

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LOGAN AID OPCO LLC LEGAL ENTITY

To operate LOGAN HOUSE NAME OF FACILITY OR AGENCY

Located at 180 CRAIGDELL ROAD, LOWER BURRELL, PA 15068 (COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

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 (MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare 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 July 11, 2013 until January 11, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 444941

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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.

PW 628 - 01/11



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 1 1 2013

Mr. Daniel M. Guill, Authorized Representative  
Logan AID OPCO, LLC  
301 Commerce Street, Suite 3300  
Fort Worth, Texas 76102

RE: Logan House  
108 Craigdell Road  
Lower Burrell, Pennsylvania 15069

Dear Mr. Guill:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 17, 2013, of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related 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.

During the inspection, violations on the enclosed Violation Report were found. All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" followed by a stylized flourish or date "1/98".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: LOGAN HOUSE		License Number: <del>42874</del> 44491
Address: 180 CRAIGDELL ROAD, LOWER BURRELL, PA 15068		County: Westmoreland
Administrator: Sharon Shaw		Region: WEST
Legal Entity Name: <del>ASSISTED LIVING CONCEPTS INC</del> Logan AID OPCO, LLC		
Legal Entity Address: <del>W140 N8081 LILLY ROAD, MENOMONEE FALLS, WI 53051</del>		
Certificate(s) of Occupancy C-2 LP 06/25/1997 Labor & Industry		301 Commerce Street, <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AB</span> Suite 3300 Fort Worth, TX 76102
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 36	Waking Staff: 27
Type of Inspection: Initial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint, Change Legal Entity		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 06/17/2013: Whitney, Diane; Flinner-Alman, Lisa 06/18/2013: Whitney, Diane		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 47 Number of Residents Served: 33 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 9		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0

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44494  
98

Violation Report: 42871 - 06/17/2013 - Whitney, Diane  
PCH Name: LOGAN HOUSE  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION  
On 6-14-2013, there were 31 residents in the home, including 2 with mobility needs. On this day, the home was required to provide 33 hours of direct care staffing. However, only 32.75 hours of direct care hours were provided.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Residence Director immediately reviewed the current week schedule to assure accurate staffing hours are scheduled for current resident mobility needs.  
  
The Residence Director and/or designee will review daily house census and resident mobility status to ensure adequate staffing is scheduled at 1 hour per mobile resident, and 2 hours per immobile resident per day.

withdrawn  
g

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)  
*Sharon D. Shaw*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
*SHARON D. Shaw, Administrator*      *6/23/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-26-13 (Date)  
The above plan of correction was approved by g (Initials)  
Plan of correction implementation status as of 6-26-13 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress *6-26-13*  
 Partially Implemented - Inadequate Progress  
 Not Implemented

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44494

Violation Report: 42871 - 06/17/2013 - Whilney, Diane  
 PCH Name: LOGAN HOUSE  
 WEST PENNSYLVANIA  
 Human Services Licensing

1. REGULATION 56 Pa.Code §2600  
 2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION  
 On 6-14-2013, there were 31 residents in the home, including 2 with mobility needs. On this day, the home was required to provide 33 hours of direct care staffing. However, only 32.75 hours of direct care hours were provided.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Residence Director immediately reviewed the current week schedule to assure accurate staffing hours are scheduled for current resident mobility needs.

The Residence Director and/or designee will review daily house census and resident mobility status to ensure adequate staffing is scheduled at 1 hour per mobile resident, and 2 hours per immobile resident per day.

withdrawn

Repeat Violation: Yes      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Date  
 Sharon D. Shaw, Administrator      6/23/13

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44494

Violation Report: 42871 - 06/17/2013 - Whitney, Diane  
 PCH Name: LOGAN HOUSE  
 WEST REGION FIELD OFFICE  
 Human Resources

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION  
 On 6-17-2013, bedroom #112 had a strong odor of urine.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately: Residence Director immediately called the carpet cleaning vendor to clean and deodorize the carpet in apartment #112. Stanley Steamer completed the carpet cleaning on 6/18/2012. (see attached)

Teaching: Residence Director educated staff on this regulation and importance of monitoring for unsanitary conditions in the home. Staff is to notify the Residence Director and/or Housekeeper immediately if they notice a pungent odor or any other unsanitary condition in the home so that it can be addressed immediately.

