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

September 22, 2026

[redacted], MANAGER
ISLE SAYRE LLC
[redacted]

RE: SAYRE PERSONAL CARE CENTER
201 KEEFER LANE
SAYRE, PA, 18840
LICENSE/COC#: 23413

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/01/2026 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]sor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *SAYRE PERSONAL CARE CENTER* **License #**: *23413* **License Expiration**: *06/01/2027*

Address: *201 KEEFER LANE, SAYRE, PA 18840*

County: *BRADFORD* **Region**: *NORTHEAST*

Administrator

Name: *Kaylee Bartholomew* **Phone**: *(570) 888-2858* **Email**: *administrator@sayrepcc.com*

Legal Entity

Name: *ISLE SAYRE LLC*

Address: *29100 AURORA ROAD, SUITE 101, SOLON, OH, 44139*

Phone: *5708882858* **Email**: *GEORGE@ISLEHS.COM*

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**: *52* **Waking Staff**: *39*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *09/01/2026*

Inspection Dates and Department Representative

09/01/2026 - On-Site: Pamela Harris, David Sheaffer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* **Residents Served**: *52*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *51*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *1*

Inspections / Reviews

09/01/2026 Full

Lead Inspector: *Pamela Harris* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/25/2026*

09/18/2026 - POC Submission

Submitted By: *Kaylee Bartholomew* **Date Submitted**: *09/18/2026*

Reviewer: *Corey Pica* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/25/2026*

Inspections / Reviews *(continued)*

09/22/2026 Document Submission

Submitted By: *Kaylee Bartholomew* **Date Submitted**: *09/18/2026*

Reviewer: *Corey Pica* **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

A copy of the 2600 regulations was not posted in a conspicuous and public place in the Personal Care Home.

Plan of Correction ***Accept ([redacted] - 09/18/2026)***

On 9/1/26 the administrator was given a copy by DHS Licensing Representative of the Pennsylvania code book. Title 55. Public Welfare and placed it with the binder containing our current license inspection summary. This remains in a public and conspicuous place in the lobby. A copy of the full RCG book still remains in the lobby behind the front desk.
On 9/3/26 All department heads were educated on the importance and requirements. The administrator, Administrative Assistant, Director of Wellness and Activity Director.

On 9/7/26 the Administrator started an audit to ensure both copies remain as well as the copy of the current license inspection in a public and conspicuous place. The audit will continue weekly for 4 weeks and monthly for 2 months.

Licensee's Proposed Overall Completion Date: *09/25/2026*

Implemented ([redacted] - 09/18/2026)

57b - 1 Hour/Day

2. Requirements

2600.
57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 8/23/26, 8/29,26, and 8/30/26, the home had a census of 52 residents which requires at least 52 direct care hours be provided for the day. The home only provided 48 direct care hours on each of these days.

Plan of Correction ***Accept ([redacted] - 09/18/2026)***

On 9/2/26 the Administrator, Director of Wellness and Administrative assistant were educated on the staffing requirements and importance of checking census with the staffing hours scheduled. The current schedule was reviewed and updated to ensure adequate staffing to meet the current census needs.

The Administrative assistant will audit the upcoming week schedule in addition to and admissions and discharges to ensure staffing is kept at one hours of care per resident and at least 75% of personal care service hours be available during waking hours. The audit was begun on 9/7/26 for the upcoming 2-week scheduled and will be completed weekly for 4 weeks and monthly for 2 months.

Licensee's Proposed Overall Completion Date: *09/25/2026*

Implemented ([redacted] - 09/18/2026)

57d - Waking Hours

3. Requirements

2600.
57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 8/23/26, 8/29/26, and 8/30/26, the home had a census of 52 which requires at least 39 direct care hours be provided during waking hours. The home only provided 32 direct care hours during waking hours on each of these days.

Plan of Correction ***Accept ([redacted] - 09/18/2026)***

On 9/2/26 the Administrator, Director of Wellness and Administrative assistant were educated on the staffing requirements and importance of checking census with the staffing hours scheduled. The current schedule was immediately reviewed and updated to ensure adequate staffing to meet the current census needs.
The Administrative assistant or Administrator will audit the upcoming week schedule in addition to and admissions and discharges to ensure staffing is kept at one hours of care per resident and at least 75% of personal care service hours be available during waking hours. The audit was begun on 9/7/26 for the upcoming 2-week scheduled and will be completed weekly for 4 weeks and then monthly for 2 months.

Licensee's Proposed Overall Completion Date: *09/25/2026*

Implemented ([redacted] - 09/18/2026)

85d - Trash Receptacles

4. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 9:50 a.m., there was an uncovered, unattended garbage can that contained trash located in the second-floor kitchenette.

Plan of Correction ***Accept ([redacted] - 09/18/2026)***

On 9/1/26 the trash can was removed by direct care staff and replaced with a new trash can with attached lid. On 9/2/26 ALL staff were educated on the regulation that all trash cans in the kitchen and bathroom areas be kept in a covered trash receptacle that prevents the penetration of insects and rodents.
An audit will be completed by the administrator weekly for four weeks and then monthly for 2 months on all bathrooms and kitchens areas by the administrator starting on 9/7/2026 to ensure all trash is kept in a covered trash receptacle.

