

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 January 11, 2014 until January 11, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 444940

Robert E. Robinson
ISSUING OFFICER


ACTING 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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 21 2014

Mr. David 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
License #: 444940

Dear Mr. Guill:

As a result of the Department of Public Welfare's licensing inspection on December 16, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosures
License
License Inspection Summary

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

PCH Name: LOGAN HOUSE		License Number: 44494
Address: 180 CRAIGDELL ROAD, LOWER BURRELL, PA 15068		County: Westmoreland
Administrator: Sharon Shaw		Region: WEST
Legal Entity Name: LOGAN AID OPCO LLC		
Legal Entity Address: 180 CRAIGDELL ROAD, LOWER BURRELL, PA 15068		RECEIVED
Certificate(s) of Occupancy C-2 LP 04/04/1997 L&I		FEB 04 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 35	Waking Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/16/2013: Phillips, Joseph; Garrigan, Laurie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 31 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: 7 Number of Hospice Residents in past year: 9		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 31 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0

Violation Report: 44494 - 12/16/2013 - Phillips, Joseph
PCH Name: LOGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

RECEIVED

FEB 04 2014

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The December medication administration record for resident #3 does not include diagnosis or purpose for Warfarin sodium 3mg or Warfarin sodium 1.5mg.

The December medication administration record for resident #4 does not include diagnosis or purpose for Warfarin sodium 4mg and Furosemide 40mg.

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.

See Attached Page(s) 123-2A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Brian Shaw, Administrator</i>	<i>2/4/2014</i>

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

The above plan of correction is approved as of <u>2-5-14</u> (Date)	Plan of correction implementation status as of <u>2-5-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>2-5-14</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 2A

Violation 2600.187(a)

Plan of Correction (POC)

Immediately – The diagnoses that were missing from the MAR were corrected during the site visit. 12/16/13. The current MAR's were checked to assure diagnosis were on medication entries.

Changing Practice – The Wellness Director and/or designee will ensure that the physician has written all diagnoses on resident's orders, the Wellness Director will then ensure the staff are transcribing the appropriate diagnosis on to the MAR through the 3 way audit. The Certified Medication Assistant and/or designee will double check the MARs ensuring that the diagnoses written by the physicians have been transcribed to the MAR, and that the MAR is complete per 187(a).

Teaching –Residence Director has conducted an in-service training for the Wellness Director and current Certified Medication Assistants to the regulation 187(a) and the "3 Way Audit" procedure that is to be followed with each order change 12/20/13

Ongoing Monitoring – The Residence Director, Wellness Director and/or designee will audit the current MAR's each day with medication changes and at changeover at end of month. The Wellness Director has completed the MAR audit on 1/29/14

Yvonne [Signature]
2/4/2014

2-5-14

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FEB 04 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44494 - 12/16/2013 - Phillips, Joseph
PCH Name: LOGAN HOUSE

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1. REGULATION 55 Pa.Code §2600

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.

FEB 14 2014

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 had an initial assessment completed on 6/27/12. The home has not completed an annual assessment for resident #2.

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.

The home completed an assessment for resident #3, 2/15/14

See Attached Page(s) 4, 5, 6, 7 page 3A

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
(Required on EVERY Page)

Sharon Shaw, Administrator

Date

2/4/2014

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

The above plan of correction is approved as of

2-5-14
(Date)

Plan of correction implementation status as of

2-5-14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *2-5-14g*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

SS
(Initials)

Page 3A

Violation 2600.225(c)

Plan of Correction (POC)

Changing Practice – A current chart audit was conducted to assure there were no outstanding late assessments. A audit report was created with current resident “time sensitive” assessments due dates- to include state required forms. 12/17/13

Teaching – The Residence Director has conducted in-service training to the Wellness Director of the critical nature of timely assessments and need for completion on 12/20/13

Ongoing Monitoring – A complete resident review will be conducted by the Wellness Director, Residence Director, and Management Assistant to ensure that current resident assessments are current and up to date. 2/15/14

Residence Director and/or designee will monitor the chronological audit chart for current residents to ensure that dates are not lapsed. Residence Director and/or designee will also ensure that new admission documentation meets “time sensitive” dates per Regulation 2600.225. 1/29/14

Grant Law 2/11/14
2-5-14g