secure all resident personal care poisonous products in the tote caddy's to be stored in the locked storage closet.

The Executive Director will review the results of the random audits at the Monthly QA meeting. Documentation will be maintained.

Licensee's Proposed Overall Completion Date: 10/30/2024

Not Implemented [REDACTED] - 10/30/2024)**85a - Sanitary Conditions**

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/30/2024 at 11:10 AM, there was a large dried spill of an unknown brown liquid in the upper cabinets of the activities room.

Plan of Correction

Accept [REDACTED] - 10/17/2024)

The brown liquid spill in the activity kitchen cabinet was immediately cleaned at the time of inspection.

The Activity Director is responsible to ensure that the activity cabinets are clean. No food is stored in the activity kitchen cabinets. Paper goods and other non-liquid activities supplies may not be stored in the kitchen cabinets to avoid liquid spillage.

Starting 10.7.24 the housekeepers added cleaning activity kitchen cabinets to their housekeeping duties.

Starting the week of 10.14.24 the maintenance director will complete a weekly audit for four (4) weeks of the activity cabinets to ensure they are clean.

Results of the audits will be reviewed by the Executive Director at the monthly QA meeting.

Licensee's Proposed Overall Completion Date: 10/30/2024

Not Implemented [REDACTED] - 10/30/2024)

101j7 - Lighting/Operable Lamp**3. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

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

Description of Violation

Resident 1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [REDACTED] - 10/17/2024)

The bedside table in room 7 was moved closer to the bed at the time of inspection.

The housekeepers and caregivers are responsible to ensure that the bedside table and lamp are within reach of the bed so the lamp can be turned on at the bedside.

On 10.15.24 all staff will be re-educated on 2600.101j7 to ensure that bedside lighting is accessible at the bedside.

Starting 10.9.24 the management team is completing random audits three (3) times a week for three (3) weeks, then two (2) times a week for two (2) weeks, then one (1) time a week for one (1) week to ensure that all bedside tables and lamps are accessible from the bedside.

Starting in October the Maintenance Director will add an audit item for bedside lighting on the environmental month checklist to ensure that a bedside light source is within reach of the bedside.

At the Monthly QA Meeting, the Executive Director will review the results of the monthly environmental audit to ensure compliance with 2600.101j7. Documentation will be maintained.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented [REDACTED] - 10/30/2024)

132d - Evacuation

4. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does have a maximum safe evacuation time specified in writing within the past year by a fire safety expert of 12 minutes. The home exceeded an evacuation time of 12 minutes during the following drills:

6/10/24 at 10:30 PM 15 minutes and 88 seconds.

7/1/24 at 10:00 PM 16 minutes and 10 seconds.

8/22/24 at 11:00 AM 15 minutes and 45 seconds.

9/24/24 at 3:20 PM 12 minutes and 34 seconds.

Plan of Correction

Accept [REDACTED] - 10/17/2024)

Previous evacuation times cannot be corrected.

On 9.30.24 the Executive Director re-educated the Maintenance Director on the requirements of 2600.132d.

The maintenance director will be responsible to ensure that fire evacuation complies with 2600.132d. If the evacuation exceeds the allotted time frame, a post evaluation will be reviewed with the staff to re-educated, and another evacuation drill will be held, prior to the end of the month.

On 10.15.24 staff will be re-educated on the evacuation timeframe as specified writing by the annual fire safety expert.

The Executive Director will review the evacuation documentation at the monthly QA meeting.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented [REDACTED] - 10/30/2024)

132g - Fire Drills Days/Times

5. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills at 11:00 AM, 10:00-10:30 PM, and 3:15-3:30 PM as evidenced by the following drills:

2/5/24: 11:00 AM

3/25/24: 3:15 PM

4/26/24: 10:30 PM

5/6/2024: 11:00 AM

6/11/2024: 10:30 PM

7/1/2024: 10:00 PM

8/22/2024: 11:00 AM

132g - Fire Drills Days/Times (continued)

9/24/2024: 3:30 PM.

Plan of Correction**Accept** [REDACTED] **10/17/2024)**

Previous evacuation times cannot be corrected.

On 9.30.24 the Executive Director re-educated the Maintenance Director on the requirements of 2600.132d.

The maintenance director will be responsible to ensure that fire drills will be held on different days, different times of the day and night and not routinely held to comply with 2600.132g.

The Executive Director will review the evacuation documentation at the monthly QA meeting

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented [REDACTED] **- 10/30/2024)**