



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to NEW KENSINGTON AL, LLC

LEGAL ENTITY

To operate THE ADDISON OF LOGAN PLACE

NAME OF FACILITY OR AGENCY

Located at 139 CRAIGDELL ROAD, LOWER BURRELL, PA 15068

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 47

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 5, 2024 until June 5, 2025 ,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **454990**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Emailing Date: June 5, 2024

[REDACTED]
New Kensington AL LLC
[REDACTED]
[REDACTED]

RE: The Addison of Logan Place
139 Craigdell Road
Lower Burrell, PA 15068
License #: 45499

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 5, 2024 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *The Addison of Logan Place* License #: 45499 License Expiration:
Address: *139 CRAIGDELL ROAD, LOWER BURRELL, PA 15068*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *New Kensington AL, LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/04/1997* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *52* Waking Staff: *39*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Change Legal Entity* Exit Conference Date: *04/05/2024*

Inspection Dates and Department Representative

04/05/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *35*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *17* Have Physical Disability: *2*

Inspections / Reviews

04/05/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/03/2024*

Inspections / Reviews (*continued*)

05/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/29/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/08/2024

05/01/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/29/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/31/2024

06/03/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/29/2024

Reviewer: [REDACTED]

Follow-Up Type: Exception

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1's resident assessment and support plan (RASP), dated 1/10/24, indicates ■■■ needs some physical assistance moving from one place to another and transfers with the assistance of one staff person.

On 2/13/24 at approximately 9:45 a.m., resident #1 indicated several weeks ago, while staff person A was assisting with transferring ■■■ to ■■■ wheelchair, staff person A threw ■■■ down into ■■■ wheelchair, causing ■■■ to hit ■■■ back on the metal handle of the wheel, hurting ■■■ back. Resident #1 slid into the seat of the chair and had to adjust ■■■ position ■■■ because staff person A left the room without helping ■■■. Resident #1 was visibly upset, said ■■■ is fearful of staff person A, and doesn't want staff person A to provide ■■■ care.

Plan of Correction

Accept (■■■ - 05/01/2024)

1. Staff member A was placed on administrative leave pending the outcome of the investigation on 2/13/24.
2. Staff member A was terminated from employment on ■■■/24 after completion of the investigation.
3. ED or designee will educate staff by 5/3/24 on the requirements set within regulation 2600.42b.
4. ED or designee will review 2 resident records, 24-hour log and resident incidents weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month to verify continued compliance of regulation 2600.42.b.
5. Audits will be reviewed at monthly Quality Assurance meetings. Continued review will be based on 3 months of sustained compliance.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented (■■■ - 06/03/2024)

52 - Hiring Staff

2. Requirements

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

Employees who do not currently reside in Pennsylvania or who have not held permanent residency in Pennsylvania for the two consecutive years prior to beginning employment are required to have a report of federal criminal history record information from the Federal Bureau of Investigation ("FBI check"). Staff person A, hired ■■■/24, did not hold permanent residency in Pennsylvania for the two consecutive years prior to beginning employment and did not have an FBI check completed.

Plan of Correction

Accept (■■■ - 05/01/2024)

1. Staff member A is no longer employed at the community effective 3/1/24.
2. ED or designee will audit employee records by 5/3/24 to verify that staff who does not currently reside in PA or who have not lived in PA for two consecutive years prior to beginning employment has a completed FBI check on file.
3. ED or designee will provide education to the BOM by 5/3/24 on the requirements set within regulation 2600.52.
4. Newly hired staff records will be reviewed at monthly Quality Assurance meetings. Continued review will be

52 - Hiring Staff (continued)

based on 3 months of sustained compliance.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [REDACTED] - 06/03/2024)

92 - Windows**3. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

There is no screen in either of the double windows in bedroom #118.

Plan of Correction

Accept [REDACTED] - 05/01/2024)

- 1. The window screen in room #118 was replaced on 4-5-24 by the Director of Plant Operations.*
- 2. ED or designee will educate staff by 5-3-24 on the requirements of regulation 2600.92 and the need for windows to be securely screened.*
- 3. Director of Plant Operations or designee will audit 6 windows for screens weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month.*
- 4. Audits will be reviewed at a monthly Quality Assurance review meeting. Continued review will be based on 3 months of sustained compliance.*

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [REDACTED] - 06/03/2024)

109b - Rabies Vaccination**4. Requirements**

2600.

- 109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 4/5/23, a brown tabby cat named [REDACTED] was present at the home. The home does not have a current certificate of rabies vaccination for the cat as the rabies vaccinated expired 9/2023.

Plan of Correction

Accept [REDACTED] - 05/01/2024)

- 1. The cat named [REDACTED] received a rabies vaccination on 4-7-2024. A copy of the veterinarian certificate shall be kept on file.*
- 2. ED or designee will audit pet files by 5/3/24 for cats and dogs present in the home to verify that a copy of the veterinarian certificate is on file with a current rabies vaccination.*
- 3. Rabies vaccination records for cats and dogs living in the community will be reviewed at the monthly Quality Assurance review meeting. Continued review will be based on 3 months of sustained compliance.*

109b - Rabies Vaccination (*continued*)

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [REDACTED] - 06/03/2024)

126a - Furnace Inspection

5. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the furnace was conducted on 4/1/22.

Plan of Correction

Accept [REDACTED] - 05/01/2024)

- 1. The furnace inspection was completed on 4-9-2024. Documentation is on file.*
- 2. ED or designee will educate Director of Plant Operation by 5/3/24 on the requirements set within regulation 2600.126.a and the need for annual furnace inspection.*
- 3. Calendar invite has been added to Outlook calendar for ED, BOM, and Director of Plant Operations to schedule annual inspection.*
- 4. Furnace inspection report will be reviewed at monthly Quality Assurance Review meetings for annual completion.*

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [REDACTED] - 06/03/2024)

225c - Additional Assessment

6. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.*
- 2. If the condition of the resident significantly changes prior to the annual assessment.*
- 3. At the request of the Department upon cause to believe that an update is required.*

Description of Violation

Staff interviews indicate resident #1 has had changes in behavior, including using racial slurs when referring to staff, and calling a staff a belligerent asshole. However, [REDACTED] assessment, dated 1/10/24, has not been updated to reflect these changes.

Resident #2 has had multiple falls, including on 2/5/24, where the resident fell in front of the TV in [REDACTED] bedroom, causing the TV to fall on the resident. Also, resident #2 has had changes in behavior, including using disposable briefs as shoes, and being found without clothing. However, his assessment, dated 6/30/23, has not been updated to reflect these changes.

Plan of Correction

Accept [REDACTED] - 05/01/2024)

- 1. Resident #1 RASP was updated on 4/12/24 to include changes in behavior. Resident #2 is no longer a current resident.*

225c - Additional Assessment (continued)

2. ED or designee will educate staff by 5/3/24 on the requirement set within regulation 2600.225.c to provide communication to HWD and ED if a change in resident behavior or condition is identified.
3. ED or designee will audit 2 resident records, 24-hour log and resident incidents weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month to ensure continued compliance of regulation 2600.225.c.
4. Audits will be reviewed at monthly Quality Assurance review meetings. Continued review will be based on 3 months of sustained compliance.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [REDACTED] - 06/03/2024)