



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 08 2019

Mr. Gregory S. Gramm
Administrator
Loyalhanna Health Center Associates
543 McFarland Road
Latrobe, Pennsylvania 15650

RE: Loyalhanna Health Care Associates
Certificate #: 446590

Dear Mr. Gramm:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 11, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 44659 - 01/11/2019 - Graziano, Belinda
 PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

At 11:00 a.m., the metal plate on the fireplace in the home's dining room measured 150 degrees Fahrenheit and there were no protective guards in place to prevent residents from coming in contact with the fireplace.

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.

1. A protective cover has been applied to the fireplace screen in order to prevent residents from coming into contact with heat source.
2. See attached photo.
3. Date of Compliance: 3/25/2019

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Gregory S. Creamer ADMINISTRATOR</i>	Date <i>3/29/19</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>4/17/19</u> (Date)	Plan of correction implementation status as of <u>4/17/19</u> (Date)
The above plan of correction was approved by <u><i>JW</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44659 - 01/11/2019 - Graziano, Belinda
 PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

A fire safety inspection and observed drill was conducted on 11/02/17; however, another inspection and observed drill was not conducted until 12/04/18.

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.

1. A fire safety inspection and fire drill will be scheduled by fire safety expert, Tom Bonura, prior to 12/3/2019 (Last inspection dated 12/4/2018).
2. Documentation of said inspection and fire drill will be kept.
3. Date of Compliance: no later than 12/3/2019

Within 30 days of receipt of the plan of correction: The administrator or designee will develop and implement a tracking system to ensure a fire safety inspection and fire drill are completed by a fire safety expert annually.

JW 4/17/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

*Gregory S. Graziano
 ADMINISTRATOR*

Date

3/29/19

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 (Date)

Plan of correction implementation status as of 4/17/19
 (Date)

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

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

Violation Report: 44659 - 01/11/2019 - Graziano, Belinda
 PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

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

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 07/24/18, indicates "see attached" for the medications; however, nothing is attached.

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.

1. Audit to be completed on every resident to verify that annual medical evaluation was completed in the last 12 months.
2. Audit completed monthly ongoing by Wellness Director to ensure that all residents are notified one month prior to need of annual medical evaluation.
3. Inservice to nursing staff regarding Regulation 55 Pa.Code 2600.141(b)(1) for medical evaluation at least annually.
4. Date of Compliance: 4/15/2019

Resident #1's medication list was attached to the medication evaluation.

JW 4/17/19

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/17/2018

Signature of Legal Entity Representative
 (Required on EVERY Page)

Gregory S. Graham

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

Gregory S. Graham
 ADMINISTRATOR

Date 3/29/19

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Violation Report: 44659 - 01/11/2019 - Graziano, Belinda
 PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

1. REGULATION 55 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

At 11:00 a.m., 6 pills prescribed for resident #2 were in a clear plastic cup in the resident's room for self-administration. The home's staff indicated that this medication was placed there at approximately 7:00 a.m. and not scheduled for administration until 11:00 a.m.

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.

monthly

1. Inservice provided to all staff tasked with medication administration. Review of policy and procedure for medication administration as well as Regulation 55 Pa.Code 2600.183(a)(1).
2. Ongoing random audits to be conducted by Wellness Director to ensure that OTC medications and CAM shall be kept in their original labeled containers and not removed more than 2 hours in advance of the scheduled administration.
3. Date of Compliance: 4/15/2019 with audits ongoing

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

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Violation Report: 44659 - 01/11/2019 - Graziano, Belinda
 PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

At 10:55 a.m., Triamcinolone 0.1% cream and Equate athlete's foot cream were unlocked and accessible on resident #2's bathroom shelf.

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.

1. Audit completed to ensure that all prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked.
2. Inservice provided to residents that are self medicating as well as med techs and LPNs regarding storage of medications.
3. Wellness Director to ensure that medications are stored correctly per Pa. Code 2600.183(b).
4. Date of Compliance: 4/15/2019

Immediately and at least monthly thereafter: A designated staff person will check resident rooms to ensure medications are kept in an area or container that is locked. *JW* 4/17/19

Repeat Violation: No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative *Gregory S. Graham*
 (Required on EVERY Page) *ADMINISTRATOR* Date *3/29/19*

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Violation Report: 44659 - 01/11/2019 - Graziano, Belinda
 PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #3's glucometer was not calibrated to the correct date and time. On 1/11/19 at 3:28 p.m., the glucometer indicated a date of 1/10/19 and a time of 1:53 p.m.
 Resident #4's glucometer was not calibrated to the correct time. On 1/11/19 at 3:30 p.m., the glucometer indicated a time of 12:23 p.m.
 Resident #7 had multiple glucometer readings that did not match the January 2019 MAR, to include:
 On 1/9/19 at 5:30 p.m., the MAR indicated a reading of 184; however, the glucometer reading indicated 193
 On 1/8/19 at 8:00 p.m., the MAR indicated a reading of 119; however, the glucometer reading indicated 249
 On 1/6/19 at 8:00 p.m., the MAR indicated a reading of 276; however, the glucometer reading indicated 272
 On 1/6/19 at 7:30 a.m., the MAR indicated a reading of 145; however, the glucometer reading indicated 155

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.

