



Pennsylvania Department of Human Services

Emailing Date: June 11, 2025

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

RE: Viva Memory Care at Dresher
1424 Dreshertown Road
Dresher, Pennsylvania 19025
License #: 151640

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on February 27, 2025, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

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

June 11, 2025

[REDACTED]
DRESHER MC OPCO, LLC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/27/2025 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]

Legal Entity

Name: *DRESHER MC OPCO, LLC*
 Address: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Provisional* Exit Conference Date: *02/27/2025*

Inspection Dates and Department Representative

02/27/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* Residents Served: *32*

Secured Dementia Care Unit

In Home: *Yes* Area: *Viva Memory Care* Capacity: *66* Residents Served: *32*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *31*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *32* Have Physical Disability: *0*

Inspections / Reviews

02/27/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/23/2025*

Inspections / Reviews (*continued*)

03/24/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/18/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/29/2025

03/28/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/18/2025
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/20/2025

06/11/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: 04/18/2025
Reviewer: [REDACTED] Follow-Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/27/2025, from approximately 9:00 to 10:00 am and beyond, there was a strong urine smell in various parts of the home, including the hallway in front of the sensory spa room, the hallway closest to room 32, and in room 29.

Plan of Correction

Accept (█ - 03/24/2025)

Immediate Action

- Maintenance cleaned several areas near the front hallway and near rooms 29 and 32 where residents had been incontinent.
- Care staff assisted residents who had been incontinent in the hallways.

Quality Improvement and Ongoing Compliance

- Many residents who reside in Memory Care are incontinent and occasionally have accidents in the hallway. As soon as there is an incontinent episode the care staff attend to the resident to provide assistance and notify maintenance to clean the carpet. If there are several simultaneous episodes, as on the day of inspection, maintenance attends to the areas identified as quickly as possible. If maintenance is not in the building, care staff have been trained on how to clean carpets.
- Maintenance procedure includes walks the building every morning and afternoon to identify any areas of concern including the smell of urine.
- Beginning the week of March 23rd, an audit will be completed twice a day for two weeks to ensure that the building has no urine odor. Thereafter, maintenance will continue the process of walking the building during daily rounds to ensure there is not an odor of urine.
- The Executive Director will review the results of the audit at the April 2nd Monthly Quality Improvement Meeting.

Licensee's Proposed Overall Completion Date: 04/02/2025

Evidence of Completion

Implemented (█ - 06/11/2025)

See attached.

85e - Trash Outside Home

2. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/27/2025 at 9:34am, there were various items of trash on the ground near the dumpster outside, including a plastic water bottle, several rubber gloves, and some type of package envelope.

Plan of Correction

Accept (█ - 03/24/2025)

Immediate Corrective Action

- The waste management company emptied the trash on the morning of the inspection which resulted in some trash items on the ground near the dumpster outside.
- The maintenance director cleaned up the plastic water bottles, gloves and a cardboard box immediately at the time of the inspection.

85e - Trash Outside Home (continued)

Quality Improvement and Ongoing Compliance

- a. Maintenance is responsible to ensure that there is no trash outside the trash receptacle. Maintenance procedures is to walk the outside of the building, including the dumpster area to ensure grounds and dumpsters are clean.
- b. Beginning the week of March 23rd the maintenance director will complete an audit of the trash dumpsters daily for two weeks. Thereafter, the maintenance will continue daily checks to ensure that there is no trash outside of the dumpster. On the days the waste management empties the dumpster, a second check will be completed.
- c. The Executive Director will review the results of the audit at the April 2nd Quality Improvement Meeting.

Licensee's Proposed Overall Completion Date: 04/02/2025

Evidence of Completion

Implemented [REDACTED] - 06/11/2025)

See attached.

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 2/27/2025 at 9:26 am, there was an oblong yellow stain, two to three feet long, on the carpet outside room [REDACTED]

Plan of Correction

Do Not Accept [REDACTED] 03/24/2025)

Immediate Action

- a. The carpet outside of room [REDACTED] discolored from bleach and chemicals from cleaning. The Maintenance Director has requested quotes from carpet vendors to replace the carpeting. The carpeting will be replaced once quotes are obtained and financing approved. The Maintenance Director applied woodgrain floor stain to cover the bleached area on the carpeting until the carpet can be replaced.

