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

November 20, 2026

[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 09/10/2026 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**: *04/10/2027*

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] **Email**: [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**: *51* **Waking Staff**: *38*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *09/10/2026*

Inspection Dates and Department Representative

09/10/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* **Residents Served**: *36*

Secured Dementia Care Unit

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

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *36*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *15* **Have Physical Disability**: *0*

Inspections / Reviews

09/10/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/03/2026*

10/08/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/28/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/16/2026*

Inspections / Reviews *(continued)*

10/14/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/28/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *11/06/2026*

11/20/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/28/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 9/7/26, from 10:00 p.m. to 6:00 a.m., 35 residents were present in the home. During this time there were no staff persons present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction ***Accept ([redacted] - 10/08/2026)***

Immediate - On 9/10/26 the schedule was reviewed to ensure that at least one staff person is present in the home at all times whom is First Aid/CPR Certified. Schedule is now highlighted RED to reflect at least one CPR certified per shift. (We did in fact have a CPR Certified staff member on duty the night of 9/7/26)
Action - On 9/10/26 Administrator & Director of Wellness were educated by DHS Representatives on Reg. 2600.63a Staff were educated on Reg. 2600.63 a on 9/15/26 and 9/16/26 Documentation will be kept
Action Plan - Administrator will verify daily for 14 days that each shift has a First Aid/CPR Certified staff member then weekly for 4 weeks and then monthly for 2 months
Documentation and highlighted schedules will be kept for review

Licensee's Proposed Overall Completion Date: *09/30/2026*

Implemented ([redacted] - 11/20/2026)

65i - Training Record

2. Requirements

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training, including staff person A & staff person B, did not include the dates of the trainings.

Plan of Correction ***Accept ([redacted] - 10/14/2026)***

Immediate -On 9/10/26 Administrator was educated on Reg 2600.65.i by DHS Representatives.
Action - On 9/28/26 Administrator audited all 2026 trainings to ensure that they all included names and dates of each training
Action Plan - Administrator will monitor monthly training to ensure that dates are included on all trainings

Licensee's Proposed Overall Completion Date: *10/09/2026*

Implemented ([redacted] - 11/20/2026)

89b - Hot Water Temperature

3. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 10:47 a.m., the hot water temperature at the sink in resident bedroom #412 measured 122.7 degrees Fahrenheit.

89b Hot Water Temperature *(continued)*

Plan of Correction ***Accept ([redacted] - 10/08/2026)***

Immediate On 9/10/26 Maintenance adjusted the water temperature on the hot water tank
Action On 9/10/26 Administrator and Director of Wellness were educated by DHS Representatives on Reg 2600.89b. Staff were educated on Reg 2600.89b on 9/15/26 and 9/16/26
Action Plan Room 412 and 3 other rooms will be monitored daily by designee for 7 days to ensure water temperatures are not exceeding 120 degrees then weekly for 4 weeks then monthly for 2 months. Audits to be kept for review

Licensee's Proposed Overall Completion Date: *09/30/2026*

Implemented ([redacted] - 11/20/2026)

96a - First Aid Kit

4. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

All four first aid kits in the home did not include eye coverings.

Plan of Correction ***Accept ([redacted] - 10/08/2026)***

Immediate On 9/11/26 Director of Wellness attached eye covering shields to all 4 first aid kits
Action On 9/10/26 Administrator and Director of Wellness were educated by DHS Representatives on Reg 2600.96a. All staff were educated on Reg 2600.96a on 9/15/26 and 9/16/26 Documentation will be kept for review
Action Plan Administrator or Designee will check weekly for 4 weeks then monthly for 2 months to ensure that the First Aid Kits have everything in them. Audits will be kept for review

Licensee's Proposed Overall Completion Date: *09/30/2026*

Implemented ([redacted] - 11/20/2026)

183d - Prescription Current

5. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 7/23/26, resident #1 was prescribed Hydrocortisone 1% topical cream, one application to right upper back three times a day for five days; however, the medication was still in the medication cart.

REPEATED VIOLATION 9/9/25

Plan of Correction ***Accept ([redacted] - 10/14/2026)***

Immediate On 9/10/26 medication for Resident #1 was removed from the cart by Director of Wellness
Action On 9/10/26 Administrator and Director of Wellness were educated by DHS Representatives on Reg 2600.183d. Staff were educated on Reg 2600.183.d on 9/15/26 and 9/16/26
Action Plan Complete med cart audits were completed by Director of Wellness on 9/16/26 on all 4 medication carts. Med Tech on 10pm 6am shift will review med carts and incoming medications from pharmacy nightly for 2 weeks then weekly. Full cart audits will be completed monthly by Director of Wellness and/or designee. Audits will

183d - Prescription Current (continued)

be kept for review

Licensee's Proposed Overall Completion Date: *10/09/2026*

Implemented ([redacted] - 11/20/2026)

183e - Storing Medications

6. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1 was prescribed Morphine Sulfate 20mg/ml, give 0.25ml sublingually every hour has needed. However, the home's storage of the medication caused 7 of the 8 syringes in the cart to empty out of the syringe and into the cap or the storage bag, which reduced the amount of the medication available to be administered as needed.

