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

August 6, 2026

[redacted]
GENESIS 1424 DRESHER OPCO LLC
[redacted]

RE: VIVA MEMORY CARE AT DRESHER
1424 DRESHERTOWN ROAD
DRESHER, PA, 19025
LICENSE/COC#: 15348

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/11/2026 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: *VIVA MEMORY CARE AT DRESHER* **License #**: *15348* **License Expiration**: *11/06/2026*

Address: *1424 DRESHERTOWN ROAD, DRESHER, PA 19025*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *GENESIS 1424 DRESHER OPCO LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *100* **Waking Staff**: *75*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *06/11/2026*

Inspection Dates and Department Representative

06/11/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* **Residents Served**: *50*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Entire Home* **Capacity**: *66* **Residents Served**: *50*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *48*

Diagnosed with Mental Illness: *2*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *50*

Have Physical Disability: *1*

Inspections / Reviews

06/11/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/11/2026*

07/22/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/05/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/06/2026*

Inspections / Reviews *(continued)*

08/06/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/05/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42c - Treatment of Residents

1. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

During resident interviews, resident [redacted] reported that a male care staff was rude while providing assistance with activities of daily living (ADLs) and changing resident[redacted]s adult brief. The staff person reportedly said, "Put it on by yourself." According to resident [redacted]'s support plan dated [redacted] under bladder management, the resident is incontinent and requires assistance with toileting every two hours and with brief changes as needed.

Plan of Correction ***Accept ([redacted] - 07/22/2026)***

Immediate Action
The Home is a SDU and all residents have dementia. Community was unaware of this incident as resident had not reported it to anyone. The ED sent a reportable incident form to the Department on 6/15/26 stating what we knew at the time. Resident could not recall a specific day or time of the incident but gave a vague "two weeks ago" time frame. On 6/12/26, ED began the investigation. Records reviewed and staff and resident interviewed. The resident was not able to recall the specific date or time or caregiver. The investigation shows inconclusive based on inability to determined if it did or did not happen.

ED changed the care assignment for this resident to be all female only.

Ongoing Compliance

Staff training on residents rights was recently completed by ED on 5/26 & 27/2026. Additional training to be provided to all clinical staff by the RCD and ARCD on treatment of residents related to rudeness/communication and resident rights, and a review of the resident's support plan/care plan to be completed by 7/22/2026.

Licensee's Proposed Overall Completion Date: *07/22/2026*

Implemented [redacted] - 08/06/2026)

102f - Towel/Washcloth/Soap

2. Requirements

2600.
102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

On [redacted], at 10:00 am, a used washcloth was observed in the shower of the shared bathroom designated for the residents of rooms [redacted] and [redacted] The used washcloth was unlabeled and unattended.

On [redacted], at 10:00 am, a used washcloth was observed in the shower of the shared bathroom designated for the residents of rooms [redacted] and [redacted]. The used washcloth was unlabeled and unattended.

Plan of Correction ***Accept [redacted] - 07/22/2026)***

Immediate Action
ED removed washcloths from the shared bathrooms for the rooms observed. ED instructed the lead caregiver to

102f Towel/Washcloth/Soap (continued)

remove all washcloths and towels from all shared bathrooms that were not on a labeled resident hook in the bathroom.

Ongoing Compliance
Informal Caregiver training provided by lead caregiver to remove towels and washcloths after AM/PM care and showers. Formal training to be provided by RCD and ARCD by 7/16/2026 instructing caregivers to remove towels and washcloths from resident bathrooms after AM care, PM care and/or a shower is given so they can be washed, disinfected, and dried immediately. Fresh towels and washcloths are to be taken into the room each time AM/PM care or a shower is given.

An audit of the shared bathrooms will be completed by the Lead Caregiver and ARCD 5 times per week for 3 weeks to assess compliance with the new process. Goal is 100% compliance at 3 weeks. The results of the audit will be shared in the leadership stand up meeting on Thursday, 8/6/26, at which time it will be decided if additional auditing is needed or if compliance has been achieved. Compliance checks for towels and washcloths will be added to the room inspection process completed by the lead caregiver weekly, once compliance has been achieved.

Licensee's Proposed Overall Completion Date: *08/06/2026*

Implemented [redacted] - 08/06/2026)

141a - Medical Evaluation

3. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident [redacted] medical evaluation form, dated [redacted] does not include a determination that the needs of the resident can be met safely at the Personal Care Home.

Plan of Correction ***Accept [redacted] - 07/22/2026)***

Immediate Action
The DME form for resident [redacted] was completed by the ARCD and placed in the resident's chart.

Ongoing Compliance
An audit of all DME forms was completed by the RCD on 6/29 and 6/30 for completeness and compliance. Any form not complete or compliant was made so by the RCD and/or ARD in cooperation with the resident's physician who completed the form.

Going forward, all DME forms will be reviewed by the RCD, ARCD or designee upon receipt for completeness and compliance with regulation 141.a and 141.b.1. Any form found not in compliance will be returned to the physician for correction.

An audit of all new move in DMEs and any updated DMEs for annual or change of condition revisions, will be performed by the 5th of the month for the previous month. The audit is performed to show that the DMEs were reviewed upon receipt and are compliant. The Audit completed by August 5th for July move ins will be presented during the QAPI Committee meeting being held on 8/6/2025. The audit will be stored with the QAPI minutes.

141a - Medical Evaluation *(continued)*

Licensee's Proposed Overall Completion Date: *08/06/2026*

Implemented [redacted] 08/06/2026)

141b1 - Annual Medical Evaluation

4. Requirements

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

Description of Violation

Resident [redacted] medical evaluation dated [redacted] did not include a medical diagnosis including physical or mental disabilities of the resident, if any; medical information pertinent to diagnosis and treatment in case of an emergency; special health or dietary needs of the resident; allergy information; immunization history; medication regimen; contraindicated medications; medication side effects and the ability to self-administer medications; body positioning and movement stimulation for residents, if appropriate; health status; or mobility assessment updated annually or at the Department's request.

Plan of Correction ***Accept[redacted] - 07/22/2026)***

Immediate Action

The DME form for resident [redacted] was completed by the ARCD and placed in the resident's chart.

Ongoing Compliance

An audit of all DME forms was completed by the RCD on 6/29 and 6/30 for completeness and compliance. Any form not complete or compliant was made so by the RCD and/or ARD in cooperation with the resident's physician who completed the form.

Going forward, all DME forms will be reviewed by the RCD, ARCD or designee upon receipt for completeness and compliance with regulation 141.a and 141.b.1. Any form found not in compliance will be returned to the physician for correction.

An audit of all new move-in DMEs and any updated DMEs for annual or change of condition revisions, will be performed by the 5th of the month for the previous month. The audit is performed to show that the DMEs were reviewed upon receipt and are compliant. The Audit completed by August 5th for July move ins will be presented during the QAPI Committee meeting being held on 8/6/2025. The audit will be stored with the QAPI minutes.

Licensee's Proposed Overall Completion Date: *08/06/2026*

Implemented [redacted] - 08/06/2026)