Quality Improvement and Ongoing Compliance

- a. The maintenance director completes daily rounds on the building in the morning.
- b. The Maintenance Director will notify the Executive Director of any concerns with carpets that need to be replaced.
- c. The Executive Director will notify the Corporate Office of any carpet replacements needed. A quote will be obtained for approval from the Corporate Office to replace worn or stained flooring/carpeting.

Licensee's Proposed Overall Completion Date: 06/01/2025

Update: 03/24/2025

The proposed completion date is too far in the future.

Plan of Correction

Directed [REDACTED] 03/28/2025)

Immediate Action

- a. The carpet outside of room [REDACTED] is discolored from bleach and chemicals from cleaning. The Maintenance Director has requested quotes from carpet vendors to replace the carpeting. The carpeting will be replaced once quotes are obtained and financing approved.

88a - Surfaces (continued)

The Maintenance Director applied woodgrain floor stain to cover the bleached area on the carpeting until the carpet can be replaced.

Quality Improvement and Ongoing Compliance

- a. The maintenance director completes daily rounds on the building in the morning.
- b. The Maintenance Director will notify the Executive Director of any concerns with carpets that need to be replaced.
- c. The Executive Director will notify the Corporate Office of any carpet replacements needed. A quote will be obtained for approval from the Corporate Office to replace worn or stained flooring/carpeting.

Proposed Overall Completion Date: 05/01/2025

Directed Completion Date: 04/18/2025

Evidence of Completion

Implemented [redacted] - 06/11/2025)

See attached.

91 - Telephone Numbers

4. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 2/27/2025, there were no emergency telephone numbers, except for an obsolete number for an ambulance, on or by the rotary telephone used by resident #1 in room [redacted].

Plan of Correction

Accept [redacted] - 03/24/2025)

Immediate Action

- a. Room 24 has a rotary dial telephone which can receive calls, but cannot call out. There is a dial tone, but the [redacted] has set it up so they can call [redacted] but [redacted] cannot call out even though there is a dial tone.
- b. At the time of inspection, emergency phone numbers were affixed to the telephone.
- c. There are two other employees who have personal cell phones and emergency numbers were added to their telephones.

Quality Improvement and Ongoing compliance

- a. Starting March 23rd the maintenance director will complete an audit once weekly for 4 weeks to ensure that resident phones have emergency phone numbers on the phone and/or on the back of the apartment door.
- b. The Executive Director will review the results of the audit at the April 2nd Quality Improvement Meeting

Licensee's Proposed Overall Completion Date: 04/02/2025

Evidence of Completion

Implemented [redacted] - 06/11/2025)

See attached.

103g - Storing Food

5. Requirements

103g - Storing Food (continued)

2600.

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

Description of Violation

On 2/27/2025 at 10:23 am, a tub of rainbow sherbet was unsealed and exposed in the freezer, as the lid was partially raised.

Plan of Correction

Accept [REDACTED] - 03/24/2025)

Immediate Action:

a. At the time of the inspection the weekly Sysco food delivery was actively being delivered into the walk in refrigerator and freezer. The tub of rainbow sherbet was bumped and the lid was partially raised. The Dining Director secured the lid to the rainbow sherbet ice cream.

Quality Improvement and Ongoing Compliance

- a. The Dining Director is responsible to ensure that all food items are covered and dated per policy.
- b. The Dining Director completes a daily audit of the kitchen. Starting the week of 3/23/25 an audit will be completed daily for 2 weeks to ensure that all food in the walk in freezer is covered and dated per policy. Thereafter the Dining Director will continue to routinely audit freezer food per policy to ensure ongoing compliance.
- c. The Executive Director will review the results of the audit at the April 2nd Quality Improvement Meeting.

