

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

November 21, 2025

[REDACTED]  
HCRI SUN III TENANT LP

[REDACTED]  
ATTN LICENSING  
[REDACTED]

RE: SUNRISE SENIOR LIVING OF  
DRESHER  
1650 SUSQUEHANNA ROAD  
DRESHER, PA, 19025  
LICENSE/COC#: 12841

[REDACTED],  
  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/22/2025 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:** SUNRISE SENIOR LIVING OF DRESHER      **License #:** 12841      **License Expiration:** 03/06/2026  
**Address:** 1650 SUSQUEHANNA ROAD, DRESHER, PA 19025  
**County:** MONTGOMERY      **Region:** SOUTHEAST

**Administrator**

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

**Legal Entity**

**Name:** HCRI SUN III TENANT LP  
**Address:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I 1      **Date:** 04/15/2006      **Issued By:** Upper Dublin Township

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 96      **Waking Staff:** 72

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 10/22/2025

**Inspection Dates and Department Representative**

10/22/2025    On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 105      **Residents Served:** 61

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Reminiscence      **Capacity:** 30      **Residents Served:** 17

**Hospice**

**Current Residents:** 7

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 61  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 35      **Have Physical Disability:** 0

**Inspections / Reviews**

10/22/2025 - Partial

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 11/17/2025

Inspections / Reviews *(continued)*

11/21/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

11/21/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 16c - Written Incident Report

## 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On [REDACTED], resident [REDACTED]'s family member notified the home that on [REDACTED], a staff person turned the resident's television off, took [REDACTED] remote, and instructed [REDACTED] to go to bed because it was late. The home did not report this incident to the Department.

## Plan of Correction

Accepted [REDACTED] - 11/21/2025)

On 10/23/25 the Executive Director reported this incident to the DHS.

On 10/24/25 a review of all reportable incidents from the last 90 days was completed by the ED, and it was found that all reported incidents were reported within 24 hours.

On 11/17/25 the ED educated our leadership team (All directors and Coordinators) and reviewed regulation 16c. We discussed reportable incidents and reviewed appendix A.

Beginning on 10/30/25 the ED will review all reportable incidents for the next 90 days to ensure that we are compliant with Reg. 16c.

The POC and monitoring process will be reviewed at our quarterly QAPI meetings for 2 quarters to be sure we remain in compliance. If not effective it will be amended and a new POC will be implemented and monitored to ensure that the violation does not occur again.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [REDACTED] 11/21/2025)

## 42c - Treatment of Residents

## 2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

## Description of Violation

Resident [REDACTED] stated that [REDACTED] enjoys watching television because [REDACTED] is a night owl. Resident stated that a female staff person with dark skin, short in height and black hair came into [REDACTED] bedroom upset, took the remote to to the television and told hold the resident to go to sleep because it was late. Resident stated that the staff must have turned the tv off because [REDACTED] had nothing to watch and had no choice but to go to sleep. Resident stated that the staff person gave the remote back the following day and told the resident that [REDACTED] would not take the television remote from again. Resident was unable to recall the when the incident occurred. Resident stated that if [REDACTED] would be able to identify the staff person if the person was present in the home. The resident went into the common area looked around and stated that the staff person was not present.

## 42c Treatment of Residents (continued)

**Plan of Correction**

Accept ( [REDACTED] 11/21/2025)

On 10/19/25 our memory care coordinator (RC) interviewed the team member that was scheduled for 10/17 overnight with Resident [REDACTED]. Team member reported that [REDACTED] did not remove the remote from the room and that the tv was left on. RC interviewed Resident [REDACTED] on 10/19 and [REDACTED] was not able to recall what was reported by the POA. Our investigation did not corroborate the complaint we received.

On 11/6 team members were re educated by the ED on regulation 42c and 42b. It was emphasized with staff about the importance of treating all of our residents with dignity and respect and to ensure that they remain free from any abuse, and with an emphasis on resident personal belongings.

Beginning on 11/24/25 we will interview 5 residents per week for the next 90 days to see if there are any issues with being treated with respect and dignity.

The POC and monitoring process will be reviewed at our quarterly QAPI meetings for 2 quarters to be sure we remain in compliance. If not effective it will be amended and a new POC will be implemented and monitored to ensure that the violation does not occur again.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [REDACTED] - 11/21/2025)

## 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 [REDACTED], at 10:09 am, door A to the 2nd floor exit was broken and hanging from the hinge.

**Plan of Correction**

Accept ( [REDACTED] 11/21/2025)

On 10/24/25, our maintenance coordinator (MC) repaired the hinge. It is a fully operational fire door. Pictures are attached.

All fire exit doors in the community were checked and inspected by the ED and MC on 10/24/25 and they are all in working order. Please see attached.

