

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

April 25, 2024

[REDACTED]
SAYRE PERSONAL CARE CENTER 2 LLC
[REDACTED]
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/03/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SAYRE PERSONAL CARE RESIDENCE License #: 23077 License Expiration: 02/07/2025
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

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: 52 Waking Staff: 39

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Interim Exit Conference Date: 04/03/2024

Inspection Dates and Department Representative

04/03/2024 - 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: 8 Have Physical Disability: 1

Inspections / Reviews

04/03/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/22/2024

04/23/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/25/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/30/2024

Inspections / Reviews (*continued*)

04/25/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2024

Reviewer: Ryan Yankowy

Follow-Up Type: Document Submission Follow-Up Date: 04/29/2024

04/25/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

185a - Implement Storage Procedures

1. 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

The glucometer belonging to resident [redacted] was not calibrated to the correct time of day.

Resident [redacted] requires [redacted] monitoring three times daily with meals. On the following dates and times, the [redacted] readings were documented incorrectly:
[redacted] —the [redacted] reading at [redacted] was [redacted] but was documented on the Medication Administration Record (MAR) as [redacted]
[redacted] —the [redacted] reading at [redacted] was [redacted] but was documented as [redacted] on the MAR.
[redacted] —the [redacted] reading at [redacted] was [redacted] but was documented as [redacted] on the MAR.

Resident [redacted] has an order for blood glucose reading 3 times daily. The [redacted] for Resident [redacted] showed a reading of [redacted] on [redacted] at [redacted]. The reading was incorrectly documented on the medication record as [redacted].

Plan of Correction

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

Immediate Action:

- * House Manager immediately spoke with staff regarding the importance of accurate documentation .
- * Facility Administrator attempted to calibrate Resident [redacted] glucometer following the manufacturer instructions on [redacted] and it was determined that the [redacted] was malfunctioning and would not hold the calibrated date and time, however, accurate BS readings were able to be obtained.
- * Facility Administrator contacted Resident [redacted] family on [redacted] to notify them that another [redacted] needed to be supplied.
- * On [redacted], a [redacted] was provided by family.

Preventative Action:

- * To prevent future violations, facility purchased a brand new glucometer that is kept in the Administrator's office to replace future malfunctioning [redacted]
- * House Manager started weekly audit on [redacted] to ensure that all glucometers are calibrated.
- * House Manager to continue weekly audits on [redacted]/calibration until there are no repeated violations.
- * Inservice given on [redacted] by House Manager regarding importance of accurate documentation using Resident [redacted] and Resident [redacted] as an example.

Compliance monitoring:

- * Starting on [redacted], House Manager began completing weekly checks on 3 random diabetic residents comparing the accuracy between MAR documentation and glucometer readings.
- * Administrator to collect weekly audits from House Manager to review for compliance as well as complete random spot checks of glucometers for calibration accuracy.
- * Log of both aforementioned audits will be kept in House Manager's office.

Licensee's Proposed Overall Completion Date: 04/24/2024

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

187a - Medication Record

2. 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 [redacted] has a PRN prescription for [redacted]. Resident [redacted] medication administration record noted to give the [redacted] every 6 hours as needed for pain. The pharmacy label indicated to take 2 tablets by mouth 3 times daily as needed. The pharmacy label is correct.

Plan of Correction

Accept [redacted] 04/23/2024)

Immediate Action:

- * House Manager received order clarification via fax from Resident [redacted] physician on [redacted]
- * Once the order was received from the physician's office, the House Manager fixed the order in the MAR to match the physician order clarification and placed a "direction change" sticker on the pharmacy label for staff to refer to the chart for the correct order.

Preventative Action:

- * House Manager/Designee will complete weekly cart audits to ensure that all labels match physician's orders ongoing.

Compliance Monitoring:

- * Administrator will review weekly audits and spot check medication carts & MARS ongoing.
- * Log will be kept in Audit Book in House Manager's office.

Licensee's Proposed Overall Completion Date: 04/18/2024

Implemented [redacted] - 04/25/2024)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident [redacted] requires [redacted] monitoring three times daily with meals and insulin administered on a sliding scale basis as well as a straight order of [redacted] before each meal. On the following dates and times staff administered the incorrect units of [redacted]:

[redacted]—the [redacted] reading for [redacted] was documented as [redacted] but was not found in the resident's [redacted]; the [redacted] reading for [redacted] was documented as [redacted] but was not found in the resident's [redacted]. Staff administered [redacted] sliding scale units of insulin for the [redacted] meal.

[redacted]—The [redacted] reading documented for [redacted] is [redacted] and for [redacted] is [redacted]. Four units of sliding scale [redacted] were administered for both meals. The [redacted] readings documented on the MAR were not found in the resident's [redacted].

[redacted]—The [redacted] reading documented for [redacted] was [redacted] with [redacted] sliding scale units of [redacted] administered. The actual [redacted] reading found in the resident's [redacted] for [redacted] was [redacted] requiring only four sliding scale units of [redacted].

[redacted]—The [redacted] reading documented for [redacted] was [redacted] with no sliding scale units of [redacted] administered. The actual [redacted] reading found in the resident's [redacted] for [redacted] was [redacted], requiring two units of sliding scale [redacted].

Resident [redacted] also has an order for [redacted], [redacted] at bedtime. On [redacted] the [redacted] was not administered. Staff noted on the MAR that the [redacted] was not administered due to low [redacted]. The physician's

187d - Follow Prescriber's Orders (continued)

order for [REDACTED] at bedtime does not include an order to hold the medication for low [REDACTED]

Plan of Correction**Accept [REDACTED] - 04/23/2024)***Immediate Action:*

- * Verbal education immediately given to staff by the House Manager about the importance of glucometer calibration and close attention to detail when recording the readings in the MAR.
- * On [REDACTED], an inservice was provided by the House Manager to diabetic trained staff. The topics of the inservice were: sliding scales; documentation and administration.
- * On [REDACTED], the House Manager reviewed [REDACTED] and calibration with diabetic trained staff.
- * On [REDACTED], LPN from sister facility held inservice training for all diabetic trained staff. The topics of the inservice were: Short Acting vs Long Acting [REDACTED]; Sliding scales; calibrating glucometers & the importance of accurate documentation.
- * On [REDACTED] The Guthrie Diabetic Trainer will provide diabetic training for all direct care staff.
- * Administrator/Designee will complete random spot checks with staff with questions re: diabetes; [REDACTED] sliding scales; calibration; administration & documentation. A record of these questions & answers will be kept in the Audit book in the House Managers office.

Compliance Monitoring:

- * Administrator will oversee and review the Audit book for ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/18/2024

Implemented [REDACTED] - 04/25/2024)