Licensee's Proposed Overall Completion Date: 04/02/2025

Evidence of Completion

Implemented [REDACTED] - 06/11/2025)

See attached.

105g - Lint Removal and Duct Cleaning**6. Requirements**

2600.

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 2/27/2025 at approximately 10:00 am, there was a thick accumulation of lint in the lint trap of a dryer used for residents' laundry. There were no clothes in the dryer at the time. A fire inspector documented the same condition in a report dated 11/21/24.

Plan of Correction

Accept [REDACTED] - 03/24/2025)

Immediate Action

a. On the day of inspection the maintenance director immediately cleaned and removed accumulation of lint.

Quality Improvement and Ongoing Compliance

- a. A mandatory care staff meeting will be held on Monday 3/24/25 to re-educate the care staff on the importance and safety of cleaning the dryer lint filters after each load.
- b. A sign is on the front of each dryer reminding the staff to clean the dryer lint filter after each load.
- c. Beginning the week of 3/23/25 the maintenance director will complete random audits of the dryers 3 times a week for 4 weeks to ensure the lint has been removed after each load.
- d. The Executive Director will review the results of the random audits at the Quality Improvement Meeting on 4/2/25

105g - Lint Removal and Duct Cleaning (continued)

Licensee's Proposed Overall Completion Date: 04/02/2025

Evidence of Completion

Implemented [REDACTED] - 06/11/2025)

See attached.

162c - Menus Posted

7. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home has a rotation of four weekly menus, posted in the dining room. On 2/27/2025, there was no indication of which menu represented the current week in the cycle. There were individual menus posted outside of the dining room for the current and last two days.

Plan of Correction

Accept [REDACTED] - 03/24/2025)

Immediate Action:

a. The 4 week Menu cycle was posted but did not have dates on each day. The Dining Director added the dates immediately at the time of inspection.

Quality Improvement and Ongoing Compliance

- a. On or before the 1st of each month the Dining Director will post the 4 week menu cycle with dates for each day.
- b. The Executive Director will verify that the dates are posted on the 1st of each month.

Licensee's Proposed Overall Completion Date: 04/01/2025

Evidence of Completion

Implemented [REDACTED] - 06/11/2025)

See attached.

183d - Prescription Current

8. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 2/27/2025 at 2:07 pm, a blister pack of 1000-mg APAP tablets prescribed for resident #2 was in the home's medication cart, with instructions to take two every eight hours. However, this medication was discontinued on 1/25/25.

Plan of Correction

Accept [REDACTED] - 03/24/2025)

Immediate Action

a. The APAP 500mg 2 tabs (1000mg) orally every 8 hours as needed for Pain/Fever was removed from the medication cart at the time of inspection.

183d - Prescription Current (continued)

Quality Improvement and Ongoing Compliance

- a. A mandatory med tech meeting will be held on Mon 3/24/25 to re-educate med techs about removing medications from the med cart when a medication is discontinued.
- b. Beginning the week of 3/23/25 the lead med tech will complete random med cart audits 3 times a week for 4 weeks to ensure that only current prescription medications are in the med cart and medications that have been discontinued have been removed from the medication cart.
- c. Beginning the week of 3/23/25 the Assistant Resident Care Director or designee will complete a medication cart audit 1 time a week for 4 weeks to ensure compliance with 2600.183d.
- d. The Executive Director will review the results of the audits at the monthly Quality Improvement Meeting on April 2nd.

Licensee's Proposed Overall Completion Date: 04/02/2025

Evidence of Completion

Implemented [redacted] - 06/11/2025)

See attached.

183e - Storing Medications

9. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 2/27/2025 at 1:52 pm, there was a loose blue and white ovular pill capsule laying on the side of a medication cart in the nursing station.

Plan of Correction

Accept [redacted] - 03/24/2025)

Immediate Action

a. When administering medications in the am on the day of the inspection, the capsule was opened and medication placed into applesauce for administration as capsules cannot be crushed. While disposing of the capsule the trash can was missed and the capsule was laying on the side of the medication cart which was locked inside of the nursing area, inaccessible to residents. The capsule was immediately disposed of in the trash can.

