

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

May 12, 2026

[REDACTED] REGIONAL DIRECTOR OF OPERATIONS  
HCRI SUN III TENANT LP  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/06/2026, 04/07/2026 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:** 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:** 76      **Waking Staff:** 57

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 04/07/2026

**Inspection Dates and Department Representative**

04/06/2026 - On-Site: [REDACTED]  
 04/07/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 105      **Residents Served:** 57

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Reminiscence      **Capacity:** 30      **Residents Served:** 14

**Hospice**

**Current Residents:** 5

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 57  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 19      **Have Physical Disability:** 0

**Inspections / Reviews**

04/06/2026 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/26/2026

05/05/2026 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 05/12/2026  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 05/10/2026

Inspections / Reviews *(continued)*

05/12/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/12/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

05/12/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/12/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

44d - Complaint Investigation

1. Requirements

2600.

44.d. The home shall ensure investigation and resolution of complaints. The home shall designate the staff person responsible for receiving complaints and determining the outcome of the complaint.

Description of Violation

Resident #1 filed a verbal complaint to Staff Member A on 3/15/26 regarding items being thrown away from [redacted] room during cleaning without [redacted] permission. The home did investigate or provide a resolution of this complaint.

Plan of Correction

Accept ([redacted] - 05/05/2026)

On 4/6/26, a follow up call was completed by the ED with Resident #1 [redacted] and this complaint was addressed fully. Resident #1 [redacted] reports they will be installing a ring camera in the room to provide peace of mind for Resident #1.

On 4/21/2026 and 4/22/2026 the ED Educated the coordinator team and all staff members to staff on Reg. 2600.44d, specifically relating to investigating complaints and providing resolution to the resident complaint.

On discussed with the coordinator team to ensure that no other resident complaints were ongoing that required a resolution.

Beginning on 4/7/26 and weekly we will discuss with our coordinators if any residents have any complaints to ensure that they are being addressed to be in compliance with Reg 2600.44d.

The POC and Reg. 2600.44d will be discussed and reviewed at QAPI for the next two quarters in 2026 to ensure compliance in addressing resident complaints directly with them. If deemed to not be effective, the POC will be amended and a new POC will be implemented.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented ([redacted] - 05/12/2026)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in medication self-administration during the 2025 training year.

65f Training Topics (continued)

**Plan of Correction**

**Directed (████ - 05/12/2026)**

For Reg. 2600.65f, all staff need to be fully trained on medication self administration. On 4/6/26 It was found that Staff person B did not have that education record in █████ file for 2025.

On 3/26/26, all staff members (including staff member B) completed the medication self administration training via townhall meeting.

On 4/7/26 the BOC completed an audit of team member files to ensure that all training topics including reg 2600.65f were complete.

On 4/7/26 the ED trained the BOC on Reg 2600.65f to ensure that all team members are compliant with this 2600.65f.

Beginning on 4/7/26 and weekly for the next 8 weeks the BOC will audit all team members to ensure that all team members are full trained on reg 2600.65f.

The POC and Reg 2600.65f will be discussed and reviewed at QAPI for the next two quarters in 2026 to ensure compliance in staff education around self medication. If deemed to not be effective, the POC will be amended and a new POC will be implemented.

Proposed Overall Completion Date: 05/08/2026

**Directed Plan of Correction (████ - 5/12/2026)**

Beginning immediately, the administrator shall perform quarterly reviews of staff training files to ensure staff are complying with the home's annual training plan.

**Directed Completion Date: 05/12/2026**

**Implemented (████ - 05/12/2026)**

103c - Food Protected

**3. Requirements**

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

**Description of Violation**

On 4/6/26 at 10:52am, there was an uncovered tub of mint chocolate chip ice cream stored in the ice cream freezer.

**Plan of Correction**

**Accept (████ - 05/05/2026)**

On 4/6/26 the lid was immediately placed back on to the ice cream tub.

On 4/6/26 the DSC checked all the other tubs of ice cream to ensure compliance of 2600.103f.

On 4/7/26 the ED educated the DSC to ensure we remain in compliance with 2600.103f and specifically as it relates to the ice cream lids.

Beginning on 4/7/26 and weekly for the next 8 weeks the DSC will audit the ice cream freezer to make sure we are

103c - Food Protected (continued)

compliant with reg 2600.103c.

Reg. 2600.103c will be discussed and reviewed at QAPI for the next 2 quarters of 2026 to ensure compliance of Reg. 2600.103c to reduce the risk of foodborne illness. If deemed to not be effective, the POC will be amended and a new POC will be implemented.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented ( ) - 05/12/2026

103f - Refrigerator/Freezer Temps

4. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 4/6/26 at 9:52am, the temperature in the Reminiscence kitchen refrigerator was 44 degrees Fahrenheit and the freezer was 20 degrees Fahrenheit. At 3:00pm, the temperature in the refrigerator was 44 degrees Fahrenheit and the freezer was 20 degrees Fahrenheit.

Plan of Correction

Accept ( ) - 05/12/2026

On 4/6/25 the ED adjusted the internal temperature adjustment was moved to a colder setting to ensure that we remain in compliance with Reg 2600.103f.

On 4/7/26 the ED audited all refrigerators and freezers in the building to ensure that we are complaint with Reg 2600.103f. All units were in the appropriate temperature ranges. These daily audits will be conducted for the next 8 weeks.

On 4/7/26 the ED educated the coordinator team to ensure that all temps are checked daily on the logs and that all temperatures are within the acceptable range so that we remain compliant with Reg 2600.103f.

Education around monitoring temperatures of refrigerators and freezers was completed on 4/21/26 and 4/22/26 to all team members consisting of MC, AVC, RC, PCC, RCD, DSC, and all front line staff.

Reg 2600.103f will be discussed at QAPI for the next 2 quarters to ensure that we are monitoring temperatures in our refrigerators and freezers throughout the community to reduce the risk of foodborne illness. If deemed to not be effective, the POC will be amended and a new POC will be implemented.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented ( ) - 05/12/2026

183e - Storing Medications

5. Requirements

2600.

**183e - Storing Medications (continued)**

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 4/6/26 at 9:58am, one white round pill was observed loose in first floor medication cart. At 10:36am, one white round pill was observed loose in the Reminiscence medication cart.*

*On 4/6/26 at 9:59am, Resident #2's Acetaminophen 500mg blister pack was observed to have a punctured blister foil with the medication still present in the spot- exposing it to contamination or improper sanitation.*

*Repeat Violation Date: 9/8/25; 3/12/25 et al*

**Plan of Correction**

**Accept ( [REDACTED] - 05/12/2026)**

*On 4/6/2026 the RCD immediately discarded the loose pill.*

*On 4/6/2026 the RCD audited all med carts to ensure we remain in compliance with Reg 2600.183e confirming there were no loose pills or punctured blister packs.*

*On 4/7/26 the ED educated RCD to remain in compliance with Reg 2600.183e specifically related to loose pills and and punctured blister packs.*

*Beginning on 4/7/26 and for the next 8 weeks, the RCD and RN will perform a weekly audit of all the med carts to ensure that we are in compliance of Reg. 2600. 183e.*

*Education was conducted by the ED related to Reg 2600.183e was completed on 4/21/26, 4/22/26 to the RCD.*

*Reg 2600.183e and the POC will be discussed and reviewed at the next 2 QAPI meetings to ensure compliance with proper medication storage. If deemed not to be effective, the POC will be amended and a new POC will be implemented.*

**Licensee's Proposed Overall Completion Date: 05/08/2026**

**Implemented ( [REDACTED] - 05/12/2026)**