

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

April 17, 2026

[REDACTED], ADMINISTRATOR  
SAYRE MEMORY CARE RESIDENCE LLC  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/10/2026, 03/12/2026 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]  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** SAYRE MEMORY CARE RESIDENCE      **License #:** 23082      **License Expiration:** 02/01/2027  
**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**

**Type:** I-2      **Date:** 09/05/2015      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 58      **Waking Staff:** 44

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 03/12/2026

**Inspection Dates and Department Representative**

03/10/2026 - On-Site: [REDACTED]  
 03/12/2026 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 46      **Residents Served:** 29

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Entire Home      **Capacity:** 46      **Residents Served:** 29

**Hospice**

**Current Residents:** 1

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 29  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 29      **Have Physical Disability:** 0

**Inspections / Reviews**

03/10/2026 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/03/2026

04/07/2026 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 04/16/2026  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 04/14/2026

Inspections / Reviews *(continued)*

04/17/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At 9:10 a.m. the home's Licensing Inspection Summary dated 2/26/25, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ( ) - 04/01/2026

Immediate Action: On the date of inspection, the homes Licensing Inspection Summary dated 2/26/2025 were immediately placed in a conspicuous and public location in the lobby of the facility. Documents were secured in a visible plastic display to ensure accessibility to residents, families, and visitors.

To prevent future occurrence: The Administrator or designee will implement a weekly compliance check to ensure that:

Current licensing survey is posted

Documents remain visible, unobstructed, and up to date.

A designated compliance binder and posting area will be maintained at all times.

Weekly Environmental audit will start on: 3/10/2026 for 4 week, then monthly thereafter, to verify continued compliance. Findings will be documented and reviewed by Administrator.

Completion Date: Corrected on site during inspection on 3/10/2026. Administrator will oversee ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented ( ) - 04/17/2026

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired ( ) The home did not request a criminal background check until ( )

Staff person B was hired ( ) The home did not request a criminal background check until ( )

Plan of Correction

Accept ( ) - 04/07/2026

Immediate Action: All new hires will all have criminal history checks completed in accordance with the Older Adult Protective Services Act. The Act states that all criminal history checks will be completed prior to the start of employment pr date of hire. Administrator or designee to complete. Completion date 3/24/2026. Moving forward, no staff person will begin employment without a criminal history check on the first day of employment. Administrator or designee will maintain a log of each new employee and the dates of their criminal background checks to maintain compliance. Administrator or designee to complete.

Completion date 3/24/2026.

Administrator will oversee ongoing compliance.

51 Criminal Background Check (continued)

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented ( ) - 04/17/2026)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff persons A and C did not receive training in the following topic during training year June 1st, 2024 through May 31st, 2025: Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

Plan of Correction

Accept ( ) - 04/07/2026)

Deficiency due to Staff person A and Staff person C did not have Fire Safety training completed by a fire safety expert.

Immediate Action: A Fire Safety training held by a fire safety expert [redacted] training on 4/15/2026 at 10:30 am.

Completion Date: 4/15/2026.

To Prevent Recurrence: Administrator will enroll in a Fire Safety train the trainer course to be able to provide future trainings when needed to all staff. Administrator / designee will conduct a staff training tickler system and ensure that the training source as adequate credentials.

Administrator responsible to oversee ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented ( ) - 04/17/2026)

88a - Surfaces

4. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 9:05 a.m. there was a rectangular shaped section of carpet missing from the floor in the hallway. The missing carpet section created a possible trip hazard for residents in the home using assistive devices for ambulation.

Plan of Correction

Accept ( ) - 04/07/2026)

At time of onsite inspection, the rectangular sectional carpet was missing from the floor and may have posed as a trip hazard.

Immediate action: At time of inspection, Maintenance placed the rectangular sectional carpet back in place on 3/10/2026.

Monitoring: Weekly environmental rounds implemented to ensure surfaces remain in good repair and hazard free. Administrator will oversee ongoing compliance and keep binder in front office of findings and maintenance orders.

Prevention: Administrator instructed staff to report any hazards immediately; maintenance orders utilized for

88a Surfaces (continued)

timely repairs. Implemented on 3/10/2026.  
Administrator to oversee ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented (█) - 04/17/2026)

103f - Refrigerator/Freezer Temps

5. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At approximately 1:25 p.m. there was no thermometer in the combination refrigerator and freezer located in the middle of the home's kitchen.

Plan of Correction

Accept (█) - 04/07/2026)

Immediate action: During onsite inspection of our kitchen this finding was brought to the attention of the cook therefore the facility cook placed a new thermometer in freezer at time of onsite inspection.

