

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

March 23, 2023

[REDACTED], MEMBER
SAYRE PERSONAL CARE CENTER 2 LLC
201 KEEFER LANE
[REDACTED]
SAYRE, PA, 18840

RE: SAYRE PERSONAL CARE RESIDENCE
201 KEEFER LANE
SAYRE, PA, 18840
LICENSE/COC#: 23077

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/14/2023, 02/15/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SAYRE PERSONAL CARE RESIDENCE License #: 23077 License Expiration: 02/07/2024
 Address: 201 KEEFER LANE, SAYRE, PA 18840
 County: BRADFORD Region: NORTHEAST

Administrator

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

Legal Entity

Name: SAYRE PERSONAL CARE CENTER 2 LLC
 Address: 201 KEEFER LANE, [REDACTED], SAYRE, PA, 18840
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 12/16/2021 Issued By: Code Inspections, Inc

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 45 Waking Staff: 34

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/15/2023

Inspection Dates and Department Representative

02/14/2023 - On-Site [REDACTED]
 02/15/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 90 Residents Served: 45
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 45
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/14/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/10/2023

03/14/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/21/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/21/2023

Inspections / Reviews *(continued)*

03/23/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/21/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 2/15/23, at 10am, the Licensing Inspection Summaries from 10/7/22 was posted in the homes inspection binder that was in the main waiting area, the resident privacy coding was attached to Licensing Inspection Summary. Also, during physical site inspection on 2/15/23, Department representative observed the computer located on top of Med cart second floor was open with resident information visible to anyone to see. A MedTech was not at the cart at the time.

Plan of Correction

Accept (████) - 03/14/2023)

The resident privacy coding sheet was immediately removed from the lobby binder and the Med Tech was immediately educated on the importance of logging off or minimizing the computer screen before leaving the medication cart unattended. All Resident Privacy Coding Sheets will be removed from the Licensing Inspection Summary before being placed into the binder that is kept in the main lobby for public viewing. An education was done with the Administrator, Mary Frisbie and House Manager/Wellness Director, Susan Robbins by Melissa Chilson, NHA.

An education was done with all Med Tech staff re: 1. the importance of protecting confidential resident information (HIPPA); 2. that the computer screen must not be visible to others when they are not standing at the medication cart & 3. that the computer screen must either be minimized or they must log off ACCIflo when they walk away from the medication cart to administer medications. This education was done with all Med Techs by House Manager/Wellness Director, ██████████. Administrator/Designee will complete weekly audits for 4 weeks, then monthly audits, then as needed to make certain that resident information is not visible.

Licensee's Proposed Overall Completion Date: 03/08/2023

Implemented (████) 03/23/2023)

25b Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1 moved in on ██████████ and Resident #2 moved in on ██████████. The contract in the record for residents #1 and #2 were not signed by the residents.

Plan of Correction

Accept (████) - 03/14/2023)

Both Resident #1 & #2 signed their contract on the day of the inspection, when they were found. All residents will be asked to sign the Personal Care Home Contract during the admission process along with their Responsible Party by the Administrator/Designee. If the resident indicates that they do not wish to sign or are unable to sign, that will be indicated in writing on the contract by the Administrator/Designee. An education was done with Administrator, Mary Frisbie, and House Manager/Wellness Director, ██████████, NHA. Administrator/Designee will

25b Contract Signatures (continued)

complete weekly audits for 4 weeks, then monthly audits, then as needed to ensure that residents are signing their contracts, if they are able.

Licensee's Proposed Overall Completion Date: 03/08/2023

Implemented (████) - 03/23/2023)

65d - Initial Direct Care Training

3. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on █████ and Staff person B hired on █████ did not complete and pass the Department approved direct care training course and pass the competency test.

Plan of Correction

Accept (████) - 03/14/2023)

Direct Care Staff person A and person B completed the required Direct Care Staff Training on 2/14/2023 during the survey. Human Resources, Administrator and House Manager/Wellness Director will ensure that the Personal Care Assist staff will complete the Direct Care Staff Training as a part of their initial orientation. This training was added to the Orientation check list and will be completed on the day of any new staff orientation. If a new employee has already completed the Direct Care Staff training for a previous employment, a copy of the Direct Care Staff training certificate will be obtained from them prior to being scheduled to work. No Direct Care Staff will be scheduled to work directly with residents until this training is completed and the certificate for that training has been obtained by the facility. An education was done with Administrator, █████, House Manager/Wellness Director, █████, █████ and Human Resources, █████ by █████, NHA. Administrator/Designee will audit all new Direct Support Care Staff on hire and before scheduling to work directly with residents. Audits will be completed weekly for 4 weeks, then monthly, then as needed to make certain all required trainings are completed.

