

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 04/11/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>42079</p> <p>Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to develop and implement comprehensive care plans that included specific and individualized interventions to address specific care needs for one of 29 residents reviewed (Resident 61).</p> <p>Findings include:</p> <p>The facility's policy regarding care plans, dated January 1, 2024, indicated that resident care plans were to be developed, reviewed and revised, as necessary, when residents experience a status change.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 61, dated February 2, 2024, revealed that the resident was understood, could usually understand, was cognitively intact, was dependent on staff for care needs, and was administered opioid medication.</p> <p>Physician's orders for Resident 61, dated March 29, 2023, included orders for the resident to receive an x-ray of the left knee due to increased pain. The findings of that x-ray concluded that the resident had moderate to severe tricompartmental osteoporosis (bone disease of the knee).</p> <p>Physician's orders for Resident 61, dated October 27, 2023, included orders for the resident to receive 25 milligrams (mg) of Tramadol (a controlled medication used to treat pain) every six hours as needed for moderate to severe pain.</p> <p>Interview with the Registered Nurse Assessment Coordinator (RNAC - responsible for completing the MDS assessments) on April 11, 2024, at 10:52 a.m. confirmed that a care plan to address Resident 61's specialized care needs related to pain was not created and that it should have been.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>48941</p> <p>Based on review of facility policy and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a resident's care plan was updated/revised to reflect the resident's specific care needs for one of 29 residents reviewed (Resident 11).</p> <p>Findings include:</p> <p>The facility's policy regarding care plan development and revision, dated January 1, 2024, indicated that resident care plans are reviewed and revised, as necessary, when residents experience a status change.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 11, dated February 2, 2024, indicated that the resident was cognitively intact, was independent with most care needs, and was occasionally incontinent of urine.</p> <p>Physician's orders for Resident 11, dated March 19, 2024, revealed that the resident was to receive Keflex (an antibiotic) 500 milligrams (mg) two times a day for a urinary tract infection (infection involving any part of the urinary system including the kidney, ureters, bladder, and urethra).</p> <p>Nurse's notes for Resident 11, dated March 23, 2024, at 10:20 a.m. indicated that the resident was started on Keflex from an emergency department evaluation on March 19, 2024, and the final culture results were obtained and the antibiotic was changed to Cipro 500 mg daily for five days.</p> <p>Physician's orders for Resident 11, dated March 24, 2024, revealed that the resident was to receive Cipro (an antibiotic) 500 (mg) daily for five days for a urinary tract infection (UTI).</p> <p>Review of Resident 11's Medication Administration Record for March 2024 revealed that the course of Cipro was completed on March 28, 2024.</p> <p>Resident 11's care plan, dated March 20, 2024, included a focus for UTI, which included an intervention for antibiotic therapy. As of April 11, 2024, the care plan was not updated to reflect that the UTI was resolved and the antibiotic was completed.</p> <p>An interview with the Registered Nurse Assessment Coordinator on April 11, 2024, at 11:10 a.m. confirmed that the UTI was resolved and the antibiotic was completed, and the care plan for the UTI with antibiotic therapy should have been resolved and it was not.</p> <p>28 Pa. Code 201.24(e)(4) Admission Policy.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>48941</p> <p>Based on review of facility policies, Pennsylvania's Nursing Practice Act, and clinical records, as well as staff interviews, it was determined that the facility failed to clarify a physician's order for one of 29 residents reviewed (Resident 51).</p> <p>Findings include:</p> <p>The facility's policy for hemodialysis (treatment to remove extra fluid and waste from the blood when the kidneys are not able to), dated January 1, 2024, revealed that the facility will ensure that each resident receives care and services for the provision of hemodialysis consistent with professional standards of practice.</p> <p>The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing, 21.11 (a)(1)(2)(4) indicated that the registered nurse was to collect complete and ongoing data to determine nursing care needs, analyze the health status of individuals and compare the data with the norm when determining nursing care needs, and carry out nursing care actions that promote, maintain and restore the well-being of individuals.