Quality Improvement and Ongoing Compliance

- a. A mandatory med tech meeting will be held on Mon 3/24/25 to re-educate med techs about ensuring there are no loose pills inside of the med cart, on the floor, or on the side of the medication cart.
- b. Beginning the week of 3/23/25 the lead med tech will complete random med cart audits 3 times a week for 4 weeks to ensure that only current prescription medications are in the med cart and medications that have been discontinued have been removed from the medication cart.
- c. Beginning the week of 3/23/25 the Assistant Resident Care Director or designee will complete a medication cart audit 1 time a week for 4 weeks to ensure compliance with 2600.183d.
- d. The Executive Director will review the results of the audits at the monthly Quality Improvement Meeting on April 2nd.

Licensee's Proposed Overall Completion Date: 04/02/2025

183e - Storing Medications (*continued*)**Evidence of Completion**

Implemented [REDACTED] - 06/11/2025)

See attached.

187d - Follow Prescriber's Orders

10. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed .1% Triamcinolone ointment, to be applied topically twice a day, one 5-MG tablet of Eliquis, one 5-MG tablet of Aripiprazole, one 12.5-MG tablet of Carvedilol, and one 5-MG tablet of Escitalopram. All of these were supposed to be administered on 2/20/25 at 8:00pm and were not.

Resident #3 was not administered the following prescribed medications on 2/20/25 at 8:00 pm: an application of Cerave moisturizing lotion, one .5-MG tablet of Lorazepam, one .5-MG tablet of Risperidone, and one and a half .5-MG tablets of Aripiprazole.

Plan of Correction

Accept [REDACTED] - 03/24/2025)

Immediate Action

a. At the time of inspection, the Resident Care Director checked all medications for each resident's blister card and verified that the medication for 2/20/25 had been administered. The med tech on duty on 2/20/25 did not document the medication administration of Resident #2 and Resident #3 medications.

b. The Med Tech who was working on 2/20/25 is no longer [REDACTED] d by the home.

Quality Improvement and Ongoing Compliance

a. A mandatory med tech meeting will be held on Mon 3/24/25 to re-educate med techs about change of shift procedures with the outgoing and incoming med techs to ensure that all medications have been administered and documented prior leaving the shift.

b. Beginning the week of 3/23/25 the lead med tech will complete random med cart audits 3 times a week for 4 weeks to ensure that only current prescription medications are in the med cart and medications that have been discontinued have been removed from the medication cart.

c. Beginning the week of 3/23/25 the Assistant Resident Care Director or designee will complete a medication cart audit 1 time a week for 4 weeks to ensure compliance with 2600.183d.

d. The Executive Director will review the results of the audits at the monthly Quality Improvement Meeting on April 2nd.

Licensee's Proposed Overall Completion Date: 04/02/2025

Evidence of Completion

Implemented [REDACTED] - 06/11/2025)

See attached.

225a - Assessment 15 Days

11. Requirements

2600.

225a - Assessment 15 Days (continued)

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #4, who was admitted to the home on [REDACTED] 2025.

Plan of Correction

Accept [REDACTED] - 03/24/2025)

225a – 15 day Assessment

Immediate Action:

a. Resident #4 RASP was completed by the Resident Care Director

Quality Improvement and Ongoing Compliance

a. The Resident Care Director or designee is responsible to complete the RASP.

b. The previous Resident Care Director left on [REDACTED]/25 and did not complete the RASP due by [REDACTED]/25.

c. The new Resident Care Director was hired on 1/29/25.

d. New residents admitted will have a RASP completed within 72 hours of admission, including the assessment.

e. The Resident Care Director will use the electronic health record reports and a calendar reminder for RASP due dates.

f. At the monthly Quality Improvement Meeting to be held on April 2nd the Executive Director will review new resident admissions to ensure that RASPs and the 15 day Assessment has been completed.

Licensee's Proposed Overall Completion Date: 04/02/2025

Evidence of Completion

Implemented [REDACTED] /11/2025)

See attached.