

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

October 7, 2024

[REDACTED], ADMINISTRATOR
LOYALHANNA HEALTH CARE ASSOCIATES
543 MCFARLAND ROAD
LATROBE, PA, 15650

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 07/16/2024, 08/02/2024, 08/08/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: LOYALHANNA SENIOR SUITES & PERSONAL CARE **License #:** 44659 **License Expiration:** 04/10/2025
Address: 543 MCFARLAND ROAD, LATROBE, PA 15650
County: WESTMORELAND **Region:** WESTERN

Administrator

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

Legal Entity

Name: LOYALHANNA HEALTH CARE ASSOCIATES
Address: 543 MCFARLAND ROAD, LATROBE, PA, 15650
Phone: [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:** 64 **Waking Staff:** 48

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 08/08/2024

Inspection Dates and Department Representative

07/16/2024 - On-Site: [REDACTED]
08/02/2024 - Off-Site: [REDACTED]
08/08/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 **Residents Served:** 46

Secured Dementia Care Unit

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

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 46
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 18 **Have Physical Disability:** 0

Inspections / Reviews

07/16/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/06/2024

Inspections / Reviews (*continued*)

09/18/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/25/2024

10/07/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

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

At 11:38 a.m., the hot water temperature at the bathroom sink in resident room 314 measured 125.9 degrees Fahrenheit.

Plan of Correction

Accept ([REDACTED]) - 09/18/2024)

Maintenance adjusted the water temperature on the hot water tanks on 7/16/24

Maintenance/Department Heads/Administrator were educated on Reg. 89.b on 7/23/24

On-going daily water testing will be done and documented. 2 rooms on every floor daily by Maintenance Director or designee (Department head/Administrator)

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented ([REDACTED]) - 10/07/2024)

103g - Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The following food items in the kitchen were opened and unsealed:

A 10-pound bag of pasta, approximately 1/4 full, on the shelves

A 25-pound bag of rice, full, on the shelves

A 4-pound bag of sugar, approximately 2/3 full, on the shelves

A 10-pound bag of rainbow sprinkles, approximately 1/10 full, on the shelves

A clear bag of hash browns, 13 patties, in the walk-in freezer

A clear bag of cooked eggs, 10 patties, in the walk-in freezer

A 20-pound bag of mixed vegetables, approximately 1/2 full, in the walk-in freezer

Plan of Correction

Accept ([REDACTED]) - 09/18/2024)

Items were immediately sealed or disposed of on 7/16/24

Dietary staff were educated on Regulations 103.a-104c on 7/23/24 by Administrator

Dietary Director will audit daily for 4 weeks then weekly for 4 weeks and monthly going forward to ensure that all food is stored in closed or sealed containers

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented ([REDACTED]) - 10/07/2024)

121a - Unobstructed Egress

3. Requirements

2600.

121a Unobstructed Egress (continued)

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The marked emergency exit doors at the end of each of the two hallways on each of the four floors of the home have signs posted that indicate, "STOP, do not use stairs!" blocking egress from the home.

Plan of Correction

Accept () - 09/18/2024)

The "STOP, do not use stairs!" were removed from the emergency exit doors on 7/16/24

Staff will be educated on Regulations 121a 121b by 9/10/24

Administrator or Designee will audit the Emergency Exits weekly for a month then monthly to ensure stairways/hallways/doorways/passageways and egress routes are unlocked and unobstructed. This started immediately on 7/22/24

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented () - 10/07/2024)

132h - Designated Meeting Place

4. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Resident #1 has not evacuated to a designated meeting place away from the building or within the fire safe area during the monthly fire drills in the home since January 2024.

Plan of Correction

Accept () - 09/18/2024)

Memo posted on 7/16/24 that "all" residents must be evacuated during a fire drill

Staff were educated on Regulation 132a 132j on 7/23/24

Fire Drill conducted on 8/27/24 and Resident 1 and all other residents were evacuated

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented () - 10/07/2024)

144b - Policy on Smoking

5. Requirements

2600.

144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

The home's home rules indicate smoking is not permitted. However, during on site inspection, a staff member was observed smoking in the gazebo in the yard of the home. In addition, residents smoke at a table on the back patio of the home.

Plan of Correction

Accept () - 09/18/2024)

Staff were immediately told that the Campus is non smoking and the 2 residents were also spoke too on 7/16/24

Staff were educated on 7/23/24 on the Regulations 144b 144d as well as the handbook . Residents were given the Home Rules and it was reviewed with them by the Administrator of the non smoking rule on 7/23/24

Administrator or designee will do random walk throughs around the building daily for 2 weeks then weekly for 2

144b - Policy on Smoking (continued)

weeks then monthly on-going

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented () - 10/07/2024)

184a - Resident's Meds Labeled**6. 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

Resident #1 is ordered [REDACTED] by mouth once time a day; however, the pharmacy label indicates give as needed.

Resident #2 is ordered [REDACTED] by mouth every 4 hours as needed; however, the pharmacy label indicates take every 6 hours as needed.

Plan of Correction

Accept () - 09/18/2024)

Change of direction stickers were put on the medications on 7/16/24

Med Techs will be educated on Regulation 184a by 9/10/24

Audit of carts completed on 7/25/24 and 8/30/24 by Wellness Director

Carts will be audited monthly by Wellness Director

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented () - 10/07/2024)

187b - Date/Time of Medication Admin.**7. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is ordered [REDACTED], apply to left side of neck topically two times a day for rash; however, this medication is not being administered as it is not available in the home. Resident #1's [REDACTED] medication administration record (MAR) is being initialed by staff as being administered from [REDACTED] and [REDACTED]; however, the resident has not received this administration for approximately one week.

Plan of Correction

Accept () - 09/18/2024)

Med Tech notified the Pharmacy on 7/16/24 of the medication not being in the facility. Nystatin Power arrived from the Pharmacy on 7/17/24

Med Techs will be educated on Regulations 187a - 189b by 9/10/24

187b - Date/Time of Medication Admin. (continued)

Monthly cart audits will be completed by Wellness Director

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented (█) - 10/07/2024)

187d - Follow Prescriber's Orders**8. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed █, apply to left side of neck topically two times a day for rash. However, this medication was not administered to resident for approximately one week prior to █ because the medication was not available in the home.

Resident #2 is prescribed █, give 1 tablet by mouth one time a day; however, the resident is being administered █, once daily.

Repeat Violation: 7/18/23 et. al.

Plan of Correction

Accept (█) - 09/18/2024)

Resident #1 █ was ordered on █

Resident #2 - on █ - Physician was notified that resident was receiving █ instead of █

Order from Pharmacy stated █ sent from Physician but our order was █. █ Physician sent order to decrease █

Med Techs will be educated on Regulations 187a - 187b by 9/10/24

Cart Audit completed on 7/25/24 and 8/30/24 and will be completed monthly by Wellness Director

Medication orders will be reviewed daily for 4 weeks then monthly by Administrator or designee (Wellness Director/Med Techs) This started immediately on 7/22/24

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented (█) - 10/07/2024)