



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 30 2018

Ms. Tammy Long
PCHA
Loyalhanna Health Center Associates
543 McFarland Road
Latrobe, Pennsylvania 15650

RE: Loyalhanna Health Care Associates
Certificate #: 446590

Dear Ms. Long:


As a result of the Department of Human Services' Licensing annual licensing inspection on January 17, 2018 and January 18, 2018 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,


Jacqueline L. Rowe
Director

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: TAMMY LONG		Region: WEST
Legal Entity Name: LOYALHANNA HEALTH CARE ASSOCIATES		
Legal Entity Address: 543 MCFARLAND ROAD, LATROBE, PA 15650		RECEIVED
Certificate(s) of Occupancy 1-2 11/30/2014 Derry Township		APR 16 2018 WEST REGIONAL OFFICE HUMAN SERVICES DIVISION
Staffing Hours Resident Support: 0		Total Daily Staff: 63 Waking Staff: 47
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/17/2018: Cutter, Jan; Roser, Ashley 01/18/2018: Cutter, Jan; Roser, Ashley		
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: 53 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: 2 Number of Hospice Residents In past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 10 Have a Physical Disability: 2	

APR 19 2018

WEST VIRGINIA UNIVERSITY
HEALTH CARE ASSOCIATES

Violation Report: 44659 - 01/17/2018 - Cutler, Jan
PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

1. REGULATION 65 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 1/17/2018 at 10:25 a.m., the unlocked and unattended black metal filing cabinet, under the desk of the 4th floor nursing station, contained task sheets of personal care needs for all residents on the 4th floor.

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 page 2^a of 7

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/06/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Janine Long PCHA* Date *4-10-18*

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

The above plan of correction is approved as of <u>4/19/18</u> (Date)	Plan of correction implementation status as of <u>4/19/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>pc.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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APR 10 2018

WEST VIRGINIA STATE OFFICE
Human Services Licensing

2600.17

POC:

- Unlocked file cabinet that contained ADL flow sheets including 4th floor residents was moved behind locked doors during survey on 1/17/18.
- File cabinet to remain behind locked door.
- Direct care staff to be educated by Director of Wellness regarding regulation 2600.17 including resident records shall be confidential, and, except in emergencies, may be accessible to anyone other than the resident. (see attached) A
- During rounds random checks will be conducted weekly by Wellness Nurse to insure that resident's records are kept confidential. (see attached) B

Documentation of checks shall be kept.

gu. 4/19/18

J 4-10-18

Violation Report: 44659 - 01/17/2018 - Culter, Jan
PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

WEST VIRGINIA FIELD OFFICE
1000 1st Street, Charleston, WV 25301

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A, hired 2/20/2015, did not have a criminal background check completed until 8/10/2017.

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 page 3^a of 7

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Tammie Long PCHA Date 4-10-18

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The above plan of correction is approved as of 4/19/18
(Date)

Plan of correction implementation status as of 4/19/18
(Date)

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

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

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APR 19 2018

WEST VIRGINIA POLICE OFFICE
MUNICIPAL POLICE OFFICE

2600.51 2600.52

POC:

- Audit of current staff to assure criminal history checks are in accordance with the Older Adult Protective Services Act. (see attached) C
- The administrator or designated staff person will monitor all new staff documentation to assure all required criminal history checks have been completed within the required timeframe, accordance with the Older Adult Protective Services Act. (see attached) D

Within 5 days of receipt of the plan of correction: a designated staff person will audit staff records to ensure each staff person has a PA State Police criminal history background check completed and documented in the staff person's record. *pu.*
4/19/18

8-4-10-18

Violation Report: 44059 - 01/17/2018 - Cutler, Jan
PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

WEST HAVENFIELD OFFICE
10000 ...

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
On 1/17/2018, at 12:30 p.m., the hot water temperature at the kitchenette sink in bedroom #413 measured 124.4 degrees Fahrenheit.

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 page 4^g of 7

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Annmarie Long PCHA* Date *4-10-18*

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(Date)

Plan of correction implementation status as of 4/19/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *PL*
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- Not Implemented

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(Initials)

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APR 10 2018

WEST PASCAGO FIELD OFFICE
Blacksburg Service Learning

2600.89 (b)

POC:

- During survey on 1/17/18 the hot water temperature in bedroom # 413 was adjusted so that it does not exceed 120 F.
- Maintenance to check water temperature in three bedrooms weekly on the 2nd, 3rd, 4th floor, and will be recorded on water temperature testing sheet, at any time if water exceeds 120 F, water will be adjusted, re-checked and documented on temperature testing sheet. (see attached)

res.
4/10/18

JH-10-18

Violation Report: 44659 - 01/17/2018 - Cutler, Jan
PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

FOOD SAFETY INSPECTION SERVICE
REGULATORY SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home had a safe evacuation time of 6 minutes designated by a fire safety expert on 11/9/2016. However, the fire drill conducted on 10/13/2017 at 12:00 PM took 9 minutes to complete.

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 page 5^a of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date

4-10-18

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4/19/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *pu.*

Partially Implemented - Inadequate Progress

Not Implemented

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pu.
(Initials)

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APR 10 2018

WEST VIRGINIA BLDG OFFICE
Human Services Licensing

2600.132 (d)

- Fire drill completed on 10/31/17 had safe evacuation time of 4 minutes-35 seconds (see attached) *F*
- The administrator will review and initial the completed fire drill form within 48 hours of each fire drill to insure continued compliance.
- On 11/2/17 Fire Safety Expert completed fire safety training (see attached) *G*

The fire drills held on 11/2/17 + 12/29/17 were completed within the designated safe evacuation time. *per 4/19/18*

4-10-18

APR 19 2018

Violation Report: 44659 - 01/17/2018 - Cutler, Jan
PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

DEPARTMENT OF HEALTH SERVICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation, dated 6/8/2017, did not include height, weight, pulse rate, blood pressure or temperature. These sections of the form were blank.

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 page 6^a of 7

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/06/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Tammie King RCHA

Date

4-10-18

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pe
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WEST VIRGINIA STATE OFFICE
Human Services Licensing

2600.141 (b) (2)

POC:

- Medical evaluation for resident # two was updated during survey. (see attached) H
- Audit of current resident's medical evaluation to assure completed 2/1/18. (see attached) y
- Director of Wellness will be responsible for collecting initial, annual and significant change (s) medical evaluations, checking for accuracy prior to placing in resident's medical charts. A copy will also be given to administrator for final compliance review.

JK
4/9/17

84-10-18

Violation Report: 44659 - 01/17/2018 - Culter, Jan
PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

WEST VIRGINIA FIELD OFFICE
Human Services Division

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's Systane eye drops were labeled as opened on 8/27/2017 and his/her Refresh eye drops were labeled as opened on 11/7/2017. However, according to manufacturer's directions, both of these eye drops are to be discarded 28 days after opening.

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 page 7^e of 7

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Timmy Long PCHA

Date

4-10-18

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4/19/18
(Date)

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4/19/18
(Date)

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pu
(Initials)

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WEST REGION FIELD OFFICE
Human Services Licensing

2600.183 (e)

POC:

- Resident self-administers [REDACTED] eye drops. (see attached) J
- Eye drops were discarded on 1/18/17, new eye drops opened and dated.
- Resident educated on discarding eye drops 28 days of opening them. (see attached) K

W.
4/10/17

J 4-10-18