</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 51, dated February 4, 2024, indicated that the resident was cognitively intact, required assistance from staff with daily care needs, received hemodialysis and had a diagnosis of End-Stage Renal Disease (ESRD) (kidneys no longer work as they should to meet the body's needs requiring dialysis or kidney transplant to stay alive), kidney transplant failure (transplanted donor kidney fails to work), and cardiomyopathy (a disease that affects the heart muscle that makes it harder for the heart to pump blood potentially causing fluid buildup).</p> <p>Physician's orders for Resident 51, dated March 5, 2024, revealed that the resident was to receive Bumetanide (a medication that removes excess fluid from the body) two milligrams (mg) at bedtime every Tuesday, Thursday, Saturday, and Sunday. The Bumetanide was scheduled to be given on non-dialysis days.</p> <p>Physician's orders for Resident 51, dated March 11, 2024, revealed that the resident was to receive dialysis at Fresenius Dialysis every Monday, Wednesday, and Friday.</p> <p>Physician's orders for Resident 51, dated April 2, 2024, revealed that the resident's dialysis days changed and he was to receive dialysis at Fresenius Dialysis in Latrobe every Tuesday, Thursday, and Saturday. The Bumetanide continued to be given every Tuesday, Thursday, Saturday, and Sunday. There was no documented evidence that the physician was notified to clarify the order for Bumetanide when the resident's dialysis days changed.</p> <p>An interview with the Director of Nursing on April 11, 2024, at 12:17 p.m. confirmed that Resident 51's order for Bumetanide should have been clarified when his dialysis days were changed, and it was not.</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing Services.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41233</p> <p>Based on a review of clinical records, as well as staff interviews, it was determined that the facility failed to provide suprapubic urinary catheter care as ordered by the physician for one of 29 residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>The facility's policy regarding indwelling urinary catheters, dated January 1, 2024, revealed that physician orders would be followed regarding the size, need for and frequency of catheter changes.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated February 13, 2024, revealed that the resident was cognitively intact, required extensive assistance with most daily care needs, had an indwelling supra pubic catheter (a thin tube inserted into the bladder to allow urine drainage), received hospice services, and had diagnosis of multiple sclerosis.</p> <p>Physician's orders for Resident 1, dated February 10, 2024, included orders for the resident to have a 16 French catheter with a 30 ml (milliliter) balloon (an inflatable balloon that helps keep the catheter inside the bladder).</p> <p>A care plan for Resident 1's indwelling catheter, revised on April 8, 2024, indicated that the catheter size was a 16 French with a 30 ml balloon.</p> <p>Nursing notes for Resident 1 indicated that the catheter was changed using a size 16 French, 30 ml balloon catheter on February 10, March 2, and March 23, 2024.</p> <p>Observations on April 11, 2024, at 10:05 a.m. revealed that Resident 1 was lying in bed with the catheter drainage bag hanging off the side of the bed. The surveyor and Licensed Practical Nurse 1 were unable to visualize the size of the catheter. No where on the catheter did it say what size it was. The resident stated that she has had a catheter for [AGE] years, and she insisted that the size that she currently has in place is an 18 French with a 30 ml balloon. Resident 1 went on to show the surveyor and Licensed Practical Nurse 1 the box of 18 French catheters that was open and sitting on her dresser.</p> <p>Interview with Licensed Practical Nurse 1 on April 11, 2024, at 10:07 a.m. indicated that Resident 1 is alert and oriented and fully involved in her care, and from all indications the resident had an 18 French catheter in place instead of the ordered 16 French catheter.</p> <p>Interview with the Nursing Home Administrator on April 11, 2024, at 10:35 a.m. confirmed that the size of the supra pubic catheter in Resident 1 should match the current physician order and resident care plan.</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing Services.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>41233</p> <p>Based on facility policies, clinical record reviews, and staff interviews, it was determined that the facility failed to ensure that gastrostomy tube care was provided as ordered by the physician for one of 29 residents reviewed (Resident 60).</p> <p>The facility's policy regarding gastrostomy tubes (a tube inserted through the belly that delivers nutrition directly to the stomach), dated January 1, 2024, revealed that the facility would ensure that gastrostomy flushes were provided as ordered by the physician.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 60, dated March 2, 2024, indicated that the resident was cognitively impaired, does not speak, was totally dependent on two staff for daily care needs, had a gastrostomy tube, and had diagnoses that included anoxic brain injury (due to a lack of oxygen to the brain).