

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

April 21, 2026

[REDACTED] MEMBER
SAYRE PERSONAL CARE CENTER 2 LLC
201 KEEFER LANE
4th Floor
SAYRE, PA, 18840

RE: SAYRE PERSONAL CARE RESIDENCE
201 KEEFER LANE
SAYRE, PA, 18840
LICENSE/COC#: 23077

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/31/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SAYRE PERSONAL CARE RESIDENCE

License #: 23077

License Expiration: 02/07/2027

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: 201 KEEFER LANE, 4th Floor, SAYRE, PA, 18840

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: 48

Waking Staff: 36

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 03/31/2026

Inspection Dates and Department Representative

03/31/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 90

Residents Served: 48

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 48

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 1

Inspections / Reviews

03/31/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/25/2026

04/16/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/20/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/23/2026

Inspections / Reviews *(continued)*

04/20/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/20/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/27/2026

04/21/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/20/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. 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 on [REDACTED] and a Criminal History Check was not completed until [REDACTED]

Plan of Correction

Accept ([REDACTED]) - 04/20/2026)

Staff Person A's criminal history check was completed on [REDACTED] and is now in the employee file. All current employee files were immediately reviewed on 4/1/2026 and updated to ensure compliance. The Administrator and designated staff responsible for applying for background checks were educated on 4/3/2026 on the facility's hiring and clearance review process to ensure compliance. The Administrator implemented a hiring checklist on 4/3/2026 requiring verification of all required pre-employment clearances before any new employee is permitted to begin work. The Administrator or Designee will complete weekly audits of any new hires for 4 weeks starting on 4/6/2026 then monthly for 2 months to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented ([REDACTED]) - 04/21/2026)

81b - Resident Personal Equipment

2. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At 2:38 p.m., Resident 1 had a bed enabler that was held in place only by the weight of the mattress and was not securely fastened to the bed frame.

Plan of Correction

Accept ([REDACTED]) - 04/20/2026)

Immediate action: Resident 1 was assessed and found to be safe with no injury. The physician was notified on 3/31/26, and a new, properly fitting bed rail was ordered by the physician. In the meantime, safety measures such as a low bed, increased checks were put in place for the resident. All residents using enabler bars were assessed to ensure their rails were secured and safe on 3/31/2026.

All Direct Support Staff were educated on checking and ensuring bedrail enablers are securely fastened to the bed to ensure resident safety. Moving forward, bed rails will only be used after proper installation. The Maintenance staff or designee will install the new bed rails. The facility Administrator or designee will audit the bed rails weekly starting on 4/1/2026 for 4 weeks to ensure the bedrails are secure and safe, and staff will continue to monitor for proper use and safety and report any issues to the facility Administrator. These audits will continue monthly for 2 months to ensure on-going compliance.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented ([REDACTED]) - 04/21/2026)

132c - Fire Drill Records

3. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted on 11/8/2025 and 1/6/2026 does not identify if the drill was completed in the a.m. or p.m.

Plan of Correction

Accept (█) - 04/20/2026)

Immediate action: The fire drill records were reviewed and updated by the facility administrator to include all required elements, including specifying AM or PM.

Administrator and Maintenance were educated on 4/1/2026 completing fire drill documentation and have been educated on required documentation requirements for regulated fire drill records. On 4/1/2026 a review process has been implemented, and the Administrator or designee will review all fire drill records for completeness after each drill to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented (█) - 04/21/2026)

132e - Fire Drill Sleeping Hours**4. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 12/11/2025 at 1:55am. The previous sleeping hours fire drill was conducted on 4/17/2025 at 3:15am.

Plan of Correction

Accept (█) - 04/20/2026)

Immediate action: The facility acknowledges a fire drill during sleeping hours was not conducted within the required 6-month timeframe. The sleeping hour fire drill fire drill was completed on 04/01/2026 at 12:30AM to ensure compliance.

The Administrator has implemented a tracking system, including a calendar, to ensure sleeping hours fire drills are conducted at least every 6 months moving forward. On 4/2/2026 all staff have been educated on the requirement that a fire drill shall be held during sleeping hours every six months. The administrator designee will audit fire drills starting on 4/1/2026 for the next four months.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented (█) - 04/21/2026)

141a 1-10 Medical Evaluation Information**5. Requirements**

2600.

141a 1 10 Medical Evaluation Information (continued)

- 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. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident 2’s medical evaluation dated [REDACTED] was not signed by physician, physician’s assistant, or nurse practitioner.

Plan of Correction

Accept ([REDACTED] - 04/20/2026)

Immediate action: Resident 2’s medical evaluation was completed and signed by a physician on [REDACTED]. The signed copy has now been placed in the resident’s record. The incorrect (unsigned) document had been filed in error. All current residents files were audited on 4/1/2026 and the proper corrections were made.