Licensee's Proposed Overall Completion Date: 03/08/2023

Implemented (████) - 03/23/2023)

101j7 - Lighting/Operable Lamp

4. 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

Residents in rooms 125 did not have an operable lamp or other source of lighting that could be turned on at bedside.

Plan of Correction

Accept (████) - 03/14/2023)

The lamp that was not in reach of the resident in room 125 was immediately moved closer to the bedside. All staff will understand the importance of each resident having a working lamp/light at their bedside that the resident is able to reach to turn off and on from their bed. An education was done with all staff to make sure that each room/bed and resident has a working lamp that is able to be reached from the bed so that the resident is able to turn them off & on. An education was done with all staff by Administrator, █████. Administrator/Designee

101j7 - Lighting/Operable Lamp (continued)

will complete audits weekly for 4 weeks, then monthly, then as needed to be sure that all residents have a bedside lamp in working order and are within reach from the bed.

Licensee's Proposed Overall Completion Date: 03/08/2023

Implemented () - 03/23/2023)

101o - Walls, Floors, Ceilings

5. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

Carpet in room 215 was lifting behind door and in middle of the room causing a trip hazard.

Plan of Correction

Accept () - 03/14/2023)

The carpet in room 215 was repaired on 2/15/2023. The Maintenance Director and any maintenance staff will understand the importance of having all walls, floors and ceilings in good condition for safety reasons. Maintenance will ensure that all these things are kept in good repair and will repair them in a timely manner if there are any problems in these areas. An education was don with the Maintenance Director, (), regarding: 1. the importance of keeping all walls, floors and ceilings in good condition; 2. checking the designated place where maintenance orders are placed daily and 3. completing all Maintenance orders within 48 hours of when the order is placed in the designated area. Administrator/Maintenance will complete audits weekly for 4 weeks, then monthly, then as needed and Maintenance will complete any repairs, if needed.

Licensee's Proposed Overall Completion Date: 03/08/2023

Implemented () - 03/23/2023)

103g - Storing Food

6. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

Located in the walk-in refrigerator was a bag of whip cream that was not securely closed. Additionally, located in the dry storage room was two bags of pasta that were not securely closed.

Plan of Correction

Accept () - 03/14/2023)

The whip cream was disposed of and the pasta was immediately placed in sealed containers during the inspection. The Dietary Manager and all dietary staff will understand the importance of having all food stored in closed or sealed containers. An education was given to the Dietary Manager and all dietary staff regarding: 1. all opened or unused food needs to be stored in closed or sealed containers; 2. where the sealed containers and plastic cling wrap are kept and 3. how to properly cover all items that are opened and left over from meals. Administrator/Designee will complete audits weekly for 4 weeks, then monthly, then as needed to be sure that food is being stored and sealed by regulation.

Licensee's Proposed Overall Completion Date: 03/08/2023

Implemented () - 03/23/2023)

103i - Outdated Food

7. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Located in the dry storage room was a cart with hog dog rolls that were not date, located in the walk in freezer was 2 pound of lima beans, broccoli, and mix vegetables that were not dated.

Plan of Correction

Accept (████) - 03/14/2023)

The hotdog rolls, lima beans, broccoli and mixed vegetables were all dated during the inspection. The Dietary Manager and all dietary staff will understand the importance of all foods being dated when delivered by US Foods or opened for use, if there is any of the item left over. All foods must be disposed of if the unused portions are not used within 3 days of opening or preparing them. An education was completed by Administrator, Mary Frisbie, and House Manager/Wellness Director, Susan Robbins with the Dietary Manager and all dietary staff regarding: 1. all food must be dated when deliveries come in and marked "Received"; 2. any open container must be dated and marked "Opened" when they are used and 3. all unused portions of foods must be disposed of within 3 days of opening or preparing them. Administrator/Designee will audit dated food items 3 times per week for 4 weeks, then 3 times per month for 2 months, then as needed to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/08/2023

Implemented (████) - 03/23/2023)

182b - Prescription Medication

8. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff C completed annual Medication Administration training on ██████████. There was not any documentation available that Staff C completed Annual Medication training ██████████

Plan of Correction

Accept (████) - 03/14/2023)

Staff C did complete Med Tech Training Annual Course on ██████████. Documentation was found. Human Resources, Administrator & House Manager/Wellness Director will understand the importance of keeping all training information for all staff readily available and organized in a binder for any future referencing. An education was completed by Melissa Chilson, NHA with HR, Megan Rought, Administrator, Mary Frisbie, and House Manager/Wellness Director, Susan Robbins, re keeping a binder of all trainings/certificates in a designated area in the Wellness Director's office for referencing to be sure that all trainings for all employees are up to date. Administrator, House Manager/Wellness Director & HR have audited and organized all employee trainings. Administrator/Designee will complete audits weekly for 4 weeks, then monthly, then as needed.