Monitoring: Temperatures logged daily by kitchen staff. logs reviewed monthly unless immediate action is needed, will be addressed with Maintenance. Responsible party: Dietary Manager and Administrator.

To prevent future violations: Any out of range temperature will be addressed immediately with corrective action and documentation.

Completion date: 3/10/2026.

To ensure ongoing compliance, Administrator will oversee.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented (█) - 04/17/2026)

121a - Unobstructed Egress

6. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 9:20 a.m. the panic bar for exit door in the activity room required excessive force to push the door open.

Repeat violation 2/26/25.

Plan of Correction

Accept (█) - 04/07/2026)

During the initial walkthrough with inspectors the activity room exit door panic bar was sticking requiring constant push. At the time of inspection, the issue was immediately identified and corrected on site. The panic bar was treated and adjusted using WD 40 by maintenance, which resolved any resistance and restored proper, smooth operation on 3/10/2026.

Facility staff complete daily environmental checks on all exit doors. Any findings that require immediate attention will be reported to maintenance to ensure corrective action is taken. Administrator will oversee ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2026

## 121a - Unobstructed Egress (continued)

Implemented ( ) - 04/17/2026

## 162c - Menus Posted

## 8. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

## Description of Violation

The home's menu for the week of 3/8/26 to 3/14/26 was posted. However, the menu for the week of 3/15/26 to 3/21/26 was not posted.

## Plan of Correction

Accept ( ) - 04/07/2026

At the time of inspection, the home's menus were posted and available for 4 weeks. IT was identified that the upcoming week's menu had not yet been displayed; however, this was corrected immediately during the first 15 minutes of walkthrough during inspection, and the menu was brought up to date at that time. Given that the menus were already in place and the missing portion was promptly completed on-site, I would respectfully disagree that this should remain cited as a deficiency on 3/10/2026.

To prevent future violations: Designee will ensure menus are posted to comply with regulation 2600.162c referencing to menus shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in a conspicuous and public place in the home. Facility designee will do an environmental check weekly to ensure menus are posted to stay in compliance.

Administrator will oversee ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented ( ) - 04/17/2026

## 184a - Resident's Meds Labeled

## 9. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

## Description of Violation

The pharmacy label for resident #1's Lisinopril 10 mg tablets did not include the instructions to hold the medication for Systolic Blood Pressure less than 100.

## Plan of Correction

Accept ( ) - 04/07/2026

Immediate Action: During on-site inspection when this was brought to facility staff's attention, facility Director of Wellness placed a Directions change sticker on the medication label to match the MAR. completion date: 3/10/2026

Plan of action to prevent future violations: Director of Wellness will complete weekly medication cart audits matching pharmacy labels to the MAR every Tuesday and any findings will be provided to Administrator with accurate follow up as needed. To Start 3/10/2026 with no completion date.

Administrator will oversee ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2026

184a - Resident's Meds Labeled (continued)

Implemented ( ) - 04/17/2026

187d - Follow Prescriber's Orders

10. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 has an order for Haloperidol .5mg, one tablet every six hours as needed. On 3/10/26 the medication was administered at 8:00 a.m. and again at 1:00 p.m., less than six hours apart.

Plan of Correction

Accept ( ) - 04/07/2026

Immediate Action: Director of Wellness verbalized this to the med techs on current and oncoming shifts to ensure compliance.

Education to staff provided on the deficiency of this violation and regulation 187d. completed on 3/11/2026.

To prevent future violations: Director of Wellness will complete weekly medication cart audits every Tuesday on PRN medications and any findings will be provided to Administrator with accurate follow up as needed. To Start 3/10/2026 with no completion date.

Administrator will oversee ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented ( ) - 04/17/2026

252 - Record Content

11. Requirements

2600.  
252. Content of Resident Records - Each resident's record must include the following information:  
3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #3's record did not contain a photo dated within the last 2 years. The last dated photo in the record is dated

Plan of Correction

Accept ( ) - 04/07/2026

Immediate action: Date was placed on residents photo at time of on-site inspection (3/10/2026). Same photo was located in the MAR with date taken.

To prevent future violations: completed on 3/11/2026: For all new resident charts Administrator added to resident chart checklist the date photo taken of resident to ensure we are compliant with regulation 2600.252. Facility designee will do a resident chart audit monthly to ensure all required documentation is labeled correctly including resident photo dates of when photo was taken to ensure it is no more than 2 years old.

Administrator will oversee ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented ( ) - 04/17/2026