



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: August 12, 2014**

Ms. Sharon Shaw, Administrator  
Logan AID OPCO, LLC  
180 Craigdell Road  
Lower Burrell, Pennsylvania 15068

RE: Logan Place  
#444940

Dear Ms. Shaw:

As a result of the Department of Public Welfare's licensing inspection on April 4, 2014 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.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland" with a stylized flourish at the end.

Jon Kimberland  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

Page 1 of 3

PCH Name: LOGAN PLACE		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		
Certificate(s) of Occupancy C-2 LP 04/04/1997 L & I		RECEIVED AUG 10 2014 WEST REGIONAL FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 36	Waking Staff: 27
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/04/2014: Georgoulis, Karen		
Off-Site Inspection Dates and Inspectors, if Applicable 04/07/2014: Georgoulis, Karen 04/07/2014: Georgoulis, Karen		
Other Details		
Partial or Full Triggers:	Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 47	Number of Residents who:	
Number of Residents Served: 31	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 31	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 5	
Number of Current Hospice Residents: 6	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 12		

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AUG 19 2014

Violation Report: 44494 - 04/04/2014 - Georgoulis, Karen  
 PCH Name: LOGAN PLACE

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

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 section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

Between 11:00 p.m. on 3/16/14 and 7:00 a.m. on