

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

February 17, 2023

[REDACTED], ADMINISTRATOR  
Sayre Memory Care Residence, LLC  
[REDACTED]

RE: Sayre Memory Care Residence  
1001 North Elmer Street  
Sayre, PA, 18840  
LICENSE/COC#: 230820

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 01/19/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *Sayre Memory Care Residence* License #: *230820* License Expiration:

Address: *1001 North Elmer Street, Sayre, PA 18840*

County: *BRADFORD* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *Sayre Memory Care Residence, LLC*

Address: [REDACTED]

Phone: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *09/05/2015* Issued By: *PA LI*

**Staffing Hours**

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

**Inspection Information**

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

Reason: *New* Exit Conference Date: *01/19/2023*

**Inspection Dates and Department Representative**

*01/19/2023* - On: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: Residents Served: *0*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Home* Capacity: *46* Residents Served: *0*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *0*

Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

*01/19/2023* *Partial*

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND