

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

October 24, 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 09/08/2025 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:** 97      **Waking Staff:** 73

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 09/08/2025

**Inspection Dates and Department Representative**

09/08/2025    **On Site:** [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 105      **Residents Served:** 66

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Reminiscence      **Capacity:** 30      **Residents Served:** 18

**Hospice**

**Current Residents:** 9

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 66  
**Diagnosed with Mental Illness:** 3      **Diagnosed with Intellectual Disability:** 3  
**Have Mobility Need:** 31      **Have Physical Disability:** 0

**Inspections / Reviews**

09/08/2025 - Partial

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 10/03/2025

Inspections / Reviews *(continued)*

10/24/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/24/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

10/24/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/24/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 41e - Signed Statement

## 1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

## Description of Violation

Resident [REDACTED] record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

## Plan of Correction

Accept [REDACTED] - 10/24/2025)

After further review of Resident [REDACTED] resident agreement on 9/12/25, there was a copy of the agreement that did not have signatures, but we found another RA in [REDACTED] file that contains [REDACTED] signature for resident rights and complaint procedures. Those pages are attached.

An audit for all resident files was completed on 9/30/25, and all resident files are compliant with a statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

The POC and monitoring process will be discussed during quarterly QAPI meetings for Q3 and Q4 by the ED or RCD. If not effective, a new POC will be amended, implemented, and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented [REDACTED] - 10/24/2025)

## 63a - First Aid/CPR Training

## 2. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

## Description of Violation

On [REDACTED], from 11:00 pm-6:45 am, 66 residents were present in the home. During this time only one staff person was present in the home who was certified in CPR and First aid.

On [REDACTED], from 11:00 pm-6:45 am, 66 residents were present in the home. During this time zero staff persons were present in the home who was certified in CPR and First aid.

On [REDACTED] from 5:00 pm-11:00 pm, 66 residents were present in the home. During this time there was only one staff person was present in the home who was certified in CPR and First aid and one staff person only certified in CPR.

On [REDACTED] from 11:00 pm-6:45 am, 66 residents were present in the home. During this time only one staff person was present in the home who was certified in CPR and First aid.

## 63a First Aid/CPR Training (continued)

**Plan of Correction**

Accept [REDACTED] - 10/24/2025)

On 10/1 we checked schedules for our care managers and med techs from 9/26 to 10/1 to ensure that we are compliant with having two team members on all shifts with CPR/First Aid certification. We were in compliance for those dates.

Audits are being conducted weekly until the end of October to ensure we are compliant with at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR.

Our RCD is now fully trained and accredited by AHA to train team members in need of CPR/First Aid re certification.

The RCD has been conducting weekly trainings for CPR and First Aid to our team members so we can be compliant with having 2 staff members (census >50) on all three shifts. Trainings will be completed by 10/1/25.

The POC and monitoring process will be discussed during quarterly QAPI meetings for Q3 and Q4 by the ED or RCD. If not effective, a new POC will be amended, implemented, and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] 10/24/2025)

## 63b - Current First Aid Training

**3. Requirements**

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

**Description of Violation**

Staff person A was trained in CPR by National CPR foundation. This training source is not certified as a trained by a hospital or other recognized health care organization.

**Plan of Correction**

Accept [REDACTED] - 10/24/2025)

Staff person A had [REDACTED] AHA CPR and First Aid training completed on 9/16/25.

The POC and monitoring process will be discussed during quarterly QAPI meetings for Q3 and Q4 by the ED or RCD. If not effective, a new POC will be amended, implemented, and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 09/23/2025

Implemented [REDACTED] - 10/24/2025)

## 82c - Locking Poisonous Materials

**4. Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

82c Locking Poisonous Materials (continued)

Description of Violation

Paul Mitchell Super Clean Spray, with a manufacturer's label indicating "keep out of reach of children. Avoid spraying in the eyes, use only as directed, intentional misuse by deliberately concentrating and inhaling the contents may be harmful or fatal ", was unlocked, unattended, and accessible to resident [redacted] in the kitchen cabinet. Not all the residents of the home, including [redacted] have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept ([redacted] - 10/24/2025)

On 9/8/25, the above item was removed from Resident [redacted] room.

On 9/9/25 a sweep was completed by the ED of all rooms in our reminiscence neighborhood and no poisonous items were found.

Sweeps were completed by the ED for the next 3 days (9/10 25 to 9/13/25) and no poisonous materials were found unlocked or out in the open in resident rooms.

ED re educated team members beginning on 9/15/25 to ensure that poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Weekly audit tool to be completed by the ED began the week of 9/15/25 and will be completed until the end of October.

The POC and monitoring process will be discussed during quarterly QAPI meetings for Q3 and Q4 by the ED or RCD. If not effective, a new POC will be amended, implemented, and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented ([redacted] - 10/24/2025)

101j5 - Bedside Table/Shelf

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident # [redacted] bed in bedroom 315A.