To prevent recurrence, Starting on 4/2/2026 the facility maintains a tracking system by month identifying residents due for medical evaluations, and documents are only checked off once the completed and signed evaluation is received and placed in the resident’s chart. On 4/2/2026 he Administrator and the Director of Wellness were educated on the DME requirements and regulatory compliance. The Administrator or Designee will audit DME’s weekly starting on 4/6/2026 for 4 weeks then monthly for 2 months.

Licensee’s Proposed Overall Completion Date: 04/24/2026

Implemented ([REDACTED] - 04/21/2026)

181c - Self-administration Assessment

6. Requirements

2600.

181.c. The resident’s assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician’s assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident 3’s medication administration record date 11/20/25 indicates that the resident cannot self administer medications or store medications at bedside. At 2:47 p.m., the resident had a bottle of Equate Arnica Pain Relieving gel on their bedside table. The resident indicated that they were self administering the medication.

Plan of Correction

Accept ([REDACTED] - 04/20/2026)

Immediate action: Resident 3’s medication was removed from bedside immediately and secured per facility policy. Resident 3 was assessed for any adverse effects, none noted/documentated. Physicians and/or responsible parties (POA/family) were notified on 3/31/2026. The resident was evaluated on 3/31/26 by Physician and orders were given for Resident 3 to safely administer and store Equate Arnica Pain Relieving gel at bedside. Facility

181c Self administration Assessment (continued)

administrator and DOW reviewed all residents' rooms with their permission to identify any medications left at their bedside on 4/1/2026. On 4/2/2026 All med techs and the director of wellness were educated by the administrator that if any residents have medications at their bedside they are required a self administration assessment by a physician, physician's assistant or a CRNP. It was also reviewed with the following staff that if any medication is noted at bedside they are to notify the administrator immediately so the facility can ensure they have had the proper assessment. Starting on 4/6/2026 Administrator or designee will complete weekly audits for four weeks and then monthly for 2 months to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented (█) - 04/21/2026

183e - Storing Medications

7. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 3/31/2026 at 2:00pm, Resident 1's Medication Administration Record still contained Visine Eye Drops which were discontinued on 2/28/2026.

Plan of Correction

Accept (█) - 04/20/2026

Immediate action: Resident 1's discontinued Visine Eye Drops were immediately removed from the MAR On 3/31/2026 and medication storage areas were checked to ensure the discontinued medication was not present and properly disposed of.

Moving forward, all medication changes and discontinuations will be updated promptly, with routine MAR reviews and medication reconciliation to ensure accuracy by the director of wellness. On 4/1/2026 Administrator and Director of Wellness completed a full house audit to identify any medication on the MAR that needed to be discontinued and removed those medications from the medication carts. On 4/2/2026 all Med Tech's were re educated on proper MAR documentation, timely updates, and handling of discontinued medications. Ongoing monitoring starting on 4/6/2026 will include weekly audits x4 weeks and monthly audits x 2 months by the Administrator or Designee.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented (█) - 04/21/2026

184a - Resident's Meds Labeled

8. Requirements

2600.

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

Description of Violation

Resident 4's Calcium/Magnesium/Zinc multi vitamin does not include a pharmacy label indicating the prescribed dosage of one pill instead of the OTC directions of 2 pills.

Repeat violation: 4/16/2025.

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accept (█) - 04/20/2026

Immediate action: On 3/31/2026 a directions change sticker was placed on the OTC bottle of Calcium/Magnesium/Zinc Multi Vitamin for Resident 4's medication.

The MAR and physician orders were reviewed, and the resident was assessed with no adverse effects noted. On 4/1/2026 residents being administered OTC's were reviewed by the DOW and a proper sticker was placed on each OTC medication if needed. On 4/2/2026 the Director of Wellness and Med Tech Staff were educated on medication labeling requirements related to regulation 2600.184.a Starting on 4/6/2026 the Administrator or Designee will audit random OTC medications weekly for four weeks, then monthly for 2 months to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented (█) - 04/21/2026

227d - Support Plan Medical/Dental

9. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident 1 utilizes an enabler bar, the resident's annual assessment dated █ mentions the device, the specific need for the device, and its intended use. However, it did not identify the risks associated with its use: strangulation, suffocation, and entrapment.

Plan of Correction

Accept (█) - 04/20/2026

On 3/31/2026 Resident 1's support plan was immediately updated to include the risks associated with the use of the enabler bar, including strangulation, suffocation, and entrapment. The resident was assessed and found to be safe, and the physician notified on 3/31/2026, with consent reviewed. All residents with enabler bars support plans were reviewed on 4/1/2026 and updated if needed and the Administrator and Director of Wellness were educated on the requirements in the support plan for enabler bars to ensure risks, benefits, and intended use of devices are clearly documented, using a standardized process. The administrator or designee will complete audits weekly starting on 4/6/2026 for 4 weeks and then monthly for two months to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/24/2026

Implemented (█) - 04/21/2026