

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395860	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/25/2024
NAME OF PROVIDER OR SUPPLIER  Loyalhanna Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  535 McFarland Road Latrobe, PA 15650	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>46994</p> <p>Based on review of facility policies, as well as observations and staff interviews, it was determined that the facility failed to provide a clean and homelike environment in residents' rooms for 10 of 14 residents reviewed (Residents 4, 5, 7, 8, 9, 10, 11, 12, 13, 14).</p> <p>Findings include:</p> <p>The facility's policy regarding daily room cleaning of resident rooms, dated April 10, 2024, indicated that the purpose was to provide a safe, clean, and sanitary living environment for the residents. Dust mopping must be completed daily to reduce the amount of dust built-up in corners and along the edges of the room. Use a metal scraper to remove any build-up on the floors, with a focus on the corners/edges and front transition. Each housekeeper is responsible for inspecting their rooms at a minimum of three times each day. During the inspection the housekeeper is looking for overflowing trash, spills, and trash on the floor. Anything identified during the inspections must be addressed immediately.</p> <p>Observations of Resident 7's room on July 25, 2024, at 9:26 a.m., 11:17 a.m., and 1:55 p.m. revealed that there was an accumulation of dust and other debris, such as empty plastic cracker wrappers, under the resident's bed.</p> <p>Observations of Resident 8's room on July 25, 2024, at 9:29 a.m., 11:19 a.m., and 1:52 p.m. revealed that there were multiple white crumbs at the entry to the resident's room by the doorway and extending to the foot of the door bed.</p> <p>Observations of Resident 9's room on July 25, 2024, at 9:32 a.m., 11:20 a.m., and 1:53 p.m. revealed multiple crumbs and an accumulation of dust under his bed, as well as a small piece of white paper under the left side of the foot of his bed.</p> <p>Observations of Resident 10's room on July 25, 2024, at 9:35 a.m., 11:23 a.m., and 1:51 p.m. revealed multiple crumbs and an accumulation of dust under her bed.</p> <p>Observations of Resident 11's room on July 25, 2024, at 9:36 a.m., 11:25 a.m., and 1:50 p.m. revealed an accumulation of dust and paper debris under the foot of her bed.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations of Resident 12's room on July 25, 2024, at 9:38 a.m., 11:25 a.m., and 1:49 p.m. revealed that the window bed was empty and unmade with an accumulation of dust under the bed, as well as an empty denture cup lying on the floor under the head of the bed. An interview with the nurse aide during the initial observation revealed that Resident 12's roommate was transferred to another room and that housekeeping needed to clean the room. Review of the facility's census revealed that Resident 12's roommate was transferred to another room in the facility on July 22, 2024.</p> <p>Observations of Resident 4 and Resident 13's room on July 25, 2024, at 9:41 a.m., 11:24 a.m., and 1:48 p.m. revealed that there were multiple crumbs on the floor from the foot of the door bed and extended to the foot of the window bed. There was also a dried substance from doorway to the foot the door bed.</p> <p>Observations of Resident 5 and Resident 14's room on July 25, 2024, at 9:45 a.m., 11:26 a.m., and 1:52 p.m. revealed that there were multiple crumbs on the floor from the foot of the door bed to the foot of the window bed.</p> <p>Interview with the Director of Environmental Services on July 25, 2024, at 2:00 p.m. revealed that the rooms were cleaned daily and deep cleaned on a monthly basis. He confirmed that the above residents' rooms needed cleaning and indicated that staff should advise him if they see that the room needs additional cleaning. He indicated that it was late in the day when Resident 12's roommate was transferred to another room, so he told the housekeeper that he would deep clean the room yesterday; however, he had to work laundry instead.</p> <p>28 Pa. Code 207.2(a) Administrator's Responsibility.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>46994</p> <p>Based on review of facility policies and clinical records, as well as interviews with staff, it was determined that the facility failed to ensure that residents were provided with showers as scheduled for two of 14 residents reviewed (Residents 2, 5).</p> <p>Findings include:</p> <p>A facility policy for resident showers, dated April 10, 2024, indicated that residents will be provided showers as per request or as per facility schedule protocols and based on resident safety.</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated June 20, 2024, revealed that the resident was understood and able to understand others, required set up and clean up assistance from staff for showering, and had diagnoses that included dementia.</p> <p>Review of Resident 2's care plan, dated June 15, 2023, indicated that the resident had a self-care performance deficit and required assistance with care from staff as needed and that the resident preferred showers in the morning.</p> <p>Resident 2's bathing record revealed that the resident was to get a shower every Monday and Thursday during the am shift. However, review of Resident 2's shower record, dated June 26, 2024, through July 25, 2024, revealed that the resident received only three showers in that 30-day period. There was no documented evidence that showers were offered and refused.</p> <p>A quarterly MDS assessment for Resident 5, dated June 18, 2024, revealed that the resident was understood, could understand others, and had a diagnosis which included an artificial left shoulder. A care plan for the resident, dated March 14, 2024, revealed that the resident has an activities of daily living self-care performance deficit related to fatigue/weakness and limited range of motion. Staff was to assist the resident with care as needed.</p> <p>Resident 5's bathing records for June and July 2024 revealed that the resident was to receive a shower every Tuesday and Friday during the p.m. shift. However, there was no documented evidence that she received showers, or was offered and refused a shower, on Tuesday, July 9 and 23, 2024, and on Friday June 28 and July 5, 12, and 19, 2024.</p> <p>Interview with the Director of Nursing on July 25, 2024, at 1:27 p.m. confirmed that there was no documented evidence regarding why showers were not provided as scheduled for Residents 2 and 5.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>