Plan of Correction

Accept ([redacted] - 10/24/2025)

On 9/9/25, the resident [redacted] room in question was re arranged and a nightstand table was placed next to the bed.

On 9/9/25, the ED checked all rooms in [redacted] community to ensure that each resident shall have the following in the bedroom a bedside table or a shelf and all rooms in the community were compliant.

Education related to this regulation was started on 9/12/25, a weekly audit tool was created, and audits began the week of 9/15/25 and will be completed until the end of October.

101j5 - Bedside Table/Shelf (continued)

The POC and monitoring process will be discussed during quarterly QAPI meetings for Q3 and Q4 by the ED or RCD. If not effective, a new POC will be amended, implemented, and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█ - 10/24/2025)

101j7 - Lighting/Operable Lamp

6. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident █ does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept █ - 10/24/2025)

On 9/9/25, the residents' room in question was re-arranged, and an operable lamp was placed at the bedside.

On 9/9/25, the ED checked all rooms in █ community to ensure that each resident shall have the following in the bedroom an operable lamp or other light source that can be turned on/off at the bedside. All rooms in the community were compliant.

Education of team members by the ED related to this regulation was started on 9/12/25.

A weekly audit tool to be completed by the ED was created, and audits began the week of 9/15/25 and will be completed until the end of October.

The POC and monitoring process will be discussed during quarterly QAPI meetings for Q3 and Q4 by the ED or RCD. If not effective, a new POC will be amended, implemented, and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented █ - 10/24/2025)

105g - Lint Removal and Duct Cleaning

7. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On █ there was an approximate 1-inch accumulation of lint in the lint trap of both dryers in memory care. There were no clothes in the dryer at the time.

**105g - Lint Removal and Duct Cleaning (continued)****Plan of Correction**

Accept (█ - 10/24/2025)

On 9/8/25 all dryers in the community were inspected after the state inspection was completed. All dryers were clear of lint.

Staff education was started on 9/12/25 to ensure that we reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

All dryers have a sign informing team members to clean lint traps after each use, and an audit tool was created with weekly audits conducted by the ED beginning the week of 9/15/25 and will be completed until the end of October.

The POC and monitoring process will be discussed during quarterly QAPI meetings for Q3 and Q4 by the ED or RCD. If not effective, a new POC will be amended, implemented, and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█ - 10/24/2025)

**183b - Meds and Syringes Locked****8. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

On █ at 3:23 pm, █, USP prescribed to resident █ was unlocked, unattended, and accessible in the resident's bathroom vanity.

**Plan of Correction**

Accept (█ - 10/24/2025)

On 9/8/25, the medication cream found in resident █ bathroom cabinet was removed, and the RCD disposed of the medication.

On 9/10/25 the RCD and RCC conducted an audit of resident rooms in our Reminiscence neighborhood and found that all resident rooms were free of any medications. Weekly audits will be conducted until the end of October.

Team member education is being conducted by RCD to ensure that prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room and will be completed on 10/3/25.

The POC and monitoring process will be discussed during quarterly QAPI meetings for Q3 and Q4 by the ED or RCD. If not effective, a new POC will be amended, implemented, and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented (█ - 10/24/2025)

183b - Meds and Syringes Locked (*continued*)

## 183e - Storing Medications

**9. Requirements**

2600.

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 [REDACTED] tablet prescribed to resident [REDACTED] expired on [REDACTED]. However, the medication was still available on the medication cart.

Repeat Violation: [REDACTED] et al.

**Plan of Correction**

Accept [REDACTED] - 10/24/2025)

The [REDACTED] tablet that expired in 6/2025 above was removed from the med cart, and disposed of by the RCD on 9/8/25.

The RCD also completed an immediate med cart audit in the entire community on 9/8/25 to ensure there were no 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.

On 9/8/25 the RCD educated Med care managers and team members to ensure that all 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.

Weekly audits will be completed until the end of October.

The POC and monitoring process will be discussed during quarterly QAPI meetings for Q3 and Q4 by the ED or RCD. If not effective, a new POC will be amended, implemented, and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [REDACTED] - 10/24/2025)

## 191 - Resident Right to Refuse

**10. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

Resident [REDACTED] admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**Plan of Correction**

Accept [REDACTED] 10/24/2025)

The updated Resident rights poster was posted in the community on our PC and Reminiscence neighborhoods back in June of 2025.

**191 Resident Right to Refuse (continued)**

Resident# [REDACTED] had a signature in [REDACTED] RA showing that [REDACTED] was educated on RR #26 and that the home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept in the resident file.

At Resident Council on 9/10/25, the Resident Rights #26 "The right to refuse medication" was reviewed with residents and it was announced that the rights are posted in the community.

The POC and monitoring process will be discussed during quarterly QAPI meetings for Q3 and Q4 by the ED or RCD. If not effective, a new POC will be amended, implemented, and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 09/23/2025

Implemented [REDACTED] - 10/24/2025)