Licensee's Proposed Overall Completion Date: *09/25/2026*

Implemented ([redacted] - 09/18/2026)

103e - Left Overs

5. Requirements

2600.

103e Left Overs *(continued)*

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 4:02 p.m., a plastic storage bag of deli ham was observed in the walk in refrigerator unlabeled and undated.
At 4:02 p.m., approximately one pound of hamburger wrapped in plastic wrap and hot dogs wrapped in plastic wrap were observed in the walk in refrigerator undated.

Plan of Correction ***Accept ([redacted] - 09/18/2026)***

Kitchen staff disposed of the unlabeled and dated food products on 9/1/2026. On 9/2/2026 all staff were educated on the regulations that leftover foods, meaning prepared foods and beverages that were not served to the residents, must be labeled with the name of the foods and beverages as well as the date they were opened and expiration dates.
An audit will be conducted by the administrator once weekly for four weeks and then monthly for two months to ensure any leftovers are labeled and dated starting on 9/7/2026.

Licensee's Proposed Overall Completion Date: *09/25/2026*

Implemented ([redacted] - 09/18/2026)

103i - Outdated Food

6. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At 4:16 p.m., one dented #10 can of diced pears was found on the storage rack in the kitchen pantry.

Plan of Correction ***Accept ([redacted] - 09/18/2026)***

On 9/1/2026 The dented cans were discarded by the dietary aide.
On 9/2/26 the kitchen staff were reeducated on the importance of Dented cans not being used and being discarded immediately. The administrator will complete an audit once weekly starting on 9/7/2026 for four weeks and will audit all food stored and check for any open or dented cans and then monthly for 2 months

Licensee's Proposed Overall Completion Date: *09/25/2026*

Implemented ([redacted] - 09/18/2026)

133.1 - Exit Signs

7. Requirements

2600.
133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word ''EXIT'' in plain legible letters shall be placed at all exits.

Description of Violation

At 9:10 a.m., the exit sign over the exit door in the activities room was covered and not visible. The home currently serves 52 residents.

133.1 - Exit Signs *(continued)*

Plan of Correction ***Accept (- 09/18/2026)***

On 9/1/26 All exit signs were immediately checked and uncovered by Maintenance staff and administrator. On 9/2/26 All staff, Administrator and Maintenance were educated regulation 2600.133.1. On 9/7/26 the Administrator or designated person will complete an audit to ensure all exit signs/ exits in the facility are visible and bearing the word EXIT in plain legible letters.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented (- 09/18/2026)

141b1 - Annual Medical Evaluation

8. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation dated [redacted] does not include the Medical Professional's License Number.

Plan of Correction ***Accept (- 09/18/2026)***

On 9/2/26 the Administrator called the residents PCP office. The medical doctor who completed the resident's medical evaluation provided his license number and it was immediately updated. On 9/7/26 the Administrator, Director of Wellness and Administrative assistant were educated on the requirements of the required medical evaluations. On 9/14/26 the administrator started a weekly audit that will be completed weekly for 4 weeks and then monthly for 2 months to review all annual medical evaluations that have been completed the week prior as well as any new residents.

Licensee's Proposed Overall Completion Date: *09/25/2026*

Implemented (- 09/18/2026)

182c - Medication Administration

9. Requirements

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

Resident #2 stated that staff routinely place a plastic disposable cup containing the resident's medications on their nightstand and walk away without watching that the medication was ingested. The resident's most recent medical evaluation dated [redacted] documents that the resident cannot self-administer their own medications.
At 11:30 a.m., Staff person A completed a medication pass to resident #3. Staff person A put the medication in a cup in the medication room on the first floor and carried the medication into the elevator and then arrived at the resident's room on the second floor. Staff person A did not move the medication cart to the vicinity of the resident's room.

Plan of Correction ***Accept (- 09/18/2026)***

On 9/2/26 an education to all Medication techs was provided to re-educated on the importance of proper Medication administration, documentation and reducing the risk of medication errors. Starting on 9/15/2026 the Administrator and/or Director of wellness will conduct a weekly audit to evaluate a medication pass by one of the Medication techs to ensure they are properly documenting and administering medications. The audit will be completed weekly for 4

182c - Medication Administration (continued)

weeks and then monthly for 2 months.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented ([redacted] - 09/18/2026)

183b - Meds and Syringes Locked

10. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 9:00 a.m., a bottle of Acidophilus-Pectin capsules was unlocked, unattended, and accessible at the pass-through service counter area at the first-floor medication room.

Plan of Correction ***Accept ([redacted] - 09/18/2026)***

The resident's medication bottle was left on the top of the cart during the inspection. It was immediately removed by the PCA and disposed of properly. On 9/2/26 all staff were educated on the proper storage, disposal and security of medications. An audit will be completed weekly for 4 weeks and then monthly for 2 months to observe the medication carts and medication preparation area. The audit will start on 9/14/26 and be completed by the administrator or Director of Wellness.

