

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

May 4, 2026

[REDACTED]
AB DRESHER OPERATOR LLC
[REDACTED]

RE: DRESHER ESTATES
1405 NORTH LIMEKILN PIKE
DRESHER, PA, 19025
LICENSE/COC#: 14424

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/16/2026 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: DRESHER ESTATES License #: 14424 License Expiration: 07/02/2026
 Address: 1405 NORTH LIMEKILN PIKE, DRESHER, PA 19025
 County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: AB DRESHER OPERATOR LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/25/2001 Issued By: Commonwealth of Pennsylvania, L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 82 Waking Staff: 62

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/16/2026

Inspection Dates and Department Representative

03/16/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 112 Residents Served: 55

Secured Dementia Care Unit
 In Home: Yes Area: Memory Care Capacity: 25 Residents Served: 16

Hospice
 Current Residents: 10

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 27 Have Physical Disability: 0

Inspections / Reviews

03/16/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/13/2026

04/16/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/28/2026
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/23/2026

Inspections / Reviews *(continued)*

05/04/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2026

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

The home submitted an Incident Reporting Form to the Department on [REDACTED] at 1:45 PM indicating at approximately 10:00 AM staff member A went to administer medications to resident [REDACTED] but resident [REDACTED] appeared to be sleeping. Staff member A tried to wake resident and eventually tried a sternum rub but resident was not verbally responsive. However, according to a documented note in the resident's Progress Notes and an interview with staff member A, this incident occurred on [REDACTED], staff member A was not attempting to administer medications to the resident but noticed the resident was not at baseline and had their head leaned back in their wheelchair while the resident was being brought down for breakfast. 911 was called and resident # [REDACTED] was transported to the local hospital via EMS at 9:45 AM.

The information provided in the report from the home listed the incorrect date, time and circumstances surrounding this incident. Additionally the home did not make the report within 24 hours of the occurrence.

Repeat Violation: [REDACTED].

Plan of Correction

Accept [REDACTED] - 04/16/2026)

Action: There was no immediate corrective action for this.

Training: By 4/18/2026, all staff will be educated on regulation 2600.16c, to maintain complete and accurate resident records by the Operations Specialist.

Ongoing: Beginning on 4/13/2026, the Executive Director/ Director of Nursing will review all incident reports and reportable incidents to ensure that the proper date was documented on the Reportable. This will be completed weekly for 4 weeks and then monthly for 3 months. The results will be reviewed at the Quality Assurance Meeting monthly beginning on 4/22/2026 for 4 months.

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [REDACTED] 05/01/2026)

17 - Record Confidentiality

2. 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 10:44 AM, the Narcotic Count book, containing resident's personal information, was left unlocked, unattended, and accessible on top of the second floor medication cart.

Repeat Violation: [REDACTED].

Plan of Correction

Accept [REDACTED] 04/16/2026)

Action: The narcotic book was immediately put away in the medication cart by the floor nurse working and

17 - Record Confidentiality (continued)

checked by the Operations Specialist.

Training: By 4/18/2026, all staff and managers were educated on regulation 17 and the proper procedure for keeping confidential records secure. This education was completed by the Operations Specialist.

Ongoing: Beginning 4/13/2026, the Executive Director &/or the Director of Nursing will conduct a daily audit of the medication carts to ensure that no confidential records are able to be viewed for 4 weeks, then monthly for 3 months. The results will be reviewed at the Quality Assurance meeting beginning on 4/22/2026 for 4 months.

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [redacted] - 05/01/2026)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] was sent to the hospital and admitted on [redacted]. On [redacted], resident [redacted] was transferred to an extended care facility for rehabilitation. On [redacted] the home drafted a 30 day discharge notice with an effective date of [redacted]. This date does not comply with a 30 day time period. In this 30 day discharge notice, the home indicated "All your belongings need to be removed from the facility by [redacted] or the billing will continue." Resident [redacted]'s family member showed up at the home on [redacted] to retrieve resident [redacted] belongings but instead found a new resident was now living in resident [redacted]'s former apartment and that resident [redacted]'s belongings had been discarded. This series of events caused resident [redacted] undue mental anguish and deprived resident [redacted] of their rightful possessions.

Plan of Correction

Accept [redacted] - 04/16/2026)

Action: A refund check was issued to the resident in the amount of [redacted]. The check was issued on 4/6/2026.

Training: By 4/18/2026, all staff will be educated on regulation 2600.42b, abuse prevention, including recognizing and preventing mental anguish, appropriate communication, and maintaining resident dignity and respect. This education will be done by the Operations Specialist.

