

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

June 13, 2025

[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 05/20/2025 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: 02/07/2026  
 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 Inspections Inc.

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 35 Waking Staff: 26

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Interim Exit Conference Date: 05/20/2025

**Inspection Dates and Department Representative**

05/20/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 90 Residents Served: 34  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 1 Have Physical Disability: 0

**Inspections / Reviews**

05/20/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/16/2025

06/12/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/13/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/19/2025

Inspections / Reviews *(continued)*

06/13/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2025

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 home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident [redacted] - On [redacted] the reading on the glucometer was [redacted] but was incorrectly transcribed as [redacted]. On [redacted] resident [redacted] reading on the glucometer was [redacted] but was incorrectly transcribed as [redacted].

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 06/12/2025)

Resident [redacted] glucometer was recalibrated by resident's daughter. On the 21st of May 2025 verbal education was immediately given to staff, by the administrator and House Manager regarding the importance of reading and transcribing the correct numbers of the blood glucometer result.

On the 28th of May 2025 an in-house audit was completed on all diabetics' charts, and a new logbook was created to monitor blood Glucose and the transcribing in the MAR. Staff will take a photo of the glucose reading showing the correct numbers. This photo along with BS number will then be placed in the logbook, under the resident's name. This log will be monitored by the Administrator, House Manager or assigned designee, to ensure accurate transcription of glucose numbers: Monitoring will occur daily for two weeks. Then weekly x2 and then monthly until the log is error free for 30 days.

On 6/13/2025- a local certified Diabetic trainer will provide training for all direct care staff.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented ([redacted] - 06/13/2025)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident [redacted] was out of the facility on [redacted] and did not receive the following medications as prescribed: [redacted], and [redacted].

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 06/12/2025)

Resident [redacted] was not harmed. All residents who currently leave LOA were audited to ensure they are encouraged to take medications with them when leaving the facility. On the 23rd of May 2025 a logbook was created requiring residents to sign they have been offered to take their prescribed medications with them during outings. This is to ensure no medications are missed while they are out of the facility.

**187d Follow Prescriber's Orders (continued)**

*On the 21 of May 2025 all MED techs were educated by the Administrator and House Manager, on the importance of following prescriber's orders.*

*The Administrator or House Manager will do weekly audits for four weeks then monthly for three months to ensure compliance of following prescriber's orders.*

**Licensee's Proposed Overall Completion Date: 06/13/2025**

**Implemented [REDACTED] - 06/13/2025)**