

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

September 16, 2025

[REDACTED]
LOYALHANNA HEALTH CARE ASSOCIATES
[REDACTED]

RE: LOYALHANNA SENIOR SUITES &
PERSONAL CARE
543 MCFARLAND ROAD
LATROBE, PA, 15650
LICENSE/COC#: 44659

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/01/2025, 08/06/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: LOYALHANNA SENIOR SUITES & PERSONAL CARE **License #:** 44659 **License Expiration:** 04/10/2026
Address: 543 MCFARLAND ROAD, LATROBE, PA 15650
County: WESTMORELAND **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: LOYALHANNA HEALTH CARE ASSOCIATES
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: / 1 **Date:** 11/30/2014 **Issued By:** Derry Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 56 **Waking Staff:** 42

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 08/06/2025

Inspection Dates and Department Representative

08/01/2025 On Site: [REDACTED]
08/06/2025 Off Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 **Residents Served:** 39

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 10

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 39
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 17 **Have Physical Disability:** 0

Inspections / Reviews

08/01/2025 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 09/05/2025

Inspections / Reviews (*continued*)

09/13/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/17/2025

09/16/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED] at approximately 1:40 p.m., staff person A informed staff person B, the home's administrator, that resident [REDACTED] had a large bruise the resident's arm that was believed to be caused by staff person C being rough with the resident. The home did not immediately develop and implement a plan of supervision or suspend staff person C. Instead, staff person C was allowed to continue working at the home until the end of the staff's shift on [REDACTED] at 2:00 p.m.

Plan of Correction

Accept [REDACTED] - 09/13/2025)

Immediate Action: Staff member C was suspended on [REDACTED]

Action: All staff will be educated on 9/9/25 on Regulation 2600.15b to ensure compliance with regulation.

Action Plan: PCHA review daily for one month then three times a week for a month then weekly thereafter to ensure that compliance of regulation is followed

All documentation will be kept

Licensee's Proposed Overall Completion Date: 09/09/2025

Implemented [REDACTED] - 09/16/2025)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] at approximately 8:00 p.m., staff person C was assisting resident [REDACTED] in bed with washing and changing clothes. Resident # [REDACTED] was starting to roll over and stated to staff person C, "Hold on, wait." Staff person C stated to resident [REDACTED] "Shut the [REDACTED] up and roll over." This was witnessed by another staff person. The home did not report this incident to the Department.

Plan of Correction

Accept [REDACTED] - 09/13/2025)

Immediate Action: Upon PCHA hearing of the allegation on 8/1/25 of the incident that occurred on 7/19/25 it was reported to AAA and DHS

Action: All staff will be educated on 9/9/25 on Regulation 2600.16c to ensure compliance of regulation

Action Plan: PCHA review daily for one month then three times a week for a month then weekly thereafter to ensure that compliance of regulation is followed

Licensee's Proposed Overall Completion Date: 09/09/2025

Implemented [REDACTED] - 09/16/2025)

42c - Treatment of Residents

3. Requirements

2600.

42c Treatment of Residents (continued)

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at approximately 8:00 p.m., staff person C was assisting resident [redacted] in bed with washing and changing clothes. Resident # [redacted] was starting to roll over and stated to staff person C, 'Hold on, wait.' Staff person C stated to resident [redacted], "Shut the [redacted] up and roll over."

Plan of Correction

Accept ([redacted] - 09/13/2025)

Immediate Action: Staff person C had already been suspended.

Action : Staff person C was educated on Resident Rights on 8/8/25 prior to returning to work on 8/10/25. All staff will educated on Regulation 2600.42c on 9/9/25 to ensure compliance of regulation

Action Plan: Interviews began with residents on 8/7/25 in regards to feeling safe and being treated with dignity and respect. 50% of the residents will be done the first month (8/25/25 9/7/25), 50% the following month (9/8/25 10/8/25) and 10% monthly thereafter.

Documentation will be kept

Licensee's Proposed Overall Completion Date: 09/09/2025

Implemented ([redacted] - 09/16/2025)

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On [redacted], at 11:40 p.m., the dryer in the 3rd floor laundry room caught fire due to lint accumulation.

Plan of Correction

Accept ([redacted] - 09/13/2025)

Immediate: Dryer was unplugged and sign of out of order was placed on it.

Action: PCHA and Maintenance reviewed the Regulation 2600.105g on 7/28/25 after our weekly department head meeting. All staff were educated between 7/29/25 and 7/31/25 on Regulation 2600.105g

Action Plan: Maintenance will conduct thorough cleaning of dryers/ducts weekly for a month and thereafter every two weeks. PCHA created an audit tool for staff to monitor the dryer lint traps and around dryers to ensure they are free from lint after every use.

Documentation will be kept

Licensee's Proposed Overall Completion Date: 09/03/2025

Implemented ([redacted] - 09/16/2025)