Ongoing: Residence Director and/or designee will monitor the home for any unsanitary conditions daily during walking rounds of the building. Monitoring checklist is attached.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sharon D. Shaw*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Sharon D. Shaw Administrator*      Date *6/23/13*

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Violation Report: 42871 - 06/17/2013 - Whitney, Diane  
 PCH Name: LOGAN HOUSE

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 On 6-17-2013, the gas grill with a propane tank attached was unlocked and accessible to residents in the courtyard. All residents of the home have not been assessed capable of safely using or avoiding this hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately: Residence Director removed the propane tank from the premises on 6/17/13.

Teaching: Residence Director educated current staff on this regulation and importance of observing for hazards on the building grounds and reporting them to the Residence Director and/or Maintenance Technician immediately so that the found hazard can be eliminated.

Ongoing monitoring: Residence Director, Maintenance Technician, and/or designee will monitor building grounds for hazards during daily walking rounds of the building. Monitoring checklist is attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon D. Shaw, Administrator Date 6/23/13

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WEST REGION FIELD OFFICE Page 6 of 12  
Human Services Licensing

Violation Report: 42871 - 06/17/2013 - Whitney, Diane  
PCH Name: LOGAN HOUSE

1. REGULATION 56 Pa.Code §2600  
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
The bed in room #112 does not have a source of light that can be turned on/off from bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Immediately: Residence Director purchased alternative light source for apartment #112 which is a wall mounted light that is at the bedside and can be touched to turn on.

Assistant Residence Director checked current rooms for an operable lamp or other source of lighting that can be turned on at bedside. Current resident rooms are in compliance. (see attached checklist)

Teaching: Residence Director educated staff on regulation 2600.101, resident bedrooms on 6/18/13. This will decrease the potential for recurrence or repeat status of this violation. (see attached)

Ongoing monitoring: Residence Director, Wellness Director and/or designee will monitor resident bedrooms weekly for state regulation requirements. Monitoring checklist is attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page)

*Sharon D. Shaw*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Sharon D. Shaw Administrator</i>	<i>6/23/13</i>

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WEST REGION FIELD OFFICE  
Human Services Department

Violation Report: 42671 - 06/17/2013 - Whitney, Diane  
PCH Name: LOGAN HOUSE

1. REGULATION 55 Pa.Code §2600  
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
On 6-17-2013, commercial refrigerator #2 had a temperature of 42 degrees.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Immediately: Dining Service Coordinator and Maintenance Technician turned down the temperature dial which resulted in temperature to fall below 40 degrees and this has remained in compliance. (temperature log attached)

Teaching: Residence Director educated Dining Services Coordinator and Cook on regulation 2600.103(f) on 6/18/13. Dining Service Coordinator and/or Cook will monitor refrigerator and freezer temperatures daily and document them on the temperature log. Residence Director and/or Maintenance Technician will be notified immediately if refrigerator or freezer temperatures are out of compliance so that a service call can be placed to the vendor immediately.

Ongoing monitoring: Residence Director, Maintenance Technician, and/or designee will monitor refrigerator and freezer temperature log during daily walking rounds of the building to ensure compliance with this regulation. Monitoring checklist is attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page)

*Sharon D. Shaw*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Sharon D. Shaw, Administrator	6/23/13

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44494 (circled)

Violation Report: 42874 - 06/17/2013 - Whitney, Diane  
 PCH Name: LOGAN HOUSE  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION  
 On 6-17-2013, a 20 pound box of dried pinto beans in the pantry was opened and unsealed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately: Dining Service Coordinator discarded box of pinto beans on date of survey. (6/17/2013)

Teaching: Residence Director educated Dining Service Coordinator and staff on regulation 2600.103(g).

