



MAILING DATE: October 25, 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 inspection on September 19, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: LOYALHANNA HEALTH CARE ASSOCIATES
Address: 543 MCFARLAND ROAD,, LATROBE, PA 15650
County: WESTMORELAND Region: WESTERN

License Number: 44659

Administrator

Name: Gregory Gramm Phone: 7245375500 Email: PCADMIN@QUESTHCD.COM

Legal Entity

Name: LOYALHANNA HEALTH CARE ASSOCIATES
Address: 543 MCFARLAND ROAD, LATROBE, PA, 15650

Certificate(s) of Occupancy

Type: 1-2 Date: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 50 Waking Staff: 38

Inspection

Type: Partial BHA Docket #: Notice: Unannounced
Reason: Complaint

RECEIVED

Inspection Dates and Department Representative

09/19/2019 - On-Site: Ashley Roser

10/21/2019

Resident Demographic Data as of Inspection Dates

Western Region Field Office
Bureau of Human Services Licensing

General Information

License Capacity: 84 Residents Served: 41

Secured Dementia Care Unit

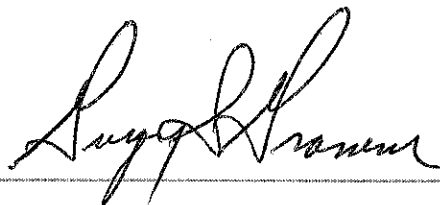
In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 41
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 9 Have Physical Disability: 1

 Administrator 10/21/19

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

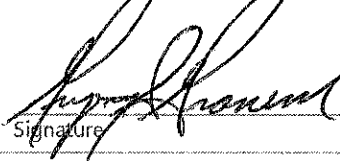
On 9/2/19 at 8:00 a.m., the home implemented its emergency preparedness plan. A transformer near the home became inoperable and the home had to utilize the on-site generator for power from 8:00 a.m. until 3:00 p.m. However, the home did not report this incident to the Department until 9/19/19.

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.)

On 9/18/19 the home submitted the incident report referring to the 9/2/19 power outage. On 10/21/19 all Department heads and head staff were in-service on Reg 2600.16c. Effective immediately all power outages resulting in the home running on generator power will be reported to the Department. In addition the homes Emergency Preparedness plan was reviewed.

Legal Entity Representative


Signature

Gregory S. Gramm 10/21/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of	10/21/19 (Date)	Plan of correction implementation status as of	10/21/19 (Date)
The above plan of correction was approved by	JM (Initials)	<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	