

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

February 11, 2026

[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 12/23/2025 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

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 90 **Waking Staff:** 68

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 12/23/2025

Inspection Dates and Department Representative

12/23/2025 - 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:** 16

Hospice

Current Residents: 6

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: 29 **Have Physical Disability:** 0

Inspections / Reviews

12/23/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/25/2026

01/28/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/04/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/02/2026

Inspections / Reviews *(continued)*

02/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/04/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/06/2026

02/11/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/04/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] 02/03/2026)

On 12/23/25, Staff member A was removed from the schedule

On 12/30, a waiver request was submitted to BHSL DHS. The waiver result is pending completion of the analysis of staff member A high school coursework by World Education Services

An audit of all foreign educated staff was completed by the BOC on 1/20/26 and all staff were found to be compliant with regulation 2600.54a

The BOC will continue to do audits monthly for the next 3 months to ensure that we are compliant with regulation 2600.54a.

The POC and monitoring process will be reviewed by the ED and the leadership team 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: 01/29/2026

Implemented [REDACTED] - 02/11/2026)

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- 1. Evacuation procedures.
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics:

65a - FS Orientation 1st Day (continued)

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Plan of Correction

Accept [REDACTED] 02/03/2026)

On 12/23/25 Staff member A was removed rom the schedule

On 1/21/26 the maintenance coordinator reviewed and completed all the day 1 orientation material with staff member A.

An audit was completed by our BOC on 1/20/22 of all team members and they were found to be compliant with regulation 2600.65a.

The BOC will continue to do audits monthly for the next 3 months to ensure that we are compliant with regulation 2600.65a.

The POC and monitoring process will be reviewed by the ED and the leadership team 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: 01/29/2026

Implemented [REDACTED] - 02/11/2026)

65b - Rights/Abuse 40 Hours

3. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed [REDACTED] 40th scheduled work hour around the end of December 2024. However, this staff person did not complete training in the following topics:

1. Resident rights.
2. Emergency medical plan.

65b - Rights/Abuse 40 Hours (continued)

3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

4. Reporting of reportable incidents and conditions.

Plan of Correction**Accept** [REDACTED] - 02/03/2026)

On 12/23/25, Staff member A was removed from the schedule

On 1/21/26 staff member A completed all required training listed above that were missing from [REDACTED] file

On 1/20/26 a review of Sunrise internal education system, it was found by the BOC that staff member A completed abuse and neglect prevention (March 2025) as well as resident rights training (Nov. 2025).

An audit was completed by our BOC for all team members on 1/20/26 and all staff were found to be compliant with regulation 2600.65b.

The BOC will continue to do audits monthly for the next 3 months to ensure that we are compliant with regulation 2600.65b.

The POC and monitoring process will be reviewed by the ED and our leadership team 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: 01/29/2026

Implemented [REDACTED] - 02/11/2026)**65d - Initial Direct Care Training****4. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.

65d Initial Direct Care Training (continued)

- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete the Department approved direct care training course and pass the competency test.

Plan of Correction

Accept [REDACTED] - 02/03/2026)

On 12/23 Staff member A was taken off the schedule.

On 12/25/25 staff member A completed [REDACTED] direct care staff training and competency test.

On 1/20/26 an audit of all team member files was conducted by our BOC to ensure that all direct care staff are compliant with regulation 2600.65d, and all team members were found to be compliant.

The BOC will continue to do audits monthly for the next 3 months to ensure that we are compliant with regulation 2600.65d.

The POC and monitoring process will be reviewed by the ED and our leadership team 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: 01/29/2026

Implemented [REDACTED] - 02/11/2026)

141b1 - Annual Medical Evaluation

5. Requirements

- 2600.
- 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 02/03/2026)

It was found on 12/23/25 that resident [REDACTED] had a DME that was outside of the 380 day timeframe for Reg. 2600.141b.1.

An audit was completed by our Senior RCD on 1/21/26 and found that all resident DME's are up to date and current.

Beginning on 1/21/26 a review by the Senior RCD will be implemented so we can plan on any residents that are due for their DME each month to ensure compliance with regulation 2600.141b.1.

141b1 - Annual Medical Evaluation (continued)

The POC and monitoring process will be reviewed by the ED and our leadership team 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: 01/29/2026

Implemented [REDACTED] - 02/11/2026)