



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 30, 2015

Mr. Christopher Bailey
Vice President of Operations
Loyalhanna Health Center Associates
543 McFarland Road
Latrobe, Pennsylvania 15650

RE: Loyalhanna Care Center
446590

Dear Mr. Bailey

As a result of the Department of Human Services' licensing inspection on July 29, 2015, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Susie Pollock" with a checkmark at the end.

Susie Pollock
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES		License Number: 44659
Address: 543 MCFARLAND ROAD, LATROBE, PA 15650		County: Westmoreland
Administrator: Cynthia Lilly		Region: WEST
Legal Entity Name: LOYALHANNA HEALTH CARE ASSOCIATES		
Legal Entity Address: 543 MCFARLAND ROAD, LATROBE, PA 15650		RECEIVED
Certificate(s) of Occupancy I-2 11/30/2014 Derry Township-Westmore-Co		OCT 02 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/29/2015: Hultquist, Cliff; Breuer, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 84 Number of Residents Served: 16 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 16 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 0	

Violation Report: 44659 - 07/29/2015 - Hultquist, Cliff
 PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

OCT 09 2015

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 0[REDACTED]15, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediate correction

A copy of the high school GED has been received and placed in the employee's file (hired on [REDACTED] 15)
 Copy of the document is included with this report.

Ongoing compliance

Each potential employee will be required to supply a copy of their high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry in order to complete the new hire process.

Effective, Monday September 28, 2015 the requirement for this document has now been added to the New Employee Orientation Checklist to ensure compliance.

A copy of the document, amended by the Personal Care Director, is included with this report.

The Administrative Assistant or designee will do quarterly audits of the employee files to ensure compliance. The first was completed 9.28.15.

Department Managers with hiring responsibility have been inservice on the need to have proper documentation of a high school diploma, GED diploma, or active registry on the Pennsylvania nurse aide registry.

Documentation of the inservice is included with this report

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cynthia K. Lilly*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) CYNTHIA K. LILLY, ADMINISTRATOR Date 9-30-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-20-15
 (Date)

The above plan of correction was approved by SMP
 (Initials)

Plan of correction implementation status as of 10-20-15
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *SMP*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44659 - 07/29/2015 - Hultquist, Cliff
PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

OCT 02 2015

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was an unsealed bag of chicken breast patties in the main kitchens walk-in freezer.

There was an unsealed bag containing 16, 9 inch pizza crust in the main kitchens walk-in freezer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 55 Pa. Code 2600.103(g)
Food shall be stored in closed or sealed containers

Correction:

The unsealed bag of chicken breasts and unsealed bag on pizza crusts were removed on 7.29.2015 after being identified in the survey.

Ongoing Compliance:

The kitchen staff was inserviced by the Administrator 9.23-9.25.15 on the need to stored all food in closed and sealed containers.

Documentation of this inservice is included.

To insure ongoing compliance random audits will take place according to the following schedule:

- 3 times a week for 2 weeks
- 2 times a week for 2 weeks
- 1 time a week for 2 weeks
- 1 time a month- ongoing

These audits will begin the week of 9.28.15.

The responsible party will be the Food Service Director or designee.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Cynthia K. Lilly*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) CYNTHIA K. LILLY ADMINISTRATOR Date 9.29.15

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Violation Report: 44659 - 07/29/2015 - Hultquist, Cliff
PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 5; however, an assessment was not completed until [redacted] 15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 55 PA. code 2600.225(a)

A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Correction:

The electric version of the initial assessment for resident #1 was completed [redacted] 15 while the resident moved in on [redacted] 15.

Ongoing Compliance:

The community will remain compliant with the Personal Care Policy- Initial and Annual Assessment which complies with the state requirements for completion of the initial assessment.

A copy of this document is included in this report.

An audit of all resident charts was completed by the Wellness Director on 9.28.15 and all are in compliance.

Quarterly audits by the Wellness Director or designee will insure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cynthia K. Lilly

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

CYNTHIA K. LILLY, ADMINISTRATOR

Date 9-30-15

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(Date)

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(Initials)

OCT 02 2015

Violation Report: 44659 - 07/29/2015 - Hultquist, Cliff
PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #2 participated in the development of their support plan, dated 06/24/15; however, the resident did not sign the support plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 55 Pa. Code 2600.227(g)

Individuals who participate in the development of the support plan shall sign and date the support plan.

Correction:

The support plan of Resident #2 was re-reviewed with her on 8.18.15 and her signature obtained on the RASP.

A copy of the signature page is included in this report.

Ongoing Compliance:

The community will remain compliant with the Loyalhanna policy titled Development of the Support Plan.

That policy states "if the resident or designated person is unable or unwilling to sign the support plan, a notation of inability or refusal to sign shall be documented".

The Wellness Director and Administrator have discussed and reviewed the policy.

The Wellness Director or designee will complete quarterly audits of the RASP to insure compliance with signing. The first audit was completed on 9.28.2015 and all charts are in compliance.

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Printed Name and Title of Legal Entity Representative
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