

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

April 25, 2024

[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 01/24/2024, 01/26/2024, 02/01/2024 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: 49 Waking Staff: 37

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 02/01/2024

Inspection Dates and Department Representative

01/24/2024 - On-Site: [REDACTED]
 01/26/2024 - Off-Site: [REDACTED]
 02/01/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 90 Residents Served: 43
 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: 43
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 6 Have Physical Disability: 1

Inspections / Reviews

01/24/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/02/2024

Inspections / Reviews (*continued*)

03/01/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/08/2024

03/12/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/15/2024

04/25/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1 required completed physical assistance with changing his/her incontinence briefs, per staff interviews. On [REDACTED] at approximately [REDACTED], the resident was found by staff with his/her briefs completely soaked through with urine due to not having his/her incontinence briefs changed.

Plan of Correction

Accept ([REDACTED] - 03/12/2024)

**Because Resident #1 had passed away prior to the survey, [REDACTED] care plan was unable to be updated. In the future, House Manager will update a residents RASP when they begin to require more assistance with ADL's immediately as the changes occur. All residents who become bedridden will be placed on an every 2 hour check and change schedule (See Attached Document) that was implemented on 12/22/2023 and the House Manager will review every 2 hour check and change schedule that is in place daily to ensure that the residents are getting proper care/assistance and the forms are filled out completely and correctly.*

**Staff education was completed with all direct care staff regarding the 2 hour check and change schedule and how to use it by the House Manager on 12/23/2023.*

**Administrator/Designee will complete weekly audits of the RASPs of all residents who are identified as bed ridden and require additional assistance with bowel and bladder issues and are placed on an every 2 hour check and change schedule for 4 weeks, then monthly for 3 months, then as needed to ensure that the resident is receiving proper care/assistance.*

**Administrator/Designee will complete weekly audits of every 2 hour check and change schedule for 4 weeks, then monthly audits, then as needed to ensure that all of the forms are completed correctly and completely.*

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented ([REDACTED] - 04/17/2024)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

Resident #1 required completed physical assistance with changing his/her incontinence briefs, per staff interviews. On [REDACTED] at approximately [REDACTED], the resident was found by staff with his/her briefs completely soaked through with urine due to not having his/her incontinence briefs changed. He/she was also found to be laying on top of his/her dentures underneath him after complaining to staff multiple times about experiencing back pain. When confronted, Staff Person B initially stated he/she had recently checked on Resident #1, and then admitted he/she had not recently checked on the resident.

42c - Treatment of Residents (continued)

On [REDACTED] at approximately [REDACTED], Staff Person A and Staff Person C responded to Resident #1's call bell. The resident required full physical assistance to transfer into his/her wheelchair. Per staff interviews, Staff Person C attempted to assist the resident to transfer when the resident and Staff Person A vocalized not being ready, and "yanked" on the resident's arm. Staff Person C also told Resident #1 that he/she needed to go to bed at 5:30pm that evening when he/she did not want to.

Plan of Correction

Accept [REDACTED] - 03/12/2024)

*Staff Person B was terminated immediately.

*Staff Person C was terminated immediately.

*All residents who become bedridden will be on a every 2 hour check and change schedule (See Attached Document) that was implemented on 12/22/2023 and the House Manager will review every 2 hour check and change schedule that is in place daily to ensure that the residents are getting proper care and assistance and the forms are filled out completely and correctly.

*House Manager completed staff education with all direct care staff regarding the 2 hour check and change schedule and how to fill it out correctly and completely on 12/23/2023.

*Administrator/Designee will complete weekly audits of every 2 hour check and change schedule weekly for 4 weeks, then monthly audits for 3 months, then as needed to ensure that all of the forms are completed correctly and completely.

*Administrator completed an education with all current staff members regarding Residents' Rights and Dignity and Respect (See Attached Document) on 12/23/2023. Human Resources has made this education part of the new hire orientation process effective immediately and House Manager has made it part of the annual staff training and has set up a Mandatory Inservice with the local Ombudsman to address Residents' Rights and Respect & Dignity which is set up for March 12, 2024 @ 2:30 PM to provide this training. (See Attached Document)

*Administrator/Designee will complete weekly audits of every new hire folders for 4 weeks, then monthly for 3 months, then as needed after that to ensure that all new hires are educated as to the importance of Residents' Rights and Respect & Dignity upon their hire at Sayre Personal Care Residence.

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented [REDACTED] - 04/17/2024)

125a - Combustible Storage

3. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

There was a pile of lint observed on the ground underneath the duct outside of the building. There were 2 cigarette butts in the lint pile, posing a potential fire hazard.

125a - Combustible Storage (continued)

Plan of Correction

Accept () - 03/12/2024)

*House Manager immediately cleaned up the lint pile outside of the building on 2/1/2024.