</p> <p>Physician's orders for Resident 60, dated January 15, 2024, included orders for the resident to have her gastrostomy tube flushed every four hours with 190 mL (milliliters) of free water.</p> <p>Review of Resident 60's clinical record, including the Treatment Administration Record and progress notes for February, March and April 2024, revealed no documented evidence that the gastrostomy tube was flushed as ordered on February 18, 2024, at 5:00 a.m.; March 8, 2024 at 1:00 a.m. and 5:00 a.m.; and April 5, 2024 at 1:00 p.m.</p> <p>Interview with the Director of Nursing on April 9, 2024, at 1:41 p.m. confirmed that there was no documented evidence that the gastrostomy tube was flushed every four hours with 190 mL (milliliters) of free water as ordered by the physician on the dates and times listed.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>48941</p> <p>Based on review of facility policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to provide oxygen therapy as ordered for one of 29 residents reviewed (Resident 51).</p> <p>Findings include:</p> <p>The facility's policy for oxygen administration, dated January 1, 2024, revealed that oxygen therapy will be administered under orders of a physician and staff will document the initial and ongoing assessment of the resident's condition warranting oxygen and the response to oxygen therapy. Staff shall notify the physician of any changes in the resident's condition, including changes in vital signs, oxygen concentrations, or any complications related to use of oxygen.</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 51, dated February 4, 2024, indicated that the resident was cognitively intact, required assistance from staff with daily care needs, used supplemental oxygen, and had diagnoses including cardiomyopathy (a disease that affects the heart muscle that makes it harder for the heart to pump blood) and non-ST-elevation myocardial infarction (type of heart attack that occurs when the heart's need for oxygen cannot be met). A care plan for Resident 51, dated January 30, 2024, indicated that he was to receive supplemental oxygen as ordered.</p> <p>Physician's orders for Resident 51, dated January 29, 2024, included an order for the resident to receive supplemental oxygen at a flow rate of 2-6 liters (L) via nasal cannula (a small tube that delivers oxygen through the nasal passages) continuously every shift to maintain pulse oximetry reading (measures blood oxygen levels) greater than 89 percent.</p> <p>Review of Resident 51's Treatment Administration Record for April 2024 revealed that the resident did not have his supplemental oxygen on as ordered on April 1, 2024, for the day, evening and night shifts; April 2, 2024, for the day and evening shifts; April 3, 2024, for the evening shift; April 6, 2024, for the day shift; and April 9, 2024 for the day and evening shifts.</p> <p>Observations of Resident 51 on April 8, 2024, at 11:10 a.m. and April 9, 2024, at 3:34 p.m. revealed that the resident was in bed without the supplemental oxygen in place as ordered.</p> <p>Interview with Resident 51 on April 9, 2024, at 3:34 p.m. revealed that he does not use the supplemental oxygen all the time. He stated that he has not used it in the last five days except for today when he went to dialysis.</p> <p>Interview with Registered Nurse Supervisor 2 on April 9, 2024, at 3:36 p.m. confirmed that Resident 51 had an order for continuous oxygen but only used it as needed.</p> <p>Interview with the Director of Nursing on April 10, 2024, at 11:10 a.m. confirmed that the oxygen for Resident 51 should have been applied as ordered and it was not.</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing Services.</p>		

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<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>38012</p> <p>Based on review of facility policy and personnel files, as well as staff interviews, it was determined that the facility failed to verify registry verification prior to allowing individuals to work as a nurse aide for two of three newly hired nurse aides reviewed (Nurse Aides 3, 4).</p> <p>Findings include:</p> <p>The facility's abuse policy, dated January 1, 2024, revealed that the facility would verify registry with the Pennsylvania Nurse Aide Registry prior to hire for all nurse aides.</p> <p>The personnel file for Nurse Aide 3 revealed that she was hired by the facility on February 14, 2024. However, there was no documented evidence that the facility verified the nurse aide's standing with the state nurse aide registry until April 10, 2024.</p> <p>The personnel file for Nurse Aide 4 revealed that she was hired by the facility on January 18, 2024. However, there was no documented evidence that the facility verified the nurse aide's standing with the state nurse aide registry until April 10, 2024.</p> <p>Interview with the Nursing Home Administrator on April 11, 2024, at 1:04 p.m. confirmed that Nurse Aides 3 and 4 did not have a nurse aide registry check completed prior to their start date and that they should have.</p> <p>28 Pa. Code 201.29 Personnel Policies and Procedures.