Ongoing: Beginning 4/13/2026, the Executive Director &/or Director of Nursing will conduct 5 resident interviews weekly for 4 weeks, and monthly for 3 months for any concerns of any type of abuse/neglect/or anguish. The results will be reviewed monthly at the Quality Assurance meetings beginning 4/22/2026 for 4 months.

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [redacted] - 05/04/2026)

42I - Personal Clothing

4. Requirements

2600.

42.I. A resident has the right to furnish [redacted] room and purchase, receive, use and retain personal clothing and possessions.

Description of Violation

Resident # [redacted], who was admitted on [redacted], was transported to the hospital on [redacted]. On [redacted] the home issued a 30-Day Discharge Notice indicating the resident's belongings must be removed by [redacted]. On [redacted] staff member B, the Director of Sales and Marketing, sent an email to staff member C, the Director of Maintenance, to set up bedroom furniture in room [redacted] and to have housekeeping clean and provide towels and linens. Room 245 was

42l Personal Clothing (continued)

resident [redacted] old room. On [redacted] resident [redacted]'s family member went to the home to collect resident [redacted] personal belongings and found that another resident was living in resident [redacted] old room and that resident [redacted] personal belongings had been discarded. The home did not provide a proper opportunity for resident [redacted] to retrieve their belongings.

Plan of Correction

Accept [redacted] 04/16/2026)

Action: A refund check was issued to the resident in the amount of [redacted]. The check was issued on 4/6/2026. This included payment for items that were discarded.

Training: By 4/18/2026, all staff will be educated on regulation 42l, resident's rights regarding personal property, including not discarding any items without resident or responsible party consent, by the Operations Specialist.

Ongoing: Beginning 4/13/2026, the Executive Director &/or Director of Nursing will conduct 5 resident interviews for property issues weekly for 4 weeks, and monthly for 3 months. The results will be reviewed monthly at the Quality Assurance meetings beginning 4/22/2026 for 4 months.

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [redacted] - 05/04/2026)

102h - Toilet Paper

5. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On [redacted] at 10:44 AM, there was no toilet paper for the toilet in the bathroom by the dining room.

Repeat Violation: [redacted].

Plan of Correction

Accept [redacted] 04/16/2026)

Action: On 3/16/2026, toilet paper was immediately restocked in the men's bathroom upon identification of the deficiency. A full audit was conducted of all resident and common area bathrooms to ensure adequate supplies were present. This was completed by the Maintenance Director.

Training: On 4/13/2026, housekeeping staff were educated on regulation 102h and required bathroom stocking procedures and frequency. A checklist/log will be used to document that all bathrooms are stocked appropriately. This training was completed by the Maintenance Director.

Ongoing: Starting, 4/13/2026, The Executive Director and/or Maintenance Director will review restroom logs daily for 4 weeks, weekly for 4 weeks, and monthly x 3 months. The audits will be reviewed monthly at the Quality Assurance meeting beginning 4/22/2026 for 4 months.

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [redacted] - 05/04/2026)

182c - Medication Administration

6. Requirements

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:
1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.

182c Medication Administration (continued)

3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On [REDACTED], between 9:30 10:00 AM, the home did not complete medication administration services for resident [REDACTED] by failing to observe resident [REDACTED] ingest their medications. Resident [REDACTED] has been assessed as unable to self administer medications.

Plan of Correction

Accept [REDACTED] - 04/16/2026)

Action: This error was self reported by the community.

Training: By 4/18/2026, all current medication administration staff and nurses will be educated on regulation 182c, and the five rights of medication administration and medication error reporting procedures by the Operations Specialist who is a medication trainer.

Ongoing: Beginning 4/13/2026, all medications technicians and nurses will have an observation of a medication pass. This will be documented on an observation form from the medication training program. This will be completed by the Director of Nursing, Regional Director of Clinical Services, or a Certified Medication Trainer. This will be completed by 4/30/2026. Random observations of 2 medication techs will occur weekly for 4 weeks and then 6 staff monthly for 2 months. The results will be reviewed at the Quality Assurance meeting starting on 4/22/2026 for 4 months.

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [REDACTED] - 05/04/2026)

223b - Service Procedures

7. Requirements

2600.

223.b. The home shall develop written procedures for the delivery and management of services from admission to discharge.

Description of Violation

The home states that the "Resident Agreement" outlines their delivery and management of services. In Section E. 2. Termination By Us of this agreement, several conditions are listed including Upon Thirty (30) days' Notice, Upon Less than Thirty (30) Notice and Notice of Termination. The criteria to meet any of these conditions has not been fully met;

The home issued a 30 Day Discharge Notice dated [REDACTED] with a discharge effective date of [REDACTED] this is not 30 days.