*Administrator or House Manager will check the outside lint trap 2X/weekly on Mondays and Thursdays and clean up any lint or debris that is on the ground. A schedule has been made to ensure that this is taking place. (See Attached Document)

*Administrator/Designee will complete weekly audits of the Outside Lint Trap Schedule for 4 weeks, then monthly for 3 months, then as needed to ensure that this schedule is being followed and there it does not pose a fire hazard.

* House Manager has posted signs in the laundry room to clean all pockets before washing residents' clothing. There were also sheets put into place to ensure that the lint traps in both dryers are emptied after each use. (See Attached Document)

*House Manager will complete weekly audits of the sheets posted for staff to sign that they have emptied the lint traps in both dryers after each use for 1 month, then monthly for 3 months and as needed to ensure that staff are emptying the lint traps on a regular basis so that it does not pose a fire hazard.

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented () - 04/17/2024)

132b - Safety Inspection/Fire Drill

4. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's annual fire safety inspection and supervised fire drill was conducted on 8-30-23. The previous annual fire safety inspection and supervised fire drill was conducted on 7-19-22, making the most recent fire safety inspection and supervised fire drill untimely.

Plan of Correction

Accept () - 03/01/2024)

Administrator called the fire department and Emergency Medical Services to attempt to schedule the annual fire inspection and supervised fire drill for the month of August 2024 and they said that it is too early to schedule the drill at this time. Administrator will contact the fire department and Emergency Medical Services in mid June to schedule the annual fire safety inspection and supervised fire drill for August 2024 so that it is completed within the one year window and is completed in a timely manner.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented () - 04/17/2024)

132d - Evacuation

5. Requirements

132d - Evacuation (continued)

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

According to the annual fire safety inspection from 2022, the home has an evacuation time of 8 minutes and 21 seconds. On 5-21-23 a fire drill was conducted with an evacuation time of 8 minutes 29 seconds. On 6-29-23 a fire drill was conducted with a recorded time of 9 minutes 12 seconds. On 7-20-23 a fire drill was conducted with an evacuation time of 12 minutes 7 seconds, exceeding the allotted time.

The home's annual fire safety inspection and supervised fire drill was conducted on 7-21-22 and the subsequent annual fire safety inspection was completed on 8-30-23. A fire drill was held on 8-24-23 with a recorded time of 5 minutes and 17 seconds which exceeded the 2 minute and 30 second time allotted.

Plan of Correction

Accept () - 03/01/2024)

Administrator will schedule the annual fire safety inspection and supervised fire drill in a timely manner within the one year period. Administrator and House Manager will repeat any fire drill that the evacuation time is not within the allotted time allowed within one week of the drill that exceeds the allotted time until the evacuation time is within the allotted time allotted by the fire safety inspection and supervised fire drill.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented () - 04/17/2024)

132g - Fire Drills Days/Times

6. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

Per staff interviews, the home typically has 2 staff working overnight. On 5/21/23 at 2:03am the home ran a fire drill with 4 staff present in the building. The home has not run an overnight fire drill in the past 12 months without having additional staff present in the building.

Plan of Correction

Accept () - 03/01/2024)

On 2/4/2024 another overnight fire drill was completed at 12:36 AM with only the 2 overnight staff participating in the drill. (See Attached Document) The Administrator and House Manager were present for the drill but only to observe the drill and did not participate. Any subsequent overnight fire drills will be run with only the overnight staff participating.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented () - 04/17/2024)

182b - Prescription Medication

7. Requirements

2600.

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

Description of Violation

The following staff have been administering medications to residents without being certified to do so due to having incomplete Medication Administration courses for the following reasons:

Staff Person D's Annual Practicum dated 9/2023 is missing 1 of 2 required medication observations.

Staff Person E's Initial Training is missing the Trainer's signature, the date of certification, and the "Pass or "Fail" determination.

Staff Person F's Annual Practicum date 3/29/23 is missing 1 of 2 required MAR reviews.

Repeated violation-2-14-23

Plan of Correction

Accept ([redacted] - 03/12/2024)

*Staff Person D was observed by Med Tech Trainer on [redacted] but [redacted] did not sign the Observation #2. Administrator contacted the Med Tech Trainer and asked [redacted] to correct [redacted] error and [redacted] signed the 2nd medication observation section of the annual practicum sheet. (See Attached Document)

*Staff Person E received [redacted] training by the Med Tech Trainer on [redacted] but [redacted] did not sign or date the certification or indicate "Pass or Fail". Administrator contacted the Med Tech Trainer and asked her to correct her error and she completed this section on the annual practicum sheet. (See Attached Document)

*Staff Person F was observed by Med Tech Trainer on [redacted] but [redacted] did not sign the 2nd MAR Review. Administrator contacted the Med Tech Trainer and asked [redacted] to correct [redacted] error and [redacted] completed the MAR Review section. (See Attached Document)

*House Manager will review each form that is completed by the Med Tech Trainer prior to her leaving the building after all Med Tech Training Classes to ensure that all forms are completed and signed in all the appropriate sections and ask [redacted] to complete any incomplete sections prior to her leaving.