Ongoing monitoring: Dining Service Coordinator and/or Cook will monitor food storage areas daily to ensure that all food is stored in closed or sealed containers. Monitoring checklist is attached.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sharon D. Shaw*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Sharon D. Shaw Administrator      Date 6/23/13

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 (Date)

Plan of correction implementation status as of 6-26-13  
 (Date)

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 (Initials)

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Violation Report: +2871 - 06/17/2013 - Whitney, Diane  
 PCH Name: LOGAN HOUSE  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The home's emergency procedures are not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately: Residence Director made a copy of the Facility emergency plan and placed it on the Resident's bulletin board in a conspicuous place to view on the same day of survey. (6/17/2013)

Ongoing: The Residence Director and/or designee will make changes to the emergency plan as necessary and ensure that the newest, updated version is posted in a public place, on the residence bulletin board, weekly. Monitoring checklist is attached.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative      Date  
 (Required on EVERY Page) Sharon D. Shaw Administrator      6/23/13

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WEST REGION FIELD OFFICE  
 Human Services Assessment

Page 10 of 12

Violation Report: 42871 - 06/17/2013 - Whitney, Diane  
 PCH Name: LOGAN HOUSE

**1. REGULATION 65 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

The fire drill record for the drill conducted on 5-31-2013 at 3:13 P.M. does not include the number of residents in the home.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Residence Director educated Maintenance Technician on regulation 2600.132(c), and the importance including accurate documentation on the fire drill log of required information which includes the number of residents in the home at the time of the drill.

Residence Director, Maintenance Technician, and/or designee will review the fire drill log after each monthly fire drill to ensure compliance with regulation 2600.132(c).

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sharon D. Shaw*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Sharon D. Shaw Administrator*      Date *6/23/13*

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WEST REGION, WEST VIRGINIA  
Human Resources Training

Violation Report: 42871 - 06/17/2013 - Whitney, Diane  
PGH Name: LOGAN HOUSE

1. REGULATION 55 Pa.Code §2600  
2600.144(d) - Smoking outside of the smoking room is prohibited.

2a. DESCRIPTION OF VIOLATION  
On 6-17-2013, bedroom #135 had a strong odor of cigarette smoke and ashes were on the kitchenette counter top near the sink.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Immediately: Residence Director informed the resident and the "friend" that the Logan House is a "smoke free" facility. It was explained that this is for the safety of herself and the other residents of the community. Resident stated that she was aware of this, but did not want to hurt her friends feelings. Residence Director placed a "No Smoking" sign in Resident's room so future visitors would be able to see the sign. A copy of the smoking policy was also given to the Resident as a reminder

Teaching: On 6/17/2013, Staff was re-educated on the smoking policy and reminded to alert the RD or administrative staff if they suspect someone is smoking in the building.

Current residents and families will be re-educated on the smoking policy at the next Resident Council meeting and Family Night Event.

Ongoing: Residence Director and staff will continue to monitor for any signs of smoking in the building during daily walking rounds of the building. Monitoring checklist is attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Sharon D. Snow, Administrator</i>	<i>6/23/13</i>

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JUN 25 2013

44494

Violation Report: 42874 - 06/17/2013 - Whilney, Diane WEST REGIONAL OFFICE OF Human Services Training

1. REGULATION 56 Pa.Code §2600 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION Resident #1's support plan, dated 5-30-2013, was not signed by the resident. It was not indicated if the resident participated or refused or was unable to sign the plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Immediately: Resident #1 RASP was updated to include the required information.

Residence Director and Manager Assistant reviewed current resident RASP's to ensure that each RASP indicated who participated in its development. Current residents are in compliance with this regulation.

Ongoing: Residence Director and/or designee will review newly developed RASP's to ensure compliance in accordance with 2600.227(g).

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) [Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon D. Shaw Administrator Date 6/23/13

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Plan of correction implementation status as of 6-26-13 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
Partially Implemented - Adequate Progress 6-26-13
Partially Implemented - Inadequate Progress
Not Implemented