This notice indicates "This decision was based on your level of care, that was assessed by our doctor stating that you need to be long term care." The assessment referred to in this passage is based on a Documentation of Medical Evaluation with a "Date of In Person Evaluation:" of [REDACTED]. The resident was in the hospital on [REDACTED] and the doctor that signed this form is listed as an "Inactive PCP General" in the resident's hospital record.

Additionally, the following items were not included in this letter as outlined in the Termination By Us section of the Resident agreement;

- The proposed location to which the resident will be discharged,
- A notice of the resident's right to an impartial hearing,
- A statement that the resident will not be discharged or transferred before the specified date,

223b - Service Procedures (continued)

- The name address and telephone number for the ombudsman program or
- The resident's appeal rights.

Plan of Correction

Accept () - 04/16/2026)

Action: A refund check was issued to the resident in the amount of (). The check was issued on 4/6/2026.

Training: On 4/13/2026, All management will be educated on the policy regarding discharge and transfer notices and regulation 223b by the Operations Specialist.

Ongoing: Beginning on 4/13/2026, The Executive Director and/or the Regional Director of Operations will conduct weekly audits of all discharge notices for 30 days, the monthly x 3 months to verify compliance with the 30-day requirement. The audits will be reviewed monthly at the Quality Assurance meeting beginning 4/22/2026 for 4 months.

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented () - 05/04/2026)

228b - Discharge or Transfer

8. Requirements

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

Description of Violation

On (), the home issued a 30-Day Discharge Notice to resident () with an effective date of (). However, the home did not provide an actual 30 day period, rented the resident's apartment to another party before the 30 day period or the effective date and discarded the resident's property. Additionally, the home mailed the 30 day notice to the resident's former address knowing the resident had been discharged from the hospital directly to a rehab facility.

Plan of Correction

Accept () - 04/16/2026)

Action: A refund check was issued to the resident in the amount of (). The check was issued on 4/6/2026.

Training: On 4/13/2026, the leadership team was educated on regulation 228b, and on the requirement that the 30-day period begins the date the notice is issued by the Operations Specialist.

Ongoing: Beginning on 4/13/2026, The Executive Director and/or the Regional Director of Operations will conduct weekly audits of all discharge notices for 30 days, the monthly x 3 months to verify compliance with the 30-day requirement. The audits will be reviewed monthly at the Quality Assurance meeting for 4 months beginning on 4/22/2026.

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented () - 05/04/2026)

228e - Discharge and Transfer

9. Requirements

228e Discharge and Transfer (continued)

2600.

228.e. The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.

Description of Violation

Resident [REDACTED] was discharged with an effective date of [REDACTED]. The resident's record does not include the destination of the resident. Additionally, the reason for discharge listed in the 30 day notice indicates the decision is based on the resident's level of care as determined by the home's doctor. The only documentation provided by the home for this determination is a Documentation of Medical Exam (DME) with a "Date of In-Person Evaluation" listed as [REDACTED] when the resident was still in the hospital. There is no documentation or notes indicating that the home's physician, or any staff, went to the hospital to perform this evaluation.

Plan of Correction

Accept [REDACTED] - 04/16/2026)

Action: There was no immediate action.

Training: By 4/18/2026, All staff will be educated on Regulation 228e and the procedure of writing a nurse note for every resident who is discharged, by the Operations Specialist.

Ongoing: Beginning 4/13/2026, the Director of Nursing &/or the Executive Director will review all discharges to ensure that the proper nurses note has been written weekly for 4 weeks and then monthly for 3 months. The results will be reviewed at Quality Assurance starting on 4/22/2026, for 4 months.

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [REDACTED] - 05/04/2026)

233d Electronic/Magnetic System

10. Requirements

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

The gate door, outside memory care exits C1 and C2, opening into the side yard, which has unlevel ground and a significant slope are not locked with an electronic or magnetic locking system. On [REDACTED], the current lock on the gate door was malfunctioning and would not engage.

Plan of Correction

Accept [REDACTED] - 04/16/2026)

Action: On 3/16/2026, the Maintenance Director immediately contacted Current Technologies Electronics and scheduled a repair of the faulty lock on the gate. The gate was fixed on 3/26/2026 by Current Technologies Electronics and is working properly.

Training: On 4/13/2026, the Maintenance Director was educated on regulation 233d, conducting routine inspections and documentation expectations by the Operations Specialist.

Ongoing: Starting on 4/13/2026, the Executive Director will review maintenance logs weekly for 4 weeks and monthly x 3 months. The audits will be reviewed monthly at the Quality Assurance meeting beginning on 4/22/2026 for 4 months.

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [REDACTED] - 05/04/2026)