

Department of Human Services
Bureau of Human Service Licensing

April 14, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: LOYALHANNA SENIOR SUITES &
PERSONAL CARE
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 03/14/2022, 03/15/2022 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 SENIOR SUITES & PERSONAL CARE* License #: *44659* License Expiration: *04/10/2023*
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 Twp.*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *70* Waking Staff: *53*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *03/15/2022*

Inspection Dates and Department Representative

03/14/2022 - On-Site: [REDACTED]
03/15/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *50*

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: *50*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *20* Have Physical Disability: *0*

Inspections / Reviews

03/14/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/06/2022*

Inspections / Reviews (*continued*)

04/08/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/13/2022*

04/14/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

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.

Description of Violation

On 3/14/22 at 10:05 AM, residents #1 and #2's March 2022 medication administration records (MAR's) were unlocked, unattended and accessible on the computer at the 3rd floor nurses' station.

On 3/14/22 at 10:10 AM, a binder containing narcotic count sheets for numerous residents, including [REDACTED] for resident #1 and [REDACTED] for resident #2, was unlocked, unattended and accessible on a medication cart at the 3rd floor nurses' station.

Plan of Correction**Accept**

IMMEDIATE ACTION: Medication administration records were removed from screen on computer/Narcotic book was put away and locked in med cart on 3/14/22

ACTION: Med Tech's will receive education on 2600.17 Record Confidentiality by 04/13/2022

ACTION PLAN: Administrator or designee will randomly do audits on each floor to ensure 2600.17 is being followed. Audit will be once per week for one month then monthly for 2 months. Documentation will be kept.

Completion Date: 05/13/2022

Document Submission**Implemented**

Training and Audits

89b - Hot Water Temperature

1. Requirements

2600.

- 89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 3/14/22 at 11:12 AM, the hot water temperature at the bathroom sink in bedroom #212 was 125.6 degrees Fahrenheit.

Plan of Correction**Accept**

IMMEDIATE ACTION: The water temperature in room #212 was assessed and adjusted to be compliance with 2600.89b.

ACTION: Maintenance received education on Regulation 2600.89b on 3/17/22

ACTION PLAN: Administrator spoke to Maintenance to increase number of rooms per day/floor to be checked for temperatures. To ensure compliance with Regulation 2600.89b, 8 rooms (2 each floor) will be checked daily for 2 weeks then 4 rooms (1 each floor) thereafter. Documentation will be kept.

Completion Date: 03/17/2022

Document Submission**Implemented**

Training and audits

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for the fire drills conducted on the following dates and times do not include the exit routes used, the number of residents in the home at the time of the drill and the number of residents evacuated:

- *2/18/22 at 4:05 PM*
- *1/14/22 at 10:15 AM*
- *12/7/21 at 5:05 AM*

Plan of Correction**Accept**

IMMEDIATE ACTION: Fire Drill record form printed from DHS website to be used for all fire drills to include exit routes/number of residents in the home at the time of the drill and the number of residents evacuated. Fire Drill was held on 03/31/2022.

ACTION: Maintenance will be educated on 2600.132c Fire Drill Records what form to use and how to use the form for all fire drills by 4/13/22

ACTION PLAN: To ensure compliance with Regulation 2600.132c, Audit will be done by Administrator or designee following a fire drill to ensure the correct form was used and filled out completely. Documentation will be kept.

Completion Date: *04/13/2022*

Document Submission**Implemented**

Training and fire drill log

132d - Evacuation**1. Requirements**

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. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

No residents were evacuated to a public thoroughfare or to a fire-safe area during the fire drills conducted on 2/18/22 at 4:05 PM and on 1/14/22 at 10:15 AM.

Plan of Correction**Accept**

IMMEDIATE ACTION: Fire Drill record form printed from DHS website to be used for all fire drills to include exit routes/number of residents in the home at the time of the drill and the number of residents evacuated. Fire Drill was held on 03/31/2022

ACTION: All staff will be educated on Reg 132d in regards to evacuation of residents during drills by evacuating outside facility or to a fire safe area by 4/13/22

ACTION PLAN: To ensure compliance with Regulation 2600.132d, audits will be done by Administrator or designee following a drill to check the route of evacuation and confirm the location of resident's evacuation. Documentation will be kept.

Completion Date: *04/13/2022*

132d - Evacuation (*continued*)**Document Submission****Implemented***Training and fire drill log*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation, dated [REDACTED], does not include a current list of medications. This section of the form is blank. Resident #3 is prescribed multiple medications, to include [REDACTED] - [REDACTED].

Resident #4's most recent medical evaluation, dated [REDACTED] does not include an assessment of the resident's ability to self-administer medications. This section of the form is blank. Also, the medical evaluation indicates "see attached" under the medication addendum section; however, nothing is attached.