Licensee's Proposed Overall Completion Date: 03/08/2023

Implemented (████) - 03/23/2023)

184a Resident's Meds Labeled

9. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident # 3's Medication Administration Record states that Resident #3 takes [REDACTED] 2 tablets at bedtime. However, the medication bottle stated the medication was 250mg pills. Staff C indicated that resident is being given 2 tablets.

Plan of Correction

Accept [REDACTED] - 03/14/2023)

Resident #3's medication was corrected to indicate the correct dosage and label immediately. All Med Techs will understand the importance of correct labeling on medication bottles and administering the correct number of tablets/capsules per the physician's order. An education was completed with all Med Techs by Susan Hall, House Manager/Wellness Director, re: 1. looking for correction labels on medications regarding dosage; 2. checking for the 4 R's (Right medication/Right dose/Right time & Right route) & 3. where the dose change labels are found in the care, if they need to change the dose of a medication, per physician order. Administrator, [REDACTED], or House Manager/Wellness Director, [REDACTED], will audit medications 3 times per week for 4 weeks, then monthly, then as needed to ensure compliance with medications.

Licensee's Proposed Overall Completion Date: 03/08/2023

Implemented (MM - 03/23/2023)

184b Labeling OTC/CAM

10. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 2/16/23, there was an empty tube of [REDACTED] in the Medcart. The medication did not have a resident's name or label from the pharmacy.

Plan of Correction

Accept [REDACTED] - 03/14/2023)

The [REDACTED] was instantly removed from the cart and disposed of. The Med Techs will understand the importance of labeling all OTC/CAM medications with the resident's name and the date that they are opened. All OTC medications should be kept in the barrier box, if it comes in one, in between medication passes. An education was done with all Med Techs by the House Manager/Wellness Director, Susan Hall re: 1. how to label each OTC medication with the resident's name and date that it is opened; 2. keeping all OTC medications in the barrier boxes if they come with one & 3. where the appropriate place for each OTC medication is kept. Administrator/Wellness Director will audit the carts weekly for 4 weeks, then monthly, then as needed to ensure compliance of properly labeling of resident's medications.

Licensee's Proposed Overall Completion Date: 03/08/2023

Implemented (MM - 03/23/2023)

185a Implement Storage Procedures

11. Requirements

2600.

185a - Implement Storage Procedures (continued)

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

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer.

Resident #4 – At [redacted] on [redacted] the glucometer reading was [redacted] and the Medical Administration Record, MAR, was incorrectly transcribed as [redacted] on [redacted], the glucometer reading was [redacted] and the MAR was incorrectly transcribed as [redacted] and at [redacted] on [redacted], the glucometer reading was [redacted] and the MAR was incorrectly transcribed as [redacted]

Resident #5 – At [redacted] on [redacted], the glucometer reading was [redacted] and the MAR was incorrectly transcribed as [redacted] and at [redacted] on [redacted], the glucometer reading was [redacted] and the MAR was incorrectly transcribed as [redacted]

Resident #6 – At [redacted] on [redacted], the glucometer reading was [redacted] and the MAR was incorrectly transcribed as [redacted], at [redacted] on [redacted] the glucometer reading was [redacted] and the MAR was incorrectly transcribed as [redacted], at [redacted] on [redacted] the glucometer reading was [redacted] and the MAR, was incorrectly transcribed as [redacted] and at [redacted] on [redacted] the glucometer reading was [redacted] and the MAR was incorrectly transcribed as [redacted]

Resident #7 – At [redacted] on [redacted], the glucometer reading was [redacted] and the MAR was incorrectly transcribed as [redacted] and at [redacted] on [redacted], the glucometer reading was [redacted] and the MAR was incorrectly transcribed as [redacted]

Plan of Correction

Accept [redacted] - 03/14/2023)

The Wellness Director educated all diabetic trained staff on properly entering the correct blood glucose readings in the MAR system. All diabetic trained staff will understand the importance of properly entering the correct blood glucose readings on the MAR and compare them to the glucometer to ensure accuracy. All diabetic trained staff were educated re: 1. where the blood glucose records are kept for each diabetic resident and should be entered on that record immediately after the blood glucose is tested; 2. how to record each blood glucose in each individual diabetic resident's MAR and 3. how to check the memory of each of the individual glucometers for each diabetic resident to be sure that the correct blood glucose reading was recorded in the MARs. This education was done by Susan Robbins, House Manager/Wellness Director. Administrator/Wellness Director will complete 3 weekly audits for 4 weeks, then monthly for 3 months then as needed to ensure proper documentation of residents blood glucose readings in the MAR.

Licensee's Proposed Overall Completion Date: 03/09/2023

Implemented ([redacted] - 03/23/2023)