

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

April 30, 2025

[REDACTED]  
DRESHER MC OPCO, LLC  
[REDACTED]

RE: VIVA MEMORY CARE AT DRESHER  
1424 DRESHER TOWN ROAD  
DRESHER, PA, 19025  
LICENSE/COC#: 15164

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/12/2025 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:** VIVA MEMORY CARE AT DRESHER **License #:** 15164 **License Expiration:** 05/01/2025  
**Address:** 1424 DRESHER TOWN ROAD, DRESHER, PA 19025  
**County:** MONTGOMERY **Region:** SOUTHEAST

## Administrator

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

## Legal Entity

**Name:** DRESHER MC 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:** 70 **Waking Staff:** 53

## Inspection Information

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint, Incident **Exit Conference Date:** 03/12/2025

## Inspection Dates and Department Representative

03/12/2025 - On-Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 66 **Residents Served:** 35

## Secured Dementia Care Unit

**In Home:** Yes **Area:** Whole home **Capacity:** 66 **Residents Served:** 35

## Hospice

**Current Residents:** 1

## Number of Residents Who:

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 34  
**Diagnosed with Mental Illness:** 1 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 35 **Have Physical Disability:** 0

## Inspections / Reviews

03/12/2025 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/04/2025

04/03/2025 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 04/27/2025  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/08/2025

Inspections / Reviews *(continued)*

04/08/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 04/27/2025  
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 04/29/2025

04/30/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 04/27/2025  
Reviewer: [REDACTED] Follow Up Type: Not Required

## 42e - Telephone Access

## 1. Requirements

2600.

42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

## Description of Violation

On [REDACTED] at approximately 2:30 PM resident [REDACTED] requested to use a telephone. Staff person A stated the only phone available to the resident was a corded landline phone behind the desk of the nursing station. Staff are not aware of a phone that residents can use in private.

## Plan of Correction

Accept [REDACTED] 04/08/2025)

## Immediate Action

Staff person A, a Med Tech, had just started employment the day prior to the inspection. [REDACTED] was nervous when speaking with the inspector and forgot that there is a cell phone which residents can use to make a private call. Staff person A was re-educated about the cell phone which residents may use to make calls in private.

## Ongoing Compliance and Quality Assurance

The community is a secured dementia unit. Most residents need assistance in using the telephone and use the phone at the nursing station. Med Techs are aware that there is a cell phone for resident use.

On 4.17.25 at the mandatory all staff meeting staff will be re-educated about the availability of the cell phone that residents may use to make calls in private. Staff will assist residents with the use of the cell phone as indicated on their support plan

Licensee's Proposed Overall Completion Date: 04/19/2025

Implemented [REDACTED] - 04/30/2025)

## 42p - Restraints

## 2. Requirements

2600.

42.p. A resident shall be free from restraints.

## Description of Violation

On [REDACTED] at approximately 10:10 AM, resident [REDACTED] was screaming then dumped a cup of water on the head of resident [REDACTED]. Resident [REDACTED] and [REDACTED] grabbed each other's arms and were combative. Staff member B got in between resident [REDACTED] and [REDACTED] and grabbed resident [REDACTED] by both of [REDACTED] arms while staff person C directed resident [REDACTED] away. Staff person B held resident [REDACTED] arms as the resident struggled to get free until staff person D could redirect resident [REDACTED] to [REDACTED] room.

## Plan of Correction

Accept [REDACTED] - 04/03/2025)

## Immediate Action

Staff member B was using interventions to break up the physical altercation between two residents. Staff member B was educated to not physically restrain residents engaged in physical altercations.

## Ongoing Compliance and Quality Assurance

Staff member B was educated to not physically restrain residents engaged in physical altercations.

At the next all staff meeting on 4.17.25 Safe Management Techniques will be reviews.

Licensee's Proposed Overall Completion Date: 04/17/2025

Implemented [REDACTED] - 04/30/2025)

## 185a - Implement Storage Procedures

## 3. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

## Description of Violation

On [REDACTED] at 8 PM, [REDACTED] at 8 PM and [REDACTED] at 5 PM, staff person E notated in resident [REDACTED] narcotic log that resident's [REDACTED] tablets were "wasted". There was no indication that another employee supervised this medication being wasted. The home's medication policy states: "one designated authorized employee and one supervisor-level employee, shall witness the destruction of controlled substances until it is rendered non-retrievable.". Staff person E was not following the homes narcotic destruction procedures.

