

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 01/23/2025
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46994</p> <p>Based on observations and staff interviews, it was determined that the facility failed to ensure that residents had a clean and homelike environment on the South and North halls of the facility.</p> <p>Findings include:</p> <p>Observations on January 22, 2024, at 9:11 a.m. revealed that the floors in the hallway on the south side of the building contained what appeared to be scattered dirt/debris and three moderate size clumps of brown dust entering into Corridor B, and black marking, reported to be floor glue, in various locations on the vinyl flooring in the hallway. Varying amounts of dust and debris were noted on the carpeting in corridor A. Wallpaper on Corridor A on the South hall was noted to be peeling from the wall and had tape attempting to hold it in place, as well as peeling wallpaper above the kiosk in the hallway that had a brown, clumpy substance noted on the wall. rooms [ROOM NUMBER] had transition strips in the doorways that had pieces missing from them. The shower in the North hall had a pink substance noted in and around the grout in the bottom of the shower stall where the wall and floor meet.</p> <p>Interview with the Environmental Services Director on January 22, 2025, at 1:31 p.m. confirmed that housekeeping staff is responsible for cleaning resident rooms and common areas in the facility daily. He confirmed that there was a presence of varying amounts of dirt and debris on the floor in the hallways on the South halls of the building; there was glue on the vinyl flooring in the hallway that they were having difficulty removing; there was a brown, unknown substance was on the wall; the South side halls appeared dirty and not homelike; and the pink substance in the shower should not be there and does get removed weekly with bleach.</p> <p>Interview with the Maintenance Director on January 22, 2025, at 1:40 p.m. confirmed that the identified rooms had transition strips that were broken, the vinyl flooring had floor glue on it that they were having difficulty removing, and the wallpaper was peeling, making the facility appear dirty and unkempt.</p> <p>28 Pa. Code 201.29(j) Resident Rights.</p> <p>28 Pa. Code 207.2(a) Administrator's Responsibility.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<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 clinical record reviews, as well as staff and resident interviews, it was determined that the facility failed to ensure that residents were provided with showers/baths as scheduled for one of four residents reviewed (Resident 2).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated November 5, 2024, revealed that the resident was cognitively intact, required assistance from staff for showers, and had diagnoses that included dementia.</p> <p>Resident 2's bathing record, dated December 2024 and January 2025, revealed that the resident was to receive a shower every Sunday and Wednesday evening; however, there was no documented evidence that the resident was offered or refused a shower during the six days between December 4, 2024, and December 11, 2024; the 11 days between December 11, 2024, and December 23, 2024; the eight days between December 23, 2024, and January 1, 2025; the six days between January 1, 2025, and January 8, 2025; the six days between January 8, 2025 and January 15, 2025; and the five days between January 15, 2025, and January 21, 2025.</p> <p>Interview with the Nursing Home Administrator on January 22, 2025, at 3:10 p.m. confirmed that there was no documented evidence that showers were being offered to Resident 2 twice a week per her preference.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>		