



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: February 29, 2016**

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

RE: Loyalhanna Health Care Associates  
Certificate #: 446590

Dear Ms. Lilly:

As a result of the Department of Human Services' licensing inspections on February 3, 2016 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

The violation 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 "Brett Swanger", written over a light grey background.

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 44659 - 02/03/2016 - Bomberger, Cybil  
 PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, whose first day of work was [REDACTED] 16, did not receive orientation in general fire safety and emergency preparedness that includes evacuation procedures, staff duties during fire drills and emergency evacuation, designated meeting place in the event of a fire, smoking policy, the location and use of fire extinguishers and telephone use and notification of emergency services until 1/19/16.

**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 4

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 *2.19.16*

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

The above plan of correction is approved as of 2/25/16  
 (Date)

The above plan of correction was approved by *BRS*  
 (Initials)

Plan of correction implementation status as of 2/25/16  
 (Date)

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

Plan of Correction  
Loyalhanna Senior Suites and Personal Care  
Latrobe, PA 15701

**Regulation 55Pa. Code 2600.65a**

Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:.....

**Immediate Compliance:**

The staff member cited was trained in the requirements indicated in the regulation on 1.19.2016.

**Ongoing Compliance:**

The Administrator held an inservice on the regulation with all department heads and administrative staff having hiring and orientation responsibilities on 2.18.2016. Documentation with signatures is included.

The orientation check list kept in each employees file was revised by the Administrator on 2.18.16 to reflection the mandatory first day orientation items. Copy is attached.

Quarterly audits of employee charts should insure continued compliance and eliminate a repeat violation.

*Che*

Violation Report: 44659 - 02/03/2016 - Bomberger, Cybil  
 PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 2/3/16 glucometer readings for residents # 1 and # 2 were reviewed. Staff are not following the sanitary practice of using the resident specific glucometers to test blood sugar levels for the individual resident.  
 The glucometer for resident # 1 was used to test the blood sugar level of resident # 2 on 1/31/16, 2/1/16, and 2/2/16.  
 The glucometer for resident # 2 was used to test the blood sugar level of resident # 1 on 1/29/16, 1/30/16/ 1/31/16 and 2/2/16.

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.

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Page 3A of 4

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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 2-19-16
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 (Date)

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

Plan of correction implementation status as of 2/25/16  
 (Date)

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**Regulation 55 Pa. Code 2600.85 (a)**

**Sanitary condition shall be maintained.**

**Immediate Correction Made:**

**All Glucometers were collected, cleaned and marked with individual resident names using permanent paint.**

**All glucometers are now stored in the locked med cart on the resident's respective floor.**

**The PCP of Resident 1 was notified via fax (2.26.16) of the possible incorrect reading of his patient's blood sugar level on or about 2.3.2016. A progress note was also added to the resident's chart regarding same.**

**The PCP of Resident 2 was notified via phone call (2.26.2016) of the possible incorrect reading of his patient's blood sugar level on or about 2.3.2016. A progress note was also added to the resident's chart regarding same.**

**Ongoing Compliance:**

**Six Med Techs received specialized diabetes training on 2.4.16 and received their Certificates of Completion. The class was conducted by a Certified Diabetes Educator. Copies are attached.**

**All new residents requiring glucose checks will be assigned their own personal glucometer upon move in and it will be marked with their name and stored in a locked med cart.**

**Quarterly DM training will be offered to all Med Techs- either as a refresher course or to receive initial certification.**

Violation Report: 44659 - 02/03/2016 - Bomberger, Cybil  
PCF Name: LOYALHANNA HEALTH CARE ASSOCIATES

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1 dated 9/9/15, does not include the date of evaluation and date form completed on the top of the form, the height, weight, pulse, immunization history, medications, body positioning and the medical professional printed name and license number.

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

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Page 4a of 4

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, ADMIN

Date 2.19.16

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**Regulation 55 Pa. Code 2600.141(a)(2)**

The medical evaluation must include the following: (1) through (10)

**Immediate Correction:**

The completed DME for Resident 1 is attached and was properly filled in by the resident's physician.

**Ongoing Compliance:**

A paper review of all resident charts will be completed by 3.1.2016.

The new audit tool, created by the Administrator, will be utilized for this review and future audits. A copy of this tool is attached.

The audit is being completed by the Administrator, Wellness Director, Marketing Liaison and Lead Med Tech. The audit tool was reviewed with them at length prior to the start of the project.

On going quarterly audits of the charts to insure proper content of the resident records will begin in July, 2016.

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