

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 03/25/2020
NAME OF PROVIDER OF SUPPLIER LOYALHANNA CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that residents received treatment and care in accordance with professional standards of practice by failing to follow physician's orders [REDACTED]. Findings include: An undated [DIAGNOSES REDACTED]. physician's orders [REDACTED]. Resident 7's Treatment Administration Records (TAR) for January 2020 revealed no documented evidence that the treatment was completed on January 27 and 30, 2020. physician's orders [REDACTED]. The resident's TAR for February 2020 revealed no documented evidence that the treatment was completed on February 17, 2020. Interview with the Director of Nursing on March 11, 2020, at 3:10 p.m. confirmed there was no documented evidence that Resident 7's treatments were completed as ordered by the physician. 28 Pa. Code 211.12(d)(3)(5) Nursing services.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.