

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

February 25, 2025

[REDACTED]
DRESHER MC OPCO, LLC
[REDACTED]

RE: VIVA MEMORY CARE AT DRESHER
1424 DRESHERTOWN ROAD
DRESHER, PA, 19025
LICENSE/COC#: 15164

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/30/2024 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: VIVA MEMORY CARE AT DRESHER **License #:** 15164 **License Expiration:** 05/01/2025
Address: 1424 DRESHER TOWN ROAD, DRESHER, PA 19025
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: DRESHER MC OPCO, LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [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:** 60 **Waking Staff:** 45

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Provisional, Monitoring **Exit Conference Date:** 12/30/2024

Inspection Dates and Department Representative

12/30/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 **Residents Served:** 31

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Facility **Capacity:** 66 **Residents Served:** 31

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 28
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 29 **Have Physical Disability:** 0

Inspections / Reviews

12/30/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/20/2025

01/23/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/15/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 02/15/2025

Inspections / Reviews *(continued)*

02/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/15/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] at 11:23 AM, there were at least five different medications for resident [REDACTED] who is recently deceased, unlocked, unattended, and accessible in a bin behind the concierge desk.

Plan of Correction

Accept [REDACTED] - 01/23/2025)

Immediate Corrective Action:

On 12/30/24 The pharmacy tote with medications for deceased Resident #1 that was behind the concierge desk waiting for pharmacy pick up. The Resident Care Director immediately secured the tote in the locked medication room ensure record confidentiality.

Quality Improvement and On-Going Compliance.

A. Review of Policies, Procedures, Root Cause, Training and Monitoring:

Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

To ensure compliance with 2600.17 record confidentiality, the root cause analysis, policy and procedures identified that:

1. The conference room and the concierge desk are not public areas, however the door to the conference room leading into the concierge desk and nursing desk were open to the inspector.
2. The pharmacy tote is to remain in the locked medication room, secured with a tote tie, awaiting pharmacy pickup.
3. A sign was placed on the conference door stating "Not A public area. Employees Only". A sign was placed on the inside and outside of the door between the concierge desk and the conference room "Keep Door Closed and Locked". The concierge is responsible for ensuring that the door between the concierge desk and conference room is closed and always locked. The Business Office Manager will educate the concierge on this procedure by 1/24/2025. Documentation will be maintained.
4. On or before 1.24.25 med tech's will be re-educated by the Resident Care Director on:
 - a. Regulations and company policies to securely lock medications, privacy, confidentiality and HIPAA compliance.
 - b. Procedures for storing the pharmacy tote in the locked medication room; and securing the pharmacy tote with a zip tie when medications for pharmacy return are in the tote.
 - c. The med techs will sign off on a daily shift change report which includes ensuring record confidentiality and securely locking medications.
 - d. The Resident Care Director or designee will review and maintain the daily shift change report.
5. Beginning the week of 1.19.25 the Resident Care Director or designee will complete an audit 3 times a week for 4 weeks to verify record confidentiality and locked medications.
6. The Executive Director will review the results of the audit at the Quality Assurance meeting on March 5, 2025.

Licensee's Proposed Overall Completion Date: 02/15/2025

17 - Record Confidentiality *(continued)**Implemented* [REDACTED] 02/25/2025)

82c - Locking Poisonous Materials

2. 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

A container of Dove Original Clean Antiperspirant/Deodorant Stick, with a manufacturer's label indicating "If swallowed, get medical help or contact a Poison Control Center right away.", was unlocked, unattended, and accessible to residents in room [REDACTED]. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Repeat Violation: [REDACTED].

Plan of Correction*Accept* [REDACTED] - 01/23/2025)*Immediate Corrective Action:*

On 12/30/24 the container of Dove Original Clean Antiperspirant/Deodorant Stick was removed and secured in the resident's personal hygiene bin in the locked storage room.

*Quality Improvement and On-Going Compliance.**A. Review of Policies, Procedures, Root Cause, Training and Monitoring*

1. Poisonous materials shall be kept locked and inaccessible to residents. All resident personal hygiene products are to be stored in the resident's personal hygiene bin in the locked storage room.