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>42079</p> <p>Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to maintain accountability for controlled medications (drugs with the potential to be abused) for two of 29 residents reviewed (Residents 51, 61).</p> <p>Findings include:</p> <p>The facility's policy regarding medication administration, dated January 1, 2024, indicated that the nurse would sign the Medication Administration Record (MAR) after the medications are administered.</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 51, dated February 4, 2024, indicated that the resident was cognitively intact, required assistance from staff with daily care needs, had pain that was rated 8 on a pain scale of 0-10 (a common measurement of pain intensity with 0 being no pain and 10 being the worst pain possible), and received opioid pain medication on a routine and as needed basis for pain management.</p> <p>Physician's order for Resident 51, dated January 29, 2024, included an order for the resident to receive one-half tablet of 5-325 milligrams (mg) Percocet every six hours as needed for moderate pain.</p> <p>Review of the controlled drug record (a form that accounts for each tablet/pill/dose of a controlled drug) for Resident 51 for February and March 2024 indicated that a dose of Percocet was signed out on February 19, 2024, at 10:37 a.m.; February 23, 2024, at 10:58 a.m.; and March 29, 2024, at 11:30 p.m.</p> <p>Review of Resident 51's MAR and nursing notes revealed no documented evidence that the signed-out doses of Percocet were administered to the resident on the above-mentioned dates and times.</p> <p>Interview with the Director of Nursing and the Nursing Home Administrator on April 11, 2024, at 12:17 p.m. confirmed that there was no documented evidence in Resident 51's clinical records to indicate that the signed-out doses of Percocet were administered to the resident on the above-mentioned dates and times.</p> <p>A quarterly MDS assessment for Resident 61, dated February 2, 2024, revealed that the resident was understood, and could usually understand, was cognitively intact, required partial assistance with eating, was dependent on staff for all other care needs, and received opioid medication.</p> <p>Physician's orders for Resident 61, dated October 27, 2023, included orders for the resident to receive 25 mg of Tramadol (a controlled medication used to treat pain) every six hours as needed for moderate to severe pain.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the controlled drug record for Resident 61 for January and February 2024 indicated that a dose of Tramadol was signed out on January 12, 2024, at 4:30 a.m. and February 15, 2024, at 10:00 p.m.</p> <p>Review of Resident 61's MAR and nursing notes revealed no documented evidence that the signed-out doses of Tramadol were administered to the resident on the above-mentioned dates and times.</p> <p>Interview with the Director of Nursing on April 11, 2024, at 12:31 p.m. confirmed that there was no documented evidence in Resident 61's clinical records to indicate that the signed-out doses of Tramadol were administered to the resident on the above-mentioned dates and times.</p> <p>28 Pa. Code 211.9(a)(h) Pharmacy Services.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41233</p> <p>Based on review of facility policies, as well as observations and staff interviews, it was determined that the facility failed to properly maintain the freezers in two of two medication rooms (North and South), and failed to discard expired medical supplies in one of two medication rooms (South).</p> <p>Findings include:</p> <p>The facility's policy regarding medication storage, dated [DATE], revealed that the facility would ensure that all medications and equipment stored in the medication rooms would be maintained and stored to ensure proper sanitation, temperature, moisture control, and function.</p> <p>Observations in the North medication room refrigerator/freezer on [DATE], at 9:03 am. revealed that there was a large build up of ice on the roof of the freezer that was dripping water onto the bags containing medications that were stored in the refrigerator.</p> <p>An interview with Registered Nurse Supervisor 2 and the Assistant Director of Nursing on [DATE], at 9:36 a. m. confirmed that the freezer should not have a large build up of ice with water dripping onto the medications stored in the refrigerator.</p> <p>Observations in the South medication room on [DATE], at 9:45 a.m. revealed a large build up of ice on the roof of the freezer, and three intravenous catheters (medical supplies used in the vein to provide fluids or medication) that expired on [DATE].</p> <p>Interview with Registered Nurse 5 on [DATE], at 9:48 a.m. confirmed that the freezer needed defrosted, and the medical supplies were expired and should not have been in circulation to be used on residents.</p> <p>Interviews with the Director of Nursing and Nursing Home Administrator on [DATE], at 10:35 a.m. confirmed that the North and South medication storage refrigerator/freezers should not have a large buildup of ice on the roof of the freezer, and that the North freezer should not have water dripping onto stored medications below. In addition, the expired intravenous catheters should have been discarded.