*Administrator/Designee will complete an audit of each form after the Med Tech Trainer completes a training class to ensure that all forms are completed and signed in all the appropriate sections and immediately request her to complete any incomplete sections.

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented [redacted] - 04/17/2024)

184a - Resident's Meds Labeled

8. Requirements

2600.

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

184a Resident's Meds Labeled (continued)

Description of Violation

Resident #4 has a prescription for [REDACTED] tablets. The pharmacy label indicates to take 1 tablet by mouth 1 time per day. The Medication Administration record indicates to take 2 tablets per day. The medication administration record is correct.

Resident #5 has a prescription for [REDACTED] tablet. The Medication Administration Record indicates to take 1 tablet by mouth every 4 days. The medication label indicates to take 1 tablet every day. The Medication Administration Record is correct.

Resident# 6's opened [REDACTED] Flexpen were not labeled with the initials of the staff person who opened the pens.

Resident#7's opened [REDACTED] pen was not labeled with the initials of the staff person who opened the pen.

Resident #8's opened [REDACTED] was not labeled with the initials of the staff member who opened the pen.

Repeated violation 2 14 23

Plan of Correction**Accept ([REDACTED] - 03/12/2024)**

*All Med Tech and diabetic trained staff was educated on the importance of labeling all insulin pens with initials of the person opening the pen, date opened, expiration date and the initials of the staff member that opened it on 2/2/2024.

*House manager has put labels on all insulin pens currently in the refrigerators for storage and will put labels on all pens as they are delivered from the pharmacies and educated staff on where to find labels and how to use them on 2/2/2024.

*Resident # 4's order was clarified with the doctor and corrected in the MAR system on 2/2/2024.

*Resident #5's doctor was notified of the discrepancy and the discrepancy was fixed in the MAR and with the pharmacy on 2/2/2024. New bubble pack of [REDACTED] was sent from the pharmacy with the correct dosing on 2/2/2024.

*Resident #6's [REDACTED] that were in the cart were discarded on 2/1/2024 and replaced with new [REDACTED]. House Manager properly labeled them with initials of the person opening the pen, date opened and expiration date.

*Resident #7's [REDACTED] pen that was in the care was discarded on 2/1/2024 and replaced with a new pen. House Manager properly labeled the pen with initials of the person opening it, date opened and expiration date.

*Resident #8's [REDACTED] that was in the cart was discarded on 2/1/2024 and replaced with a new pen. House Manager properly labeled the pen with initials of the person opening it, date opened and expiration date.

*House Manager/Designee will audit all orders weekly for one month, then monthly for 3 months, then as needed

184a - Resident's Meds Labeled (continued)

to ensure that all prescription labels match what is in the MAR.

*House Manager/Designee will audit all [redacted] that are opened in the cart weekly for 1 month, then monthly for 3 months, then as needed to insure that all [redacted] are labeled correctly with the initials of the person opening it, date opened and expiration date.

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented [redacted] - 04/17/2024)

185a - Implement Storage Procedures

9. 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 the date of inspection, Resident # 2's glucometer stated it was [redacted] at [redacted] and Resident # 3's glucometer stated it was [redacted] at [redacted]

Resident #2's glucometer noted readings of [redacted] on [redacted] at [redacted] and [redacted] on [redacted] at [redacted] however the readings we incorrectly documented on the Medication Administration Record as [redacted] and [redacted] respectively.

Resident#2's glucometer displayed a blood sugar reading of [redacted] on [redacted] [redacted]. The information was not recorded on the Medication Administration Record.

Repeated violation-2-14-23

Plan of Correction

Accept [redacted] - 03/12/2024)

*Resident #2's glucometer was recalibrated by the House Manager to the correct date and time on [redacted]

*Resident #3's glucometer was recalibrated by the House Manager to the correct date and time on [redacted].

*House Manager educated all Diabetic Trained staff on 2/2/2024 as to the importance of properly entering the correct blood glucose readings in the MAR system by comparing them to the glucometer readings and entering the exact reading in the MAR to ensure accuracy.

*House Manager A put binders on each med cart to record residents' blood glucose readings and the units administered in conjunction with each residents' sliding scale. (See Attached Document) and provided education to each Med Tech/Diabetic Trained direct care staff as to how to use it and instructed to chart all blood glucose readings that are taken in this binder, even if done because someone is symptomatic of abnormal blood glucose levels.

*Administrator set up to chart the number of units administered in the MAR system when administering sliding scale insulin.