2. On or before 1.24.25 the housekeepers and care staff will be re-educated to check for unsecured poisons daily when emptying trash, cleaning apartments, putting away laundry, and/or caring for residents. Bathrooms, closets, bedside tables, dressers and drawers should be checked to ensure there are no unsecured poisons. Departmental procedures for documentation of resident safety and securing poisons are to be monitored routinely by the Department head.

3. Beginning the week of 1.19.25 the Resident Care Director will audit 10 apartments weekly for 4 weeks to ensure that all poisons are secured.

4. The Executive Director will review results of the audit at the March 5, 2025 Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 02/15/2025

Implemented [REDACTED] - 02/25/2025)

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 [REDACTED] does not have access to a source of light that can be turned on/off at bedside.

101j7 - Lighting/Operable Lamp (continued)

Repeat Violation: [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/23/2025)

Immediate Corrective Action:

On 12.30.24 the bedside table and lamp were immediately moved closer to the bed for Resident [REDACTED] to turn on at the bedside.

Quality Improvement and On-Going Compliance.**A. Review of Policies, Procedures, Root Cause, Training and Monitoring**

1. Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at the bedside.
2. Residents residing in the SDU frequently move furniture, resulting in the bedside table with lamp positioned more than an arm's length from the bed.
3. On or before 1.24.25 the Housekeepers and Care Staff will be re-educated to check that the bedside table and lamp are within arm's reach of the bed when staff are entering a resident apartment. Documentation of the re-education will be maintained.
4. Beginning the week of 1.19.25 the Maintenance Director will audit 10 apartments weekly to ensure that the night stand with an operable lamp or source of lighting that can be turned on at the bedside.
5. The Executive Director will review results of the audit at the March 5, 2025 Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 02/15/2025

Implemented [REDACTED] - 02/25/2025)

185a - Implement Storage Procedures**4. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [REDACTED], at 11:20 AM, a green medication delivery bin containing at least five different medications was found behind the concierge desk unlocked and unattended.

Plan of Correction

Accept [REDACTED] 01/23/2025)

Immediate Corrective Action:

On 12/30/24 The pharmacy tote with medications for deceased Resident [REDACTED] that was behind the concierge desk waiting for pharmacy pick up. The Resident Care Director immediately secured the tote in the locked medication room ensure record confidentiality.

Quality Improvement and On-Going Compliance.**A. Review of Policies, Procedures, Root Cause, Training and Monitoring:**

1. Policies and procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons were reviewed.
2. Root cause analysis identified:
 - a. The conference room and the concierge desk are not public areas, however the door to the conference room leading into the concierge desk and nursing desk were open to the inspector.

185a - Implement Storage Procedures (continued)

- b. The pharmacy tote is to remain in the locked medication room, secured with a tote tie, awaiting pharmacy pickup.*
- 3. Training and Monitoring**
- a. A sign was placed on the conference door stating "Not A public area. Employees Only". A sign was placed on the inside and outside of the door between the concierge desk and the conference room "Keep Door Closed and Locked". The concierge is responsible for ensuring that the door between the concierge desk and conference room is closed and locked.*
- b. On or before 1/24/25 the Business Office Manager will educate the concierge on ensuring that the door between the conference room and concierge desk is closed and locked*
- c. Beginning the week of 1.19.25 the Business Office Manager or designee will complete and audit 3 times a week for 4 weeks to ensure that the door between the conference room and the concierge desk is closed and locked to restrict the area from public access.*
- d. On or before 1.24.25 the Resident Care Director will re-educate the med tech's on:*
- i. Regulations and company policies to securely lock medications, privacy, confidentiality and HIPAA compliance.*
 - ii. Procedures for storing the pharmacy tote in the locked medication room; and securing the pharmacy tote with a zip tie when medications for pharmacy return are in the tote.*
 - iii. The med techs will sign off on a daily shift change report which includes ensuring record confidentiality and securely locking medications.*
 - iv. The Resident Care Director or designee will review and maintain the daily shift change report.*
- e. Beginning the week of 1.19.25 the Resident Care Director or designee will complete an audit 3 times a week for 4 weeks to verify record confidentiality and locked medication.*
- f. The results of the audits will be reviewed by the Executive Director at the monthly Quality Assurance meeting on March 5, 2025.*

Licensee's Proposed Overall Completion Date: 02/15/2025

Implemented (█ - 02/25/2025)