

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

November 4, 2024

[REDACTED]
SAYRE PERSONAL CARE CENTER 2 LLC

[REDACTED]
4th Floor
[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 10/09/2024 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: 11 **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: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 10/09/2024

Inspection Dates and Department Representative

10/09/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 90 **Residents Served:** 41

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:** 41
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 0

Inspections / Reviews

10/09/2024 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/31/2024

10/30/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/31/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/06/2024

Inspections / Reviews *(continued)*

10/31/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/07/2024

11/04/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2024

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

The assessment and support plan, dated [REDACTED], for resident [REDACTED] indicates the resident requires assistance with personal hygiene and ambulating. On [REDACTED], the resident did not receive this assistance for 4 hours and was left unchecked sitting at the dining room table in their room. The resident stated that they were very uncomfortable and had tried to get staff attention to be moved but no one came for 4 hours.

Plan of Correction

Accept [REDACTED] - 10/31/2024)

Plan of Correction Resident no longer resides at the facility. RASP could not be updated due to residents' discharge from the facility. All resident support plans were reviewed and updated if needed. The facility house manager was educated on the importance of updating RASP regularly and timely to match the support plan of the residents' current needs. The facility administrator will complete weekly audits for four weeks and then monthly for three months to ensure regulatory compliance.

All rasps reviewed and matched with the current functional level for ADLs on 10/25/24. Audits started on 10/28/24 to make sure the appropriate assistance is provided

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented [REDACTED] - 11/04/2024)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On [REDACTED] Residen [REDACTED] soiled their bed sheets which were removed by Staff A but not replaced. Resident [REDACTED] then had to sleep on the plastic mattress cover.

Repeat Violation 1/24/24

Plan of Correction

Accept [REDACTED] - 10/31/2024)

Plan of Correction Staff A was terminated on [REDACTED]. A full house sweep was completed to ensure all residents had proper linen on their beds. All med tech's were educated on treating residents with dignity and respect. The facility administrator or designee will complete weekly random audits of residents' room linens for four weeks, then monthly for three months to ensure all residents are treated with dignity and respect.

All beds checked on 10/25/24. And education provided on 10/28/24

Licensee's Proposed Overall Completion Date: 10/30/2024

42c - Treatment of Residents (continued)

Implemented [REDACTED] 11/04/2024)

105d - Change Bed Linens/Towels

3. Requirements

2600.

105.d. Bed linens and towels shall be changed at least once every week and more often as needed to maintain sanitary conditions.

Description of Violation

On [REDACTED] Resident [REDACTED] had an accident in the bed. Staff A removed the soiled sheets but did not make the bed with clean sheets. Resident [REDACTED] slept on the plastic mattress cover.

Plan of Correction

Accept [REDACTED] - 10/31/2024)

Plan of Correction Staff A was terminated from the facility. All direct support staff were educated on the 105d regulation to change bed linens/towels to ensure residents bed linens are replaced and in sanitary condition. The administrator or designee will complete weekly audits for four weeks and then monthly for three months to ensure all residents have clean and sanitary linens.

All staff educated on 10/28/24

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented [REDACTED] - 11/04/2024)

141a - Medical Evaluation

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident [REDACTED] initial documentation of medical evaluation was completed on [REDACTED]. The medication section indicated "see attached" but no documentation was attached.

Plan of Correction

Accept [REDACTED] - 10/31/2024)

Plan of Correction Resident [REDACTED] medication list was immediately attached to residents DME. A full house audit was completed of all the current residents DME s to ensure medications lists were attached or medication section was completed. The house manager was educated on the importance of the medication section being completed or medication lists are attached to the DME for all residents. The facility administrator will complete random weekly audits for four weeks and random monthly audits for three months to ensure compliance.

Whole house audit on 10/25/24. And random audits started the same day
Education completed on 10/28/24

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented [REDACTED] - 11/04/2024)

183b - Meds and Syringes Locked

5. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] at approximately 11:50am, [REDACTED] was unlocked, unattended, and accessible in the room of resident [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/31/2024)

Plan of Correction Medication ([REDACTED]) was immediately taken out of the residents' room and locked in the med cart. All residents' rooms were checked to ensure no medications were left at the bedside unsecured. All med tech's have been educated on the regulation 183b and the importance of securing and locking all medications including OTC's, CAM and syringes. Random room audits will be completed weekly for four weeks and then monthly for months to ensure all medications are stored properly and secured.

All rooms checked on 10/25/24. All staff educated on 10/28/24

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented [REDACTED] - 11/04/2024)