Plan of Correction**Accept**

IMMEDIATE ACTION: Resident #3 DME was completed with a medication list/Resident #4 DME was completed with ability to administer medications and a medication list on 03/22/2022

ACTION: To ensure compliance with Regulation 2600.141b1, Administrator and LPN will both Audit all files to ensure all DME are completed by 4/13/22

ACTION PLAN: Annual DME and new admission DME will be reviewed by Administrator and LPN prior to being placed in file. Documentation will be kept.

Completion Date: 04/13/2022

Document Submission**Implemented***DME Audit and New admission checklist*

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

There is no pharmacy label present on resident #5's [REDACTED] - Take 1 tablet by mouth every evening.

Plan of Correction**Accept**

IMMEDIATE ACTION: Label was printed and placed on bottle - 03/15/2022

ACTION: Med Techs will receive education on 2600.184a - Labeling OTC/CAM by 4/13/22

ACTION PLAN: To ensure compliance with Regulation 2600.184a, cart audits are being completed on each floor and will be completed by 4/13/22 and then will be completed monthly thereafter. Documentation will be kept.

Completion Date: 04/13/2022

184a - Labeling OTC/CAM (continued)

Document Submission**Implemented***Training and cart audits*

185a - Implement Storage Procedures

1. Requirements

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.

Description of Violation

On 3/4/22 at approximately 5:30 AM, resident #3's blood glucose was 275 mg/dl; however, resident #3's blood glucose was documented as 213 mg/dl on the resident's March 2022 MAR.

On 3/6/22 at approximately 7:30 AM, resident #6's blood glucose was 147 mg/dl; however, resident #6's blood glucose was documented as 109 mg/dl on the resident's March 2022 MAR.

On 3/6/22 at approximately 12:00 PM, resident #6's blood glucose was 119 mg/dl; however, resident #6's blood glucose was documented as 189 mg/dl on the resident's March 2022 MAR.

On 3/7/22 at approximately 5:00 PM, resident #6's blood glucose was 184 mg/dl; however, resident #6's blood glucose was documented as 148 mg/dl on the resident's March 2022 MAR.

Residents #6 and #7's glucometers are not set to the current date and time.

Plan of Correction**Accept**

IMMEDIATE ACTION: Glucometers were calibrated to date/time on 3/15/22

ACTION: Med Techs will receive education 2600.185a and medication administration practices by 4/13/22.

ACTION PLAN: To ensure compliance with Regulation 2600.185a, audit of all glucometers will be done one time a week for 1 month then monthly thereafter. LPN will audit 4 residents a week for 1 month then monthly thereafter to check glucometer readings with MAR. Documentation will be kept.

Completion Date: 04/13/2022

Document Submission**Implemented***Training and Glucometer audit form*

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 is prescribed Novolog FlexPen-100U/ml-Inject subcutaneously before meals daily in accordance with sliding scale: 150-200=4U; 201-250=6U; 251-300=8U; 301-350=10U; 351-400=12U; >400=14U and call MD.

According to resident #6's glucometer, the resident's blood glucose was 147 mg/dl at approximately 7:30 AM on 3/6/22 and no insulin should have been administered; however, according to resident #6's March 2022 MAR, 4 units of insulin were administered to the resident.

187d - Follow Prescriber's Orders (continued)

According to resident #6's glucometer, the resident's blood glucose was 119 mg/dl at approximately 12:00 PM on 3/6/22 and no insulin should have been administered; however, according to resident #6's March 2022 MAR, 4 units of insulin were administered to the resident.

According to resident #6's glucometer, the resident's blood glucose was 184 mg/dl at approximately 5:00 PM on 3/7/22, requiring 4 units of insulin to be administered; however, according to resident #6's March 2022 MAR, 9 units of insulin were administered to the resident.

Violation Withdrawn LM 4/14/22

Plan of Correction

Directed

IMMEDIATE ACTION: Glucometers were calibrated to date/time 3/15/22

ACTION: Med Tech's will receive education on all medication administration practices by 4/13/22

ACTION PLAN: To ensure compliance with Regulation 2600.187d, audit of all glucometers will be done 1 time a week for 1 month then monthly thereafter/ LPN will audit 4 residents a week for 1 month then monthly thereafter to check glucometer readings with MAR. Documentation will be kept. (DIRECTED: All resident glucometers shall be checked during the audits to ensure they are set to the correct date and time. LM 4/8/22)

Completion Date: 04/13/2022

Document Submission

Implemented

The violation relating to resident #6 on 3/7/22 at 5:00 PM is withdrawn. LM 4/8/22.

Training and Glucometer/MAR audits