STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395860	A. Building B. Wing	03/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Loyalhanna Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 31760 Based on clinical records reviews and staff interviews, it was determined that the facility failed to follow physician's orders related to bowel medications for one of six residents reviewed (Resident 2). Findings include: An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated December 23, 2025, revealed that the resident was understood, could understand others, was cognitively intact, and was occasionally incontinent of bowel. Physician's orders for Resident 2, dated December 19, 2024, included orders for the resident to receive 30 milliliters (mL) of Milk of Magnesia (an oral laxative) as needed for constipation if no bowel movement by the third day. If the Milk of Magnesia (MOM) was not effective then one Bisacodyl suppository (a laxative inserted rectally) was to be administered as needed for constipation. If there were no results from the MOM or suppository, then one Fleets enema (a liquid inserted rectally to stimulate a bowel movement) was to be administered as needed for constipation. Resident 2's bowel records revealed that she did not have a bowel movement from December 30, 2024, through January 5, 2025 (seven days). The resident's Medication Administration Record (MAR) for January 2025 revealed that staff administered 30 mL of MOM on January 5, 2025, at 1:03 p.m. and a Bisacodyl suppository at 10:08 p.m. Resident 2's bowel records revealed that she did not have a bowel movement from January 17 through 27, 2025 (11 days). The resident's MAR for January 2025 revealed that staff administered 30 mL of MOM on January 26, 2025, at 8:26 a.m. and a Bisacodyl suppository at 7:23 p.m. Interview with the Nursing Home Administrator on March 4, 2025, at 3:44 p.m. confirmed that Resident 2's physician orders for bowel medications were not followed. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.

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

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 03/04/2025
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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. 31760 Based on review of facility policies and residents' clinical records, as well as staff interviews, it was determined that the facility failed to ensure that the residents maintained acceptable parameters for nutritional status by failing to ensure timely notification of the dietician and physician about significant weight losses for two of six residents reviewed (Residents 1, 2), resulting in a delay in treatment for Resident 2, and failing to ensure timely notification of the physician about a decline in hydration consumption for one of six residents reviewed (Resident 2). Findings include: The facility's policy regarding weight assessment and intervention, dated January 13, 2025, indicated that if any resident had a weight change of five percent or more since the last weight, they would have the weight re-taken the next day for confirmation. If the weight was verified, nursing would immediately notify the dietitian/designee. The physician and the multidisciplinary team will identify conditions and medications that may be causing anorexia (an eating disorder that involves severe calorie restriction and often a low body weight), weight loss, or increasing the risk of weight loss. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated January 28, 2025, revealed that the resident was understood and could understand others, weighed 150 pounds, and was on a therapeutic diet (e.g., low salt, diabetic, low cholesterol). A care plan for the resident, dated January 24, 2025, revealed that the resident has a potential to have a nutritional problem related to requiring a therapeutic diet. Staff was to monitor the resident's weights as ordered and notify the physician with any significant changes. Staff was also to monitor/record/report to the physician any significant weight loss of three pounds in one week, greater than five percent weight loss in one month, greater than 7.5 percent weight loss in three months, and greater than 10 percent weight loss in six months. A dietary note for Resident 1, dated February 11, 2025, revealed that the resident had a significant weight loss of 6.9 percent (10.5 pounds) in one month. The resident's reweigh on February 4, 2025, was 142 pounds, confirming the weight loss. There was no documented evidence that the physician was notified about Resident 1's significant weight loss of 6.9 percent (10.5 pounds) in one month. Interview with the Director of Nursing on March 4, 2025, at 2:53 p.m. confirmed that there was no documented evidence that the physician was notified of Resident 1's significant weight loss of 6.9 percent (10.5 pounds) times one month as per the resident's care plan. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Loyalhanna Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 535 McFarland Road Latrobe, PA 15650	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An admission MDS assessment for Resident 2, dated December 23, 2025, revealed that the resident was understood, could understand others, was cognitively intact, weighed 161 pounds, had no weight loss, had coughing or choking during meals or when swallowing medications, had difficulty or pain when swallowing, and was receiving a diuretic (water pill). A care plan, dated December 20, 2024, and January 3, 2025, indicated that the resident had a potential for fluid volume deficit related to the use of a diuretic. Staff were to monitor for signs and symptoms of fluid volume deficit. The resident was at risk for nutrition problems and weights were to be monitored. The physician was to be notified of any significant changes. A physician's order, dated December 19, 2024, included orders for the resident to receive 20 milligrams(mg) of Furosemide (diuretic) one time a day. A nutritional assessment, dated December 26, 2024, indicated that the resident's daily fluid intake needs were 1500-1700 milliliters (mL) and was consuming 240-420 mL of fluids per meal. Laboratory test results, dated December 31, 2024, revealed that the resident had an elevated blood urea nitrogen of 30 (7-25 milligrams/deciliter), a low sodium of 131 (136-145 milli-equivalents), and glomerular filtration rate of 57 (greater than 90). Daily fluid intake records for January 2025 revealed that the resident's daily fluid intake was 480 mL on January 27, 600 mL on January 28, 240 mL on January 29, 360 mL on January 30, 480 mL on January 31, 360 mL on February 1, 240 mL on February 2, and 180 mL on February 2, 2025. A care plan, dated January 29, 2025, indicated that staff were to encourage fluid intake; however there was no documented evidence that the care plan for dehydration was updated to include any new interventions to increase the resident's fluid intake and no documented evidence that the physician was notified of the low fluid intake. Laboratory test results, dated February 3, 2025, revealed that the resident had an elevated blood urea nitrogen of 48 (7-25 milligrams/deciliter), a low sodium of 123 (136-145 milli-equivalents) and potassium of 2. 4 (3.5-5.1), and glomerular filtration rate of 51 (greater than 90). A weight record, dated January 1, 2025, revealed that Resident 2 weighed 149.6 pounds (11.4 pound loss) and on January 10, 2025, weighed 147 pounds. There was no documented evidence that the physician and/or dietitian were notified about the resident's weight loss, and there was no evidence that new interventions were implemented to improve the resident's meal intake. A weight record, dated February 2, 2025, revealed Resident 2 weighed 144.6 pounds. A dietitian note for Resident 2, dated February 4, 2025, revealed that the resident had a 9.6 percent weight loss over the past two months and poor intake, and 90 milliliters (mL) of med pass 2.0 (supplement) would be added twice day. An interview with the Director of Nursing on March 4, 2025, at 2:55 p.m. and 3:44 p.m. confirmed that Resident 2's decreased fluid intake and weight loss were not reported to the physician or dietitian until February 4, 2025, when a supplement was ordered. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.