## Plan of Correction

Accept [REDACTED] 04/03/2025)

## Immediate Action

Staff person E is no longer employed by the home

## Ongoing Compliance and Quality Assurance

On 3.24.25 med techs were re-educated on the narcotic destruction policy and procedures.

Beginning the week of 3.23.25 the Resident Care Director or designee will complete a med cart audit weekly for 4 weeks to include destruction of narcotics.

The Executive Director will review the results of the weekly med cart audit at the May 7, 2025 Quality Assurance Meeting

Licensee's Proposed Overall Completion Date: 04/18/2025

Implemented ([REDACTED] - 04/30/2025)

## 187a - Medication Record

## 4. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

## Description of Violation

Resident [REDACTED] was prescribed [REDACTED] tablet, 1 tablet orally 4 times a day for 7 days. However, resident's [REDACTED] medication administration record does not indicate the correct name and initials of the staff person administering the medication on [REDACTED]

187a - Medication Record (continued)

at 5:00 PM. Staff person E initialed that [REDACTED] had administered the medication, however the resident's notes from [REDACTED] at 5:04 PM indicated that the resident tossed the medication into staff person E's face. On [REDACTED] at 5:48 PM nurse notes indicated that staff person F administered the medication.

Plan of Correction

Directed [REDACTED] - 04/08/2025)

Immediate Action

Staff person E was present when Staff person F administered the medication to resident [REDACTED] Staff person E is no longer employed by the home.

Ongoing Compliance and Quality Assurance

On 3.24.25 med techs were re-educated on the medication administration policy and procedures and documentation in compliance of 2600.187a. If a resident throws medication, it will be documented as a refusal and the physician notified.

Beginning the week of 4.7.25 the resident care director will complete a weekly audit for two weeks to ensure that any resident who throws their medication has been documented as a refusal.

Directed Plan of Correction:

In addition to the above plan of correction, the administrator or designee shall complete a weekly audit for at least 4 weeks then a monthly audit for at least 3 months to ensure ongoing compliance. Documentation of detailed completed weekly and monthly audits shall be kept and made available for Department review upon request.

Proposed Overall Completion Date: 04/19/2025

Directed Completion Date: 04/19/2025

Implemented [REDACTED] 04/30/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] was prescribed [REDACTED] tablet, 1 tablet orally 4 times a day for 7 days. Resident received this medication on [REDACTED] at 8 AM, 12 PM, and 5:00 PM. However, resident [REDACTED] did not received this medication on [REDACTED] at 7 PM.

Plan of Correction

Directed [REDACTED] - 04/08/2025)

Immediate Action

Resident [REDACTED] has been spitting out medication or throwing it at the med tech. On [REDACTED] at 5pm the last dose of [REDACTED] was administered therefore the 7pm dose was not available. A new order was obtained from the prescriber which was delivered on 3/5/25.

Ongoing Compliance and Quality Assurance

On 3.24.25 med techs were re-educated on the medication administration policy and procedures and documentation in compliance of 2600.187a. If a resident throws medication, it will be documented as a refusal and the physician notified.

Beginning the week of 4.7.25 the resident care director will complete a weekly audit for two weeks to ensure that any resident who throws their medication has been documented as a refusal.

Directed Plan of Correction:

187d - Follow Prescriber's Orders (continued)

In addition to the above plan of correction, the administrator or designee shall complete a weekly audit for at least 4 weeks then a monthly audit for at least 3 months to ensure ongoing compliance. Documentation of detailed completed weekly and monthly audits shall be kept and made available for Department review upon request.

Proposed Overall Completion Date: 04/19/2025

Directed Completion Date: 04/19/2025

Implemented ( [redacted] 04/30/2025)

231b - Medical Evaluation

6. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]; however, the resident's medical evaluation was completed on [redacted].

Plan of Correction

Accept [redacted] - 04/03/2025)

Immediate Action

Resident [redacted] was seen in person on [redacted] and had a virtual visit on [redacted] both completed by [redacted] PCP. [redacted] was admitted on 3/5/25. Regulations have not kept current with advancing healthcare practices which include virtual health visits. There were no changes in the health of the resident since the PCP saw [redacted] in October, other than completing the required DME form for admission to a SDU.

Ongoing Compliance and Quality Assurance

Going forward the community will not accept virtual medical visits documented on the DME for admission. The Executive Director will review all DMEs prior to admission to ensure compliance with 2600.231b.

Licensee's Proposed Overall Completion Date: 04/11/2025

Implemented [redacted] - 04/30/2025)