

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

May 3, 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 03/22/2023 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: 5708882858 **Email:** mfrisbie@seniorhealthpa.com

Certificate(s) of Occupancy

Type: I-1 **Date:** 12/16/2021 **Issued By:** Code Inspection inc

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 44 **Waking Staff:** 33

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 03/22/2023

Inspection Dates and Department Representative

03/22/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 90 **Residents Served:** 44

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:** 44
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

03/22/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/23/2023

04/26/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/28/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 05/01/2023

Inspections / Reviews *(continued)*

05/03/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Staff member A was told by resident 1 on [REDACTED] that staff member B had been calling Resident 1 nasty names. Staff member A never reported the abuse, and no incident report was sent to BHSL until [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/26/2023)

Staff member A was educated that, when abuse is reported to them by a resident or family member, it must be reported to the personal care home complaint hotline within 24 hours of the complaint. Staff member A was shown where the hotline phone number is publicly displayed in the building and was educated that the abuse also needs to be reported to the Administrator or House Manager/Wellness Director so that the incident can be reported to the BHSL immediately for investigation. The incident report was filed to the BHSL as soon as the report was brought to the Administrator's attention by Bradford County APS on [REDACTED] and an internal investigation was completed immediately. Staff member B was suspended immediately until the completion of the investigation. The results of the investigation were sent to Bradford County APS and the BHSL on [REDACTED] when all of the requested staff statements were collected. Bradford County cleared Staff member B to return to work on [REDACTED] with the stipulation that she does not have direct contact with Resident 1. Staff member B was notified of that stipulation.

Licensee's Proposed Overall Completion Date: 04/21/2023

Implemented [REDACTED] - 05/03/2023)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

Resident 1 indicates that staff member B called them the worst resident in the building and that no one likes them. Two other staff members verify that Resident 1 told them that this occurred after the incident.

Resident 2 indicates that a staff member B told told them that they have to change because they stink. Two other staff members verify that Resident 2 told them that this occurred after the incident.

Plan of Correction

Accept [REDACTED] - 04/26/2023)

Staff member B was educated prior to returning to work that each resident has the right to be treated with dignity and respect. All staff activities and interactions with residents must focus on assisting the resident in maintaining and enhancing his or her self-esteem and self-worth and incorporating the resident's preferences and choices.

Licensee's Proposed Overall Completion Date: 04/21/2023

Implemented [REDACTED] 05/03/2023)