*House Manager/Designee will complete weekly audits for 4 weeks, then monthly audits for 3 months and as

185a Implement Storage Procedures (continued)

needed thereafter to ensure accurate documentation of residents' blood glucose readings and correct units administered in conjunction with each residents' sliding scale in the MAR.

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented ([redacted] - 04/25/2024)

187a - Medication Record

10. Requirements

2600.

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

Description of Violation

Resident #5 had a prescription [redacted] tablets. The prescription has been discontinued and was not found in the medication cart but is still listed on the resident's Medication Administration record.

Resident #5 has a prescription for [redacted] tablets. The Medication Administration Record incorrectly lists the dosage as [redacted].

Resident #2, Resident #3, Resident #8 and Resident#9 all take injectable medications for diabetes on a sliding scale. The Medication Administration Record for Resident #2, Resident #3, Resident #8 and Resident #9 did not indicate the dosage of medication that was administered.

Plan of Correction

Accept [redacted] - 03/12/2024)

*Resident #5's [redacted] tablets was removed from the MAR on [redacted] by the House Manager.

*Resident #5's dosage of [redacted] was changed in the MAR to the correct dosage of [redacted] on [redacted] by the House Manager.

*Resident #2's MAR was updated by the Administrator to indicate how many units of insulin are injected in conjunction with their sliding scale. The number of units is also charted in a binder on the med cart where their blood glucose reading is also charted for each reading that is taken.

*Resident #3's MAR was updated by the Administrator to indicate how many units of insulin are injected in conjunction with their sliding scale. The number of units is also charted in a binder on the med cart where their blood glucose reading is also charted for each reading that is taken.

*Resident #8's MAR was updated by the Administrator to indicate how many units of insulin are injected in conjunction with their sliding scale. The number of units is also charted in a binder on the med cart where their blood glucose reading is also charted for each reading that is taken.

*Resident #9's MAR was updated by the Administrator to indicate how many units of insulin are injected in conjunction with their sliding scale. The number of units is also charted in a binder on the med cart where their blood glucose reading is also charted for each reading that is taken.

*House Manager/Designee will audit all the med carts weekly for 1 month, then monthly for 3 months, then as needed to ensure all medications match up with doctor's orders in the MAR system.

187a Medication Record (continued)

**House Manager/Designee will audit all med carts weekly for 1 month, then monthly for 3 months, then as needed to ensure that all discontinued medications are removed from the med carts and destroyed according to policy.*

**House Manager has instituted a binder on each medication cart to record the blood glucose readings and units administered in conjunction with the sliding scale (See Attached Document)*

**The blood glucose readings and units of insulin administered in accordance with the sliding scale will be entered in both the binder and it was set up that the blood glucose readings and the units administered is recorded for each administration in the MAR for each resident who receives sliding scale insulin. All Med Tech/Diabetic Trained staff were educated as to the importance of checking the reading on the glucometer carefully and recording the correct reading on both the page in the binder and in the MAR by the House Manager on 2/2/2024.*

**House Manager will conduct weekly audits for 4 weeks, then monthly audits for 3 months, then as needed to ensure accuracy of documentation of blood glucose readings and units of insulin administered in conjunction with each resident's sliding scale in both the binders and the MAR for all residents.*

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented (█) - 04/25/2024)

227d - Support Plan Medical/Dental**11. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's Resident Assessment and Support plan (RASP) dated █ does not include documentation regarding the resident's personal care needs, including that he/she at times would refuse care, and his/her decline resulting in him/her being "bedridden" per staff interviews.

Resident #2 uses a bedside mobility device. The resident's Resident Assessment Support Plan dated 8 1 23 does not reflect the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Plan of Correction

Accept (█) - 03/12/2024)

**Because Resident #1 had passed away prior to the survey, his RASP was unable to be updated. In the future, House Manager/Designee will update the RASP when warranted for a significant change and make corrections in documentation to reflect the resident's increasing needs. Any refusal of care from the resident will be documented in the RASP & the progress notes in the chart.*

227d - Support Plan Medical/Dental (continued)

**Administrator/Designee will complete audits of RASPs of residents who have had a significant change weekly for 1 month, then monthly for 3 months, then as needed to ensure that all changes in care needs or refusals of care are documented correctly.*

**Resident #2's RASP was update to reflect the specific need for [REDACTED] bedside mobility device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device being used and if a cover is required to meet FDA Guidelines (See Attached Document) by the House Manager on 2/2/2024.*

**Administrator/Designee will complete weekly audits of the RASPs of residents using bedside mobility devices for 1 month, then monthly for 3 months, the as needed to ensure that the documentation in the RASP reflect: the specific need for the device; the intended use; any risks associated with the device; the resident's ability to use the device safely for the intended purpose; identification of the specific device to be used and if a cover is required to meet FDA guidelines.*

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented ([REDACTED]) - 04/17/2024)