



SENT VIA EMAIL: [pcadmin@questhcd.com](mailto:pcadmin@questhcd.com)  
[pcadmin@loyalhannacc.com](mailto:pcadmin@loyalhannacc.com)

MAILING DATE: April 27, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 23, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

4/22/2020

# Violation Report

Western Region Field Office  
Bureau of Human Services Licensing  
License Number: 44659

## Facility Information

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

## Administrator

Name: Peggy Konecny Phone: 7246863500 Email: PCADMIN@loyalhannacc.COM

## Legal Entity

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

## Certificate(s) of Occupancy

Type: I-2 Date: Issued By:

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 61 Waking Staff: 46

## Inspection

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

## Inspection Dates and Department Representative

J3/23/2020 - On-Site: Amy Duncan

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 84 Residents Served: 34

### Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

### Hospice

Current Residents: 6

### Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34  
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1  
Have Mobility Need: 27 Have Physical Disability: 0

15a - Resident Abuse Report

Regulations

1600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

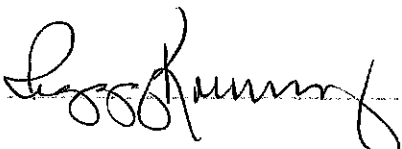
On 2/13/20 at approximately 7:00 pm, direct care staff person B observed direct care staff person A scrubbing a wound on resident #1's face in a rough manner. Staff person B immediately notified direct care staff person D of the incident; however, direct care staff person D did not report the incident to staff person C, the home's administrator, until 2/14/20. This allegation of abuse was also not reported to the local Area Agency on Aging until 3/5/20.

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

Legal Entity Representative


Signature 

Printed Name and Title Peggy Konecny RHA Date 4/22/2020

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The above plan of correction is approved as of 4/22/2020  
(Date)

Plan of correction implementation status as of 4/22/2020  
(Date)

The above plan of correction was approved by   
(Initials)

Implemented  
 Not Implemented

Corrections for LSS Citation report 3/23/2020  
Loyalhanna Healthcare Associates / Loyalhanna Senior Suites  
License number 446599\*

Page: 2a of 6

15a - Resident Abuse Report Regulations 2600. 15.a.

The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**Description of Violation:**

On 2/13/20 at approximately 7:00 pm, direct care staff person B observed direct care staff person A scrubbing a wound on resident #1's face in a rough manner.

Staff person B immediately notified direct care staff person D of the incident; however, direct care staff person D did not report the incident to staff person C, the home's administrator, until 2/14/20.

This allegation of abuse was also not reported to the local Area Agency on Aging until 3/5/20.

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**Why?**

1. Timeliness of notification was not initiated or flowed by Caregiver and Administration
2. Disgruntled staff person

**Immediate Solution:**

1. Upon contact from Westmoreland County Area Agency on Aging case manager that there was a complaint:
2. 3/5/2020: Act 13 notification was reported to Westmoreland County Area Agency on aging
3. 3/5/2020: DON was contacted to obtain her knowledge of the alleged incident
4. 2/13-14/2020: PCHA had asked for statements related to alleged incident
5. 3/13/2020: PCHA provided staff education was provided to staff on required abuse reporting Older Adult Protective Services Act.
6. Call to POA of resident who had indicated he was aware of alleged incident from resident and did not feel it was abuse.
7. PCHA will report all alleged/suspect concerns of abuse immediately and then finish investigation with the assistance for W. Co. AAA and DHS

**Plan:**

1. 3/13/2020: PCHA provided staff education were provided to staff on required abuse reporting Older Adult Protective Services Act.
2. Education will be on going to meet education guidelines throughout the year
3. Education will be immediate and ongoing for all PCH staff
4. A log will be kept for all reportable incidents. And daily resident review will be completed to increase staff communication and tracking for abuse, medical and any other incidents involving a resident

**Time Line:**

1. Effective Immediate and on going

*Luz Komuny* *Peggy Konecny* PCHA 4/22/2020

15b - Supervisor Plan

Regulations

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 2/13/20 at approximately 7:00 pm, direct care staff person B observed direct care staff person A scrubbing a wound on resident #1's face in a rough manner. Staff person B immediately notified direct care staff person D of the incident; however, direct care staff person D did not report the incident to staff person C, the home's administrator, until 2/14/20. Direct care staff person A continued to work unsupervised in the home on 2/21/20, and daily from 2/24/20 through 2/28/20.

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

Legal Entity Representative


Signature 

Printed Name and Title Reggy Konecny RTHA Date 4/22/2020

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The above plan of correction is approved as of 4/22/2020  
(Date)

Plan of correction implementation status as of 4/22/2020  
(Date)

The above plan of correction was approved by   
(Initials)

Implemented  
 Not Implemented

15b - Supervisor Plan Regulations 2600. 15.b.