Licensee's Proposed Overall Completion Date: *09/28/2026*

Implemented ([redacted] - 09/18/2026)

183e - Storing Medications

11. 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

At 4:05 p.m., resident #4's Lispro insulin pen was in the medication cart. The pen was opened on 7/13/26. According to the manufacturer's instructions the pen expires in 28 days.

Plan of Correction ***Accept ([redacted] - 09/18/2026)***

On 9/1/26 Resident #4's insulin pen was disposed of, and new Lispro Insulin pen was added by the DOW. On 9/7/26 the DOW provided Medication staff with a Medication Expiration after opening education and quick reference guide. The Director of Wellness will begin weekly audits of the medication carts for 4 weeks starting on 9/15/26 and then monthly for 2 months. The audit will include checking for proper storage of medications as well as open and expiration dates.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented ([redacted] - 09/18/2026)

184b - Labeling OTC/CAM

12. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

At 4:05 p.m., a bottle of iron 65mg, vitamin c 500mg, and B12 1000mcg belonging to resident #6 was in the medication cart and was not labeled with the resident's name.
At 4:05p.m., a bottle of Daytime cold and flu, nighttime cold and flu, and stomach relief belonging to resident #7 was in the medication cart and was not labeled with the resident's name.
At 4:05p.m., a bottle of stool softener 100mg, align probiotic, glucosamine 1500mg, Gaviscon antacid belonging to resident #1 was in the medication cart and was not labeled with the resident's name.
At 4:05p.m., a bottle of D3 25mg belonging to resident #3 was in the medication cart and was not labeled with the resident's name.

Plan of Correction ***Accept ([redacted] - 09/18/2026)***

On 9/1/26 the Director of Wellness and Medication tech staff reviewed all OTC medications and CAM located in the medication carts. All were labeled with the resident's name and open and expiration dates were checked. On 9/7/26 Medication Technician staff were educated on the process of labeling and dating OTC medications. The Director of Wellness will complete an audit weekly staring on 9/14/2026 for 4 weeks and then monthly for 2 months.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented ([redacted] - 09/18/2026)

187a - Medication Record

13. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
8. Frequency of administration.

Description of Violation

Resident #5' has an order for Pantoprazole to take one tablet by mouth every 12 hours. However, the medication administration record incorrectly indicates to take it one time daily.

Plan of Correction ***Accept ([redacted] - 09/18/2026)***

On 9/2/26 the Administrator reported the medication error to DHS as well as the Residents prescriber was notified. The MAR was updated on 9/1/26 to reflect the correct providers orders. On 9/7/26 the Medication Technician staff were educated on the verifying medication orders and the MAR match for medication name, strength, dose, route, frequency, and time . The Administrator and/or Director of Wellness will audit resident medication orders against the MAR weekly for 4 weeks beginning on 9/14/26 and then monthly for 2 months.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented ([redacted] - 09/18/2026)

187d - Follow Prescriber's Orders

14. Requirements

2600.

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

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

Description of Violation

Resident #8 is prescribed magnesium 240mg tablet take 1 tablet by mouth every day. On 8/31/26, resident #8 only received 125mg.
Resident #8 is prescribed Allegra/allergy 10 mg tablet 1 time every day. However, the resident is administered Claritin 10mg tablet 1 time every day.

Plan of Correction ***Accept ([redacted] - 09/18/2026)***

On 9/1/26 the Director of Wellness reviewed Resident #8's medication orders and medications available. The identified discrepancies were corrected, reported to the resident's provider as well as DHS on 9/2/26. On 9/2/26 the DOW received new orders for Resident #8's Magnesium by the provider. The MAR was immediately updated to reflect the new orders. On 9/7/26 Med Tech staff were educated on verifying medications against provider orders to prevent medication errors. A combined audit will be completed by the DOW, administrator or designated staff on the regulation 2600.87(a) and 2600.87(d). weekly for 4 weeks beginning on 9/14/26 and then monthly for 2 months. Any discrepancies identified will be corrected and reported immediately.

Licensee's Proposed Overall Completion Date: *09/21/2026*

Implemented ([redacted] - 09/18/2026)

225c - Additional Assessment

15. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #9's most recent Resident Assessment and Support Plan (RASP) dated [redacted] does not document the residents use of bed rails on the sides of their bed, indicate any risks associated with the device, the Resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Repeated Violation: 8/4/26.

Plan of Correction ***Accept ([redacted] - 09/18/2026)***

On 9/2/26 Director of wellness updated the residents RASP to document the resident's use of bed rails, risk associated, the resident's ability to safely use the device and for its intended purpose. The DOW reviewed all residents utilizing bed rails/ bed enablers to ensure their current RASP reflected the use and assessment of the device. On 9/7/26 the Director of Wellness was educated on the requirements of updating a RASP if a resident receives a new order for or when there is a significant change requiring an additional assessment. The Director of Wellness will complete an audit on all residents with enabler bars/ bed rails starting on 9/7/26 for 4 weeks and then monthly for 2 months. During each audit, any resident with new orders will be added to the audit and reviewed to ensure the RASP has been updated.

Licensee's Proposed Overall Completion Date: *09/28/2026*

Implemented ([redacted] - 09/18/2026)