

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

January 17, 2025

[REDACTED]
SAYRE MEMORY CARE RESIDENCE LLC
[REDACTED]

RE: SAYRE MEMORY CARE RESIDENCE
1001 NORTH ELMER STREET
SAYRE, PA, 18840
LICENSE/COC#: 23082

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/20/2024 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 MEMORY CARE RESIDENCE License #: 23082 License Expiration: 02/01/2025
Address: 1001 NORTH ELMER STREET, SAYRE, PA 18840
County: BRADFORD Region: NORTHEAST

Administrator

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

Legal Entity

Name: SAYRE MEMORY CARE RESIDENCE LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 54 Waking Staff: 41

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 11/20/2024

Inspection Dates and Department Representative

11/20/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 46 Residents Served: 27
Secured Dementia Care Unit
In Home: Yes Area: entire building Capacity: 46 Residents Served: 27
Hospice
Current Residents: 0
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 27 Have Physical Disability: 0

Inspections / Reviews

11/20/2024 Partial
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/23/2024

12/26/2024 - POC Submission
Submitted By: [REDACTED] Date Submitted: 12/27/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/30/2024

Inspections / Reviews *(continued)*

01/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/27/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

202 - Prohibitions

1. Requirements

2600.

202. The following procedures are prohibited:

6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

At approximately 230 am on [REDACTED] direct care staff member A and direct care staff member B were rendering care to Resident [REDACTED] when the resident became combative and was flailing [REDACTED] hands and arms. Staff person A then pinned the residents hands down on the residents chest, preventing the residents movement.

Plan of Correction

Accept [REDACTED] - 12/26/2024)

Immediate / Final Action: When Administrator was made aware of an incident that took place, Admin. reported resident abuse to all proper agencies and family. Administrator received written statement from Staff Member B regarding the actions that Staff Member A did on [REDACTED]. Staff Member A was called in for an immediate termination on [REDACTED]. Our facility has a zero tolerance for abuse.

Staff training on Regulation 202 will be completed on 12/16.

Our facility uses practices such as: positive reinforcement, redirect negative behavior. Substitute staffing for resident as needed. Staff are trained to not engage if resident is showing combative behavior. Staff provide space for resident to calm down and reapproach at a later time.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented ([REDACTED] - 01/17/2025)