

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 10/23/2024
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 - Few</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>43856</p> <p>Based on observations and staff interviews, it was determined that the facility failed to provide a clean, comfortable, and homelike environment for three of four residents reviewed (Residents 1, 2, 3).</p> <p>Findings include:</p> <p>The facility's safe and homelike policy, dated April 10, 2024, revealed that the facility will provide a safe, clean, comfortable and homelike environment including comfortable and safe temperature level meaning that the ambient temperature should be in a relatively narrow range that minimizes residents' susceptibility to loss of body heat and risk of hypothermia/hyperthermia and is comfortable for the residents.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated August 21, 2024, revealed that the resident was cognitively intact and required assistance with daily care needs.</p> <p>Interview with Resident 1 on October 23, 2024, at 10:30 a.m. revealed that her shower days are Monday and Friday afternoons. Resident 1 stated that during her showers the water temperature decreases to an uncomfortable level that is not even warm. She stated that she would like to have a warm shower like she did when she was at home.</p> <p>An annual MDS assessment for Resident 2, dated August 29, 2024, revealed that the resident was cognitively intact and required assistance with daily care needs.</p> <p>Interview with Resident 2 on October 23, 2024, at 10:33 a.m. revealed that her shower days are Monday and Thursday mornings. Resident 2 stated that temperature of the water during her shower constantly fluctuates and is not a comfortable water temperature for her.</p> <p>A quarterly MDS assessment for Resident 3, dated August 27, 2024, revealed that the resident was cognitively intact and required assistance with daily care needs.</p> <p>Interview with Resident 3 on October 23, 2024, at 10:45 a.m. revealed that she would like the water temperature for her showers to be warmer than it is.</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 - Few</p>	<p>Interview with Nurse Aide 1 and Nurse Aide 2 on October 23, 2024, at 10:12 a.m. revealed that they have to check the water temperature prior to providing showers to the residents and that the water temperature is often cooler than the residents like, so bed baths are offered but refused because they want their scheduled showers and want them to be a comfortable temperature.</p> <p>Observations in the North side shower room on October 23, 2024, at 10:15 a.m. revealed that the temperature gauge on the shower wall did not register higher than 80 Fahrenheit (F) during the five minutes that the water was being monitored.</p> <p>Interview with Maintenance Director on October 23, 2024, at 11:45 a.m. revealed that he monitors the water temperature in both shower rooms. There is a valve that when adjusted regulates the amount of hot and cold water that is mixed to reach a temperature that is higher than 100 F and lower than 110 F. He stated that if the hot water is not hot enough when it is mixed, then a temperature of 100 F is not reached.</p> <p>Interview with Nursing Home Administrator October 23, 2024, at 1:20 p.m. confirmed that residents should have a temperature within their normal limits of 100-110 degrees F during their showers to provide a comfortable, homelike environment.</p> <p>28 Pa. Code 201.29(j) Resident Rights.</p> <p>28 Pa. Code 207.2(a) Administrator's Responsibility.</p>		