Plan of Correction ***Accept ([redacted] - 10/14/2026)***

Immediate -Director of Wellness phoned pharmacy on 9/11/26 explaining the issue with the syringes. Pharmacy stated that it was a manufacturing issue and not the way they were stored. Pharmacy sent new ones 9/11/26
Action - On 9/10/26 Administrator and Director of Wellness were educated by DHS Representatives on Reg 2600.183e. Staff were educated on Reg 2600.183.e on 9/15/26 and 9/16/26

Action Plan - Director of Wellness or designee will monitor all syringes upon each delivery effective 9/11/26 from pharmacy and to ensure proper storage
All documentation will be kept for review

Licensee's Proposed Overall Completion Date: *10/09/2026*

Implemented ([redacted] - 11/20/2026)

184a - Resident's Meds Labeled

7. 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 was prescribed Joint Flex External Cream 3.1%, apply topically to bilateral lower extremities twice daily; however, the pharmacy label indicated apply as needed for pain.

Resident #2 was prescribed Albuterol Sulfate 108 mcg, inhale orally two puffs every six hours as needed; however, the pharmacy label indicated inhale one puff.

184a - Resident's Meds Labeled (continued)

REPEATED VIOLATION - 9/9/25

Plan of Correction ***Accept ([redacted] - 10/08/2026)***

Immediate - On 9/11/26 Director of Wellness put a Change of Direction sticker on the medications
Action - On 9/10/26 Administrator and Director of Wellness were educated by DHS Representatives on Reg 2600.184a. Staff were educated on Reg 2600.184.a on 9/15/26 and 9/16/26

Action Plan - Complete med cart audits were completed by Director of Wellness on 9/16/26 on all 4 medication carts. Med Tech on 10pm-6am shift will review med carts and incoming medications from pharmacy nightly for 2 weeks then weekly. Full cart audits will be completed monthly by Director of Wellness and/or designee. Audits will be kept for review

Licensee's Proposed Overall Completion Date: *09/30/2026*

Implemented ([redacted] - 11/20/2026)

185a - Implement Storage Procedures

8. 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

Resident #1 was prescribed Silver Sulfadiazine External Cream 1%, apply to [redacted] two times daily; however, the medication was not available in the home.

The home's medication policy included a procedure for disposal of narcotic medication in which staff persons were to complete a disposal form that indicated the date, amount disposed, and signature of two staff persons. On 9/9/25, the home's staff disposed of one Hydrocodone/APAP 5mg/325mg tablet for resident #3; however, two staff persons did not sign the disposal form.

REPEATED VIOLATION - 9/9/25

Plan of Correction ***Accept ([redacted] - 10/14/2026)***

Immediate - Resident #1 Silver Sulfadiazine External Cream 1% was ordered the morning of 9/10/26 by Med Tech on duty and was received that evening (9/10/26)
Action - On 9/10/26 Administrator and Director of Wellness were educated by DHS Representatives on Reg 2600.185a. Staff were educated on Reg 2600.185.a on 9/15/26 and 9/16/26

Action Plan - Complete med cart audits were completed by Director of Wellness on 9/16/26 on all 4 medication carts. On 9/16/26 Med Tech on 10pm-6am shift will review med carts and incoming medications from pharmacy nightly for 2 weeks then weekly. Full cart audits will be completed monthly by Director of Wellness and/or designee. Audits will be kept for review

Licensee's Proposed Overall Completion Date: *10/09/2026*

Implemented ([redacted] - 11/20/2026)

187a Medication Record

9. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 was prescribed Morphine Sulfate 20mg/ml, give 0.25ml by mouth every hour as needed for mild / moderate pain and shortness of breath. However, the resident's September 2025 medication administration record (MAR) indicated give 0.25ml every hour as needed for pain or shortness of breath.

REPEATED VIOLATION - 9/9/25

Plan of Correction ***Accept ([redacted] - 10/08/2026)***

Immediate - Director of Wellness applied a Change of Sticker to the medication for Resident #1
Action - On 9/10/26 Administrator and Director of Wellness were educated by DHS Representatives on Reg 2600.187a. Staff were educated on Reg 2600.187a on 9/15/26 and 9/16/26

Action Plan - Complete med cart audits were completed by Director of Wellness on 9/16/26 on all 4 medication carts. Med Tech on 10pm-6am shift will review med carts and incoming medications from pharmacy nightly for 2 weeks then weekly. Full cart audits will be completed monthly by Director of Wellness and/or designee. Audits will be kept for review

Licensee's Proposed Overall Completion Date: *09/30/2026*

Implemented ([redacted] - 11/20/2026)

187b Date/Time of Medication Admin.

10. 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 was prescribed Silver Sulfadiazine External Cream 1%, apply [redacted] two times daily. On 9/1/26 to 9/4/26 & 9/8/26 to 9/10/26, at 8:00 a.m., the resident's hospice care team applied the medication; however, multiple staff persons of the home had initialed the resident's September 2026 MAR as administering the medication.

Plan of Correction ***Accept ([redacted] - 10/14/2026)***

Immediate - On 9/11/26 Director of Wellness talked with Medication Techs on proper documentation
Action - On 9/10/26 Administrator and Director of Wellness were educated by DHS Representatives on Reg 2600.187.b. Staff were educated on Reg 2600.187.b on 9/15/26 and 9/16/26

Action Plan -On 9/17/26 Director of Wellness or Designee will audit daily for 1 week then weekly for 2 weeks then monthly to ensure proper documentation

Licensee's Proposed Overall Completion Date: *10/09/2026*

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

Implemented ([redacted] - 11/20/2026)