</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy Services.</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>38012</p> <p>Based on review of the facility's plans of correction for previous surveys, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to correct quality deficiencies and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies.</p> <p>Findings include:</p> <p>The facility's deficiencies and plans of corrections for a State Survey and Certification (Department of Health) survey ending May 3, 2023, as well as complaint visits on July 14, 2023, and January 26, 2024, revealed that the facility developed plans of correction that included quality assurance systems to ensure that the facility maintained compliance with cited nursing home regulations. The results of the current survey, ending April 12, 2024, identified repeated deficiencies related to a failure to care plan timing and revision, services provided to meet professional standards, gastrostomy tube maintenance, and label/store drugs and biologicals.</p> <p>The facility's plan of correction for a deficiency regarding care plan timing and revision, cited during the survey ending May 3, 2023, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F657, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding care plan timing and revision.</p> <p>The facility's plan of correction for a deficiency regarding services provided meet professional standards, cited during the surveys ending May 3, 2023; July 14, 2023; and January 26, 2024, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F658, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding services provided meet professional standards.</p> <p>The facility's plan of correction for a deficiency regarding tube feeding management, cited during the survey ending May 3, 2023, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F693, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding tube feeding management.</p> <p>The facility's plan of correction for a deficiency regarding label/store drugs and biologicals, cited during the survey ending May 3, 2023, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F761, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding label/store drugs and biologicals.</p> <p>Refer to F657, F658, F693, F761.</p> <p>(continued on next page)</p>		

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 04/11/2024
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)
F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(e)(1) Management.

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 04/11/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42079</p> <p>Based on review of policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that staff followed proper infection control practices during wound care for one of 29 residents reviewed (Resident 22).</p> <p>Findings include:</p> <p>The facility's policy regarding hand washing and hand hygiene, dated January 1, 2024, indicated to use alcohol-based hand rub containing at least 60 to 95 percent alcohol or soap and water when indicated with accepted standards of practice. The use of gloves does not replace hand hygiene.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 22, dated January 25, 2024, revealed that the resident was cognitively impaired, was dependent on staff for all daily care, and had a pressure ulcer (wound caused by pressure) that was present on admission to the facility. The resident's current care plan indicated that she was at risk for skin break down related to immobility and had a Stage III (full thickness wound) pressure ulcer to the right buttocks. Staff were to administer treatments as ordered.</p> <p>Physician's orders for Resident 22, dated February 28, 2024, included an order for the right buttocks to be cleansed with normal saline, then apply Medihoney (wound healing ointment) to the wound base, cover with calcium alginate, and apply an abdominal pad daily and as need every day shift for wound care.</p> <p>Observations of Resident 22's wound care on April 11, 2024, at 10:54 a.m. revealed that there was one distinct open area on her right buttocks. Licenced Practical Nurse (LPN) 6, wearing gloves, a gown, a N-95 mask, and eye protection, positioned the resident to roll facing the window, then folded over the dirty dressing and removed it. Without removing her gloves and performing hand hygiene, she used a saline-soaked gauze to cleanse the wound then used a cotton-tipped applicator to apply Medihoney, followed by calcium alginate and an abdominal pad. Finally, LPN 6 repositioned the resident back on the bed, removed her gown and gloves, and exited the room.</p> <p>Interview with LPN 6 on April 11, 2024, at 11:10 a.m. confirmed that she did not remove her gloves and perform hand hygiene between dirty to clean tasks, as it was an all inclusive dressing change.</p> <p>Interview with the Staff Development and Infection Preventionist Registered Nurse on April 11, 2024, at 1:51 p.m. confirmed that staff should have performed hand hygiene during wound care between dirty to clean tasks with accepted standards of practice.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p>		