If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

**Description of Violation:**

On 2/13/20 at approximately 7:00 pm, direct care staff person B observed direct care staff person A scrubbing a wound on resident #1's face in a rough manner.

Staff person B immediately notified direct care staff person D of the incident; however, direct care staff person D did not report the incident to staff person C, the home's administrator, until 2/14/20.

Direct care staff person A continued to work unsupervised in the home on 2/21/20, and daily from 2/24/20 through 2/28/20.

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- Why?**
1. Timeliness of reporting and follow up
  2. Policy was not followed for alleged abuse

**Immediate Solution:**

1. Staff person A was terminated 3/12/2020
2. Policy and procedure will be followed per regulations
3. Education provided to PCHA, DON and Educator on need for staff suspension related to alleged abuse and need for suspension until reporting and investigation can be completed by CCRC NHA
4. 3/13/2020: PCHA provided staff education was provided to staff on required abuse reporting Older Adult Protective Services Act.
5. 3/27/2020: Staff meeting education

**Plan:**

1. PCHA, DON and DON2 will report alleged abuse immediately to allow Westmoreland County and DHS to make final determination of an alleged abuse incident
2. Staff will report alleged abuse to PCHA so staff in question can be suspended until investigation can occur and resolution/facts sought
3. Incident report form will be kept in a binder for reference as to reports
4. immediate and ongoing: 15b - Supervisor Plan Regulations 2600. 15.b.  
If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.
5. A log will be created to ensure that the Policy and procedure will be reviewed annually and updated as needed; a log will be started to confirm review and updates.

**Time Line**

1. Immediate and ongoing

*Peggy Konecny* *Peggy Konecny PCHA* 4/22/2020

15d - Resident Abuse-Notification

Regulations

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

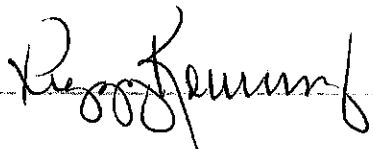
On 2/13/20 at approximately 7:00 pm, direct care staff person B observed direct care staff person A scrubbing a wound on resident #1's face in a rough manner. Staff person B immediately notified direct care staff person D of the incident; however, direct care staff person D did not report the incident to staff person C, the home's administrator, until 2/14/20. This allegation of abuse was also not reported to the resident's designated until 3/5/20.

Plan of Correction (POC)

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See Attached Page: 4a of 6

Legal Entity Representative

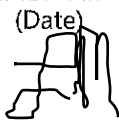
Signature 

Printed Name and Title Randy Konecny PEHA Date 4/22/2020

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(Initials)

Implemented  
 Not Implemented

15d - Resident Abuse-Notification Regulations 2600. 15.d.

The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

**Description of Violation:**

On 2/13/20 at approximately 7:00 pm, direct care staff person B observed direct care staff person A scrubbing a wound on resident #1's face in a rough manner.

Staff person B immediately notified direct care staff person D of the incident; however, direct care staff person D did not report the incident to staff person C, the home's administrator, until 2/14/20.

This allegation of abuse was also not reported to the resident's designated until 3/5/20

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**Why?**

1. Contact was not made to family by PCHA, DON or Nursing Staff

**Immediate Solution:**

1. 3/5/2020: POA/Responsible party was contacted about incident – POA was aware of alleged incident by resident. POA did not feel it was abuse and did not mention alleged incident to staff or the PCHA
2. PCHA apologies for not following up sooner; documented family contact
3. Conversation was documented and provided to W. Co. AAA and DHS investigator 3/5/2020

**Plan:**

1. Immediate: PCHA will follow 2600.00 regulations and Loyalhanna Senior Suites policy and procedures
2. Immediate: Education will continue to staff and Administration related to The Older Adult Protection Services Act
3. immediate: CCRC NHA will act as a resource for questions as well as W. Co. AAA protective Services Department and Department of Human Service
4. Immediate: PCHA will review Residents with DON and Scheduler in the AM meeting to make sure concerns are not being missed. (all department head will also be asked for input into resident and rumored information or actual information) A census sheet will be used to track information form Point Click care
5. A Log will be completed to confirm that family was contacted as well as charted in Point Click Care (PCC ) EMR system

**Time Line:**

1. Immediate and on going

Immediately: The home shall develop and implement procedures to ensure the resident and their designated person are immediately notified of a report of suspected abuse or neglect involving a resident. Documentation of the procedures shall be kept. <sup>AM</sup> 4/22/2020

*Reggy Konecny* *Reggy Konecny* *Petta* 4/22/2020

16b - Incident Policies

Regulations

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

The home's "Reporting and Investigating Incidents" policy states, "The administrator/wellness director or designee will report the incident/condition using the DPW Reportable Incident Form.....the administrator/wellness director or designee will conduct an investigation into the incident/condition."

