

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

February 11, 2025

[REDACTED]  
SAYRE MEMORY CARE RESIDENCE LLC  
[REDACTED]  
[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 12/17/2024 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:** 62      **Waking Staff:** 47

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 12/17/2024

**Inspection Dates and Department Representative**

12/17/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 46      **Residents Served:** 31

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** entire building      **Capacity:** 46      **Residents Served:** 31

**Hospice**

**Current Residents:** 2

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 31  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 31      **Have Physical Disability:** 0

**Inspections / Reviews**

12/17/2024 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 01/20/2025

01/28/2025 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 02/03/2025  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 01/30/2025

Inspections / Reviews *(continued)*

02/11/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

**187d - Follow Prescriber's Orders****1. Requirements**

2600.

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

**Description of Violation**

Resident [REDACTED] has an order for compression stockings to be placed on their legs/feet daily at 8 am. On [REDACTED] the stockings were placed on the resident several hours later when the resident was noted as not wearing them.

**Plan of Correction****Accept [REDACTED] - 01/28/2025)**

*Immediate Action- Administrator recognized the issue addressed with employee at time of error. Administrator held a staff training on reviewing medication administration steps on 12/11/2024. Discussed additionally during the training was proper documentation and following the prescribers orders. Administrator / designee are completing weekly MAR / TAR audits to ensure regulatory compliance.*

**Licensee's Proposed Overall Completion Date: 01/13/2025****Implemented [REDACTED] - 02/11/2025)**