1. Audit completed to ensure that all glucometers are calibrated correctly and reflect correct date and time.
2. Audit completed to ensure that documented blood sugars match the value that is shown on the glucometer.
3. Policy and procedure regarding medication administration and blood sugar checks reviewed.
4. Inservice provided to med techs and LPNs to ensure safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons per Pa Code 2600.185(a)..
5. Date of Compliance: 4/15/2019

Immediately and monthly thereafter: A designated staff person qualified to administer medications shall conduct an audit of glucometers and resident MARs to ensure each glucometer is set to the correct date/time and the readings in the residents' MARs match the readings in the residents' glucometers. Documentation of the audits shall be kept. *JW* 4/17/19

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative *Gregory S. Graziano* Date *3/29/19*
 (Required on EVERY Page) *ADMINISTRATOR*

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Violation Report: 44659 - 01/11/2019 - Graziano, Belinda
 PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #7 is prescribed blood glucose measurements four times a day for diabetes before breakfast, before lunch, before supper, and at bedtime, and is prescribed NovoLog Solution inject per sliding scale four times per day as follows:

- 0-150=0 units
- 70 or less implement hypoglycemic protocol
- 151-180=1 units
- 181-200=2 units
- 201-250=3 units
- 251-300=4 units
- 301-380=5 units
- 381-400=6 units
- greater than 400 call MD

On 1/9/19, before breakfast, the glucometer reading indicated 249 requiring 3 units of insulin; however, the resident did not receive any units of insulin.

On 1/6/19 before breakfast, the glucometer reading indicated 155 requiring 1 unit of insulin; however, the resident did not receive any units of insulin.

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.

1. All insulin orders reviewed for accuracy.
2. Inservice provided to necessary staff to review policy and procedure for blood glucose checks and insulin administration to ensure that prescriber directions are followed.
3. Audits to be completed randomly ongoing to ensure the home follows the directions of the prescriber per Pa. Code 2600.187(d).
4. Date of Compliance: 4/15/2019

at least monthly

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

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Printed Name and Title of Legal Entity Representative Date
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 (Initials)

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Violation Report: 44659 - 01/11/2019 - Graziano, Belinda
 PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

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 #8 was admitted to the home on 10/4/18. However, an Initial assessment not completed until 11/2/18.

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.

1. Audit completed of all resident charts to ensure that written initial assessment has been completed within 15 days of admission.
2. Wellness director to complete audit of admission records within 14 days of admission to ensure that initial assessment is completed within 15 days per Pa. Code 2600.225(a).
3. Date of Compliance: 4/15/2019

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)		Date	
Gregory S. Germany ADMINISTRATOR		3/24/19	

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Violation Report: 44659 - 01/11/2019 - Graziano, Belinda
 PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #7's annual assessment, completed on 04/30/18, was not updated to include the resident's medical diagnosis of muscle weakness, staphylococcal arthritis, or dysphagia, which are indicated on the resident's annual medical evaluation, dated 10/24/18.

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.

- 1. Audit of resident records to ensure that assessments are completed annually, with change in condition and at the request of the Department upon cause and that assessments are accurate to resident's current condition.
- 2. Inservice provided to direct caregivers to review Pa. Code 2600.225(c).
- 3. Wellness Director to audit resident records ongoing to ensure timeliness and accuracy of assessments.
- 4. Date of Compliance: 4/15/2019

Resident #7 is no longer a resident of the home. *JW* 4/17/19

Repeat Violation: No

Date(s) of Previous Violation(s): *X*

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

*Gregory S. Graziano
 ADMINISTRATOR*

Date *3/29/19*

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 (Initials)

Violation Report: 44659 - 01/11/2019 - Graziano, Belinda
 PCH Name: LOYALHANNA HEALTH CARE ASSOCIATES

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual support plan, completed on 08/28/18, does not include a plan to meet the resident's needs for self-administering medications. This section of the support plan was blank.

Resident #7's annual support plan, completed on 04/30/18, does not include a plan to meet the resident's needs for the medical diagnoses of hypertension, constipation, anemia, heart failure, hyperlipidemia, ulcerative colitis, and hepatic failure. The plan to meet medical need, frequency, and responsible party sections of the support plan 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.

1. Audit completed of resident support plans to ensure that all needed services are made available to the resident. Referrals made as necessary.
2. Inservice provided to direct care givers regarding Pa. Code 2600.227(d).
3. Wellness Director to review support plans ongoing to ensure proper referrals are made to meet resident's needs
4. Date of Compliance: 4/15/2019

Resident #7 is no longer a resident of the home. *JW* 4/17/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative *Gregory S. Graziano* Date *3/29/19*
 (Required on EVERY Page) *Administrator*

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