

Department of Human Services
Bureau of Human Service Licensing

September 8, 2021

ADMINISTRATOR

RE: LOYALHANNA HEALTH CARE
ASSOCIATES
543 MCFARLAND ROAD
LATROBE, PA, 15650
LICENSE/COC#: 44659

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/02/2021, 06/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *LOYALHANNA HEALTH CARE ASSOCIATES* License #: *44659* License Expiration Date: *04/10/2021*
Address: *543 MCFARLAND ROAD, LATROBE, PA 15650*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *11/30/2014* Issued By: *Derry Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *44* Waking Staff: *33*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/03/2021*

Inspection Dates and Department Representative

06/02/2021 - On-Site: [REDACTED]
06/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *33*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *32*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *11* Have Physical Disability: *0*

Inspections / Reviews

06/02/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/10/2021*

7/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/21/2021*

9/8/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents #1 and 2 did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

Regulation 2600.101.j. (7) Lighting/Operable Lamp

06/03/21 Immediate Action: The PCHA moved the resident's #1 and 2 lamps by bedside to ensure compliance with regulation 2600.101.j (7)

06/10/21 Action : The PCHA completed a room check of all resident room's for compliance of regulation 2600.101.j. (7) (Please see attached room check list)

06/10/21 Action Plan: The PCHA will conduct room check/ Lamp audits using the room check list form Monthly for a period of 3 months for continued compliance. Please see attached completed room check /Lamp audit form that was conducted on 06/10/21 Documentation shall be kept .

Completion Date: 07/08/2021

Document Submission

Implemented

See Attached documents

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unsealed and undated bag of breaded chicken legs, and 2 undated zip lock bags of chicken cordon blue patties in the commercial freezer.

Plan of Correction

Accept

Regulation 2600.103.i Outdated or spoiled food

06/02/21 Immediate Action: The Dietary Director removed the undated bag of breaded chicken legs and the 2 undated zip lock bags of chicken cordon blue patties in the commercial freezer for compliance with regulation 2600.103.i.

Action : The Dietary Director/Designee did an Audit/ check of all the food items in the commercial freezer on 06/08/21 and weekly thereafter to ensure all items were properly labeled and sealed for compliance of regulation 2600.103.i..

Action Plan: The Dietary Director or Designee will do weekly audits with Quick Kitchen Sanitation Rounds form for a period of 1 month and then monthly for a period of 3 months to ensure compliance with Regulation 2600.103.i.

Completion Date: 07/08/2021

Document Submission

Implemented

See attached documents

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #3, admitted [REDACTED], and resident #4, admitted [REDACTED] have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction**Accept**

Regulation 2600.191

06/04/21 Immediate Action: The PCHA had resident # 3 and 4 sign the Addendum E Refusal of medications to ensure compliance for regulation 2600.191 (Please see attached form)

06/04/21 Action: The PCHA did an audit of all resident agreements to ensure compliance with regulation 2600.191. Residents missing Education to refuse or question medication was given Addendum E to ensure compliance with regulation 2600.191

06/04/21 Action Plan: All new residents will be educated with Addendum E on the topic to reuse or question medication. Addendum E added to resident agreement to ensure compliance with regulation 2600.191 (See Blank Addendum E Refusal of Medication form attached)

Completion Date: 07/08/2021

Document Submission**Implemented**

See Attached documents