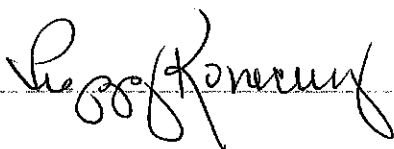
On 2/13/20 at approximately 7:00 pm, direct care staff person B observed direct care staff person A scrubbing a wound on resident #1's face in a rough manner. Staff person B immediately notified direct care staff person D of the incident; however, direct care staff person D did not report the incident to staff person C, the home's administrator, until 2/14/20. This allegation of abuse was not reported to the Department until 3/5/20, and no investigation was conducted by the administrator/wellness director or designee in accordance with the home's policy.

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 5a of 6

Legal Entity Representative

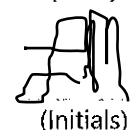
Signature 

Printed Name and Title Peggy Konecny PCHA Date 4/22/2020

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Implemented  
 Not Implemented

Regulations 2600. 16.b.

The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

**Description of Violation:**

The home's "Reporting and Investigating Incidents" policy states, "The administrator/wellness director or designee will report the incident/condition using the DPW Reportable Incident Form.....the administrator/wellness director or designee will conduct an investigation into the incident/condition." On 2/13/20 at approximately 7:00 pm, direct care staff person B observed direct care staff person A scrubbing a wound on resident #1's face in a rough manner.

Staff person B immediately notified direct care staff person D of the incident; however, direct care staff person D did not report the incident to staff person C, the home's administrator, until 2/14/20.

This allegation of abuse was not reported to the Department until 3/5/20, and no investigation was conducted by the administrator/wellness director or designee in accordance with the home's policy.

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**Why?**

PCHA did not implement policy and procedure

Staff did not report alleged interaction timely

**Immediate Action:**

1. 4/01/2020: Policy and procedure as located and reviewed for PCH
2. 3/05/2020: Investigation was completed due to reported allegation
3. 4/20/2020: Will review all residents in morning meeting for any changes or concerns – Resident census will be used.
4. 4/23/2020: Review of policy and procedure will be reviewed in staff meeting with all staff Present. Will be updated per regulations.
5. 2600.16.b: The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

**Plan:**

1. A log will be started to confirm that policy and procedure are accurate and kept up to date

**Time Line:**

4/20/20: ...Immediate and on going

*Peggy Konecny* *Peggy Konecny* PCHA 4/22/2020

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 2/13/20 at approximately 7:00 pm, direct care staff person B observed direct care staff person A scrubbing a wound on resident #1's face in a rough manner. Staff person B immediately notified direct care staff person D of the incident; however, direct care staff person D did not report the incident to staff person C, the home's administrator, until 2/14/20. This allegation of abuse was not reported to the Department until 3/5/20.

REPEAT VIOLATION: 9/19/2019

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

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title *Peggy Konecny RCHA* Date *4/22/2020*

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(Date)

Plan of correction implementation status as of 4/22/2020  
(Date)

The above plan of correction was approved by *[Handwritten Initials]*  
(Initials)

Implemented  
 Not Implemented

Corrections for LSS Citation report 3/23/2020  
Loyalhanna Healthcare Associates / Loyalhanna Senior Suites  
License number 446599\*

Page 6a of 6.

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 2/13/20 at approximately 7:00 pm, direct care staff person B observed direct care staff person A scrubbing a wound on resident #1's face in a rough manner.

Staff person B immediately notified direct care staff person D of the incident; however, direct care staff person D did not report the incident to staff person C, the home's administrator, until 2/14/20. This allegation of abuse was not reported to the Department until 3/5/20.

REPEAT VIOLATION: 9/19/2019

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**Why?**

Staff did not report alleged interaction timely  
PCHA or DON did not report alleged abuse within 24 hours

**Immediate Action:**

1. 3/13/2020: Staff education reporting abuse
2. 4/01/2020: Policy and procedure as located and reviewed for PCH; will be updated per regulations
3. 4/20/2020: Will review all residents in morning meeting for any changes or concerns –
4. 4/23/2020: Review of policy and procedure will be reviewed in staff meeting with all staff Present, abuse notification and reporting, posters with abuse hotline will be Completed
5. PCHA will follow regulation 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).

**Plan:**

1. A log will be kept to keep track of reporting and timeliness of reporting of event(s)

Immediately: A designated staff person shall review all internal incidents daily to ensure all reportable incidents and conditions indicated in 2600.16a, including allegations of abuse/neglect, are reported to the Department within 24 hours. 4/22/2020

**Timeline:**

Immediate and on going

 Peggy Konecny PCHA 4/22/2020