Door A was submitted as a capital expenditure in August for it to be replaced. The purchase was approved and the door will be replaced by the end of November. Paperwork is attached.

On 10/24 maintenance coordinator was re educated on the importance of maintaining all doors, windows, floors and ceilings in good repair.

Beginning on 10/24/25 the ED and MC will do weekly checks on all fire doors in the community for the next 60 days

The POC and monitoring process will be reviewed at our quarterly QAPI meetings for 2 quarters to be sure we

88a - Surfaces (continued)

remain in compliance. If not effective it will be amended and a new POC will be implemented and monitored to ensure that the violation does not occur again.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [redacted] - 11/21/2025)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

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

Description of Violation

The medical evaluation dated [redacted] for resident [redacted] does not include the need for special care need.

Plan of Correction

Accept [redacted] - 11/21/2025)

On 10/24/25 the evaluation for Resident [redacted] was updated and now meets all required components including diagnosis, medication list, physical assessment, functional limitations and special care needs.

On 10/24/25 the RCD completed an audit of all DME's to ensure that completed in their entirety. No other residents were identified as affected.

Beginning on 10/24 an audit of all DME's will be conducted for the next 60 days by the RCD.

On 10/30/25 re-education was conducted by our RCD to our wellness nurses to ensure that all sections of the annual medical evaluation will be fully completed moving forward for all residents.

The POC and monitoring process will be reviewed at our quarterly QAPI meetings for 2 quarters to be sure we remain in compliance. If not effective it will be amended and a new POC will be implemented and monitored to ensure that the violation does not occur again.

Licensee's Proposed Overall Completion Date: 11/21/2025

Implemented [redacted] - 11/21/2025)

228h - Grounds Discharge/Transfer

5. Requirements

2600.

228.h. The only grounds for discharge or transfer of a resident from a home are for the following conditions:

1. If a resident is a danger to himself or others.
2. If the legal entity chooses to voluntarily close the home, or a portion of the home.

228h - Grounds Discharge/Transfer (continued)

3. If a home determines that a resident's functional level has advanced or declined so that the resident's needs cannot be met in the home. If a resident or the resident's designated person disagrees with the home's decision to discharge or transfer, consultation with an appropriate assessment agency or the resident's physician shall be made to determine if the resident needs a higher level of care. A plan for other placement shall be made as soon as possible by the administrator in conjunction with the resident and the resident's designated person, if any. If assistance with relocation is needed, the administrator shall contact appropriate local agencies, such as the area agency on aging, county mental health/intellectual disability program or drug and alcohol program, for assistance. The administrator shall also contact the Department's personal care home regional office.
4. If meeting the resident's needs would require a fundamental alteration in the home's program or building site, or would create an undue financial or programmatic burden on the home.
5. If the resident has failed to pay after reasonable documented efforts by the home to obtain payment.
6. If closure of the home is initiated by the Department.
7. Documented, repeated violation of the home rules.

**Description of Violation**

On [REDACTED], the home issued a 30-day discharge notice to resident [REDACTED]'s designated person with the discharge date of [REDACTED]. The home's reason for discharge was due to the resident creating a danger to the health and safety to themselves and others at the community due to a medical condition, and not for any of the permitted conditions.

**Plan of Correction**

Accept [REDACTED] 11/21/2025)

On 10/23/25 the 30-day notice was rescinded and communicated with Resident #1 POA.

On 10/23/25 the ED reviewed one other 30-day notification in the last 6 months and found it to be in compliance with regulation 228h.

On 10/23/25 ED reviewed regulation 228h and is aware of the clear criteria for discharge from a personal care home as listed in 228h.

From 10/23/25 for the next 90 days , the ED will review 228h prior to any issuance of a 30-day notification.

The POC and monitoring process will be reviewed at our quarterly QAPI meetings for 2 quarters to be sure we remain in compliance. If not effective it will be amended and a new POC will be implemented and monitored to ensure that the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 11/21/2025)

231c - Preadmission Screening

**6. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening was completed on [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 11/21/2025)

On 10/30/25 our RCD conducted an audit of all residents in our memory care unit to ensure that a cognitive

**231c - Preadmission Screening (continued)**

screening was completed and we were in compliance with regulation 231c.

On 10/30/25 our RCD and wellness nurses were re-educated on regulation 231c regarding the importance of timely cognitive assessments for new move-ins to our memory impaired neighborhood.

Beginning on 10/30/25 and for the next 90 days our RCD will ensure that all residents moving in to our memory care unit will be compliant with regulation 231c.

The POC and monitoring process will be reviewed at our quarterly QAPI meetings for 2 quarters to be sure we remain in compliance. If not effective it will be amended and a new POC will be implemented and monitored to ensure that the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 11/21/2025)