



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 02 2016

Ms. Cynthia K. Lilly, Personal Care Administrator
Loyalhanna Health Care Associates
543 McFarland Road
Latrobe, Pennsylvania 15650

RE: Loyalhanna Health Care Associates
License #: 446590

Dear Ms. Lilly:

As a result of the Department of Human Services' annual licensing inspection on January 14, 2016 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, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License 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: Cindy Lilly		Region: WEST
Legal Entity Name: Loyal Hanna Health Care Associates		
Legal Entity Address: 543 McFarland Rd, Latrobe, PA 15650		
Certificate(s) of Occupancy I-2 11/30/2014 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 32 Waking Staff: 24		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/14/2016: Rosenblat, Dale; Gillespie, Denise		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>APR 18 2016</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 84 Number of Residents Served: 32 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: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 32 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 44659 - 01/14/2016 - Rosenblat, Dale
 PCH Name: Loyalhanna Health Care Associates

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 The fire drill record for the drills conducted from 8/01/2015 through 12/28/2015 does not include the correct number of residents evacuated.

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.

SEE ATTACHED Page 2A of 6 - ee

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, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CYNTHIA K. LILLY, ADMIN</i>	Date <i>1.8.16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-26-16</u> (Date) The above plan of correction was approved by <u>ee</u> (Initials)	Plan of correction implementation status as of <u>5-26-16</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Page 2A of 6

Plan of Correction
Loyalhanna Senior Suites and Personal Care
4/8/2016

Regulation 2600.132 (c)

The fire drill record for the drills conducted from 8/01/2015 through 12/28/2015 does not include the correct number of residents.

BE

Immediate Compliance:

Beginning with the 2.29.16 fire drill, the state required fire drill record form was completed correctly so as to reflect all the residents that were evacuated or already in a safe zone. Copy included.

Ongoing Compliance:

With education provided by the surveyor we now have an understanding of the correction manner in which to complete the form. This was provided the date of the survey, 1.14.16.

The required state form is being used each month and the number of evacuated residents is accurately reflected in the totals.

The Maintenance Director is now completing the form correctly and to insure continued compliance, the two required state forms are being reviewed by the Administrator after each monthly drill and signed off on. (Copies included)

Violation Report: 44659 - 01/14/2016 - Rosenblat, Dale
 PCH Name: Loyahanna Health Care Associates

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #2, has a prescription for Humalog, that does not have an opening date on the medication. Humalog is only to be stored for 28 days.

Resident #3, has a prescription for Levemir inj Flextouch that does not have an opening date on the medication.

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.

SEE ATTACHED Page 3A of 6 - BE

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 ADMIN* Date *4.8.16*

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 (Date)

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

Plan of correction implementation status as of 5-26-16
 (Date)

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

Plan of Correction
Loyalhanna Senior Suites and Personal Care
April 8, 2016

Regulation 2600.183 (e)

Resident #2, has a prescription of Humalog, that does not have an opening date on the medication. Humalog is only to be stored for 28 days.

Resident #3, has a prescription for Levemir inj Flextouch that does not an opening date on the medication.

Immediate Compliance:

The medications for Resident 2 and Resident 3 were labeled with the date of their opening on 1.14.16. Pictures of the current Humalog medications for Resident 2 and the INJ Flexxtouc for Resident #3 are included.

Ongoing Compliance:

The Wellness Director has posted a note on each med cart to remind staff of this requirement. (picture included) effective 1.15.16.

Staff was reeducated by the Wellness Director on the need for all medications to be properly labeled with the residents name and the date the medication was opened during the Caregiver Staff Meeting held 2.19.16.

At the facility's request Diamond Pharmacy conducted a special med cart audit to insure compliance for all residents on 3.8.16.

A complete internal audit of all resident charts to insure compliance was completed by the Senior Med Tech the week of February 22 through February 26th, 2016.

Internal audits of resident charts to insure ongoing compliance will continue quarterly with the next to be conducted in the second quarter of 2016.

JE

Violation Report: 44659 - 01/14/2016 - Rosenblat, Dale
 PCH Name: Loyahanna Health Care Associates

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 On 1/14/2016, Resident #1 's Melatonin, located in the medication cart, was not labeled with the resident's name.

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.

SEE ATTACHED Page 4A of 6. - ee

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Stephanie Kelly, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) STEPHANIE K. LILLY, ADMIN	Date 4.8.16
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Plan of Correction
Loyalhanna Senior Suites and Personal Care
April 8, 2016

BE

Regulation 2600.184 (b)

On 1/14/16, Resident #1's Melatonin, located in the medication cart was not labeled with the resident's name.

Immediate Compliance:

Resident # 1's Melatonin was labeled with [redacted] name on 1.14.16. This medication has been discontinued for the resident so a picture of a labeled current medication is included.

Ongoing Compliance

The Wellness Director posted a note on each med cart to remind staff of this requirement to label each medication with the residents name effective 1.15.16. (Picture included)

Staff was reeducated by the Wellness Director on the need for all medications to be properly labeled with the residents name and the date the medication was opened during the Caregiver Staff Meeting held 2.19.16. Staff meeting sign in sheet included.

At the facility's request Diamond Pharmacy conducted a special med cart audit to insure compliance for all residents with this regulation on 3.8.16.

A complete internal audit of all resident charts was completed by the Senior Med Tech the week of February 22 through February 26th, 2016 to insure compliance.

Internal audits of resident charts to insure ongoing compliance will continue quarterly with the next to be conducted in the second quarter of 2016.

Violation Report: 44659 - 01/14/2016 - Rosenblat, Dale
 PCH Name: Loyalhanna Health Care Associates

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 #5's support plan, dated 11/25/2015, was not signed by the resident or a representative of the home.

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.

SEE ATTACHED Page 6A of 6. -be

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/29/2015
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cynthia K. Lilly, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CYNTHIA K. LILLY</i>	Date <i>4.8.16</i>
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Plan of correction implementation status as of 5-26-16
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Plan of Correction

Loyalhanna Senior Suites and Personal Care
April 8, 2016

JE

Regulation 2600.227 (g)

Resident's support plan, dated 11/25/15, was not signed by the resident or a representative of the home.

Immediate Compliance:

The resident's [REDACTED] who handles the resident's affairs, signed the Resident Assessment Support Plan on 1.15.16 on behalf of the resident. (Copy attached)

The Wellness Director signed the resident's support plan on 11/23/15 - JE

Ongoing Compliance

A complete internal audit of all resident charts was conducted by the Senior Med Tech the week of February 22 through February 26th, 2016 . Included in the audit was a review of each resident's RASP to insure completion and signage.

Internal audits of resident charts to insure ongoing compliance will continue quarterly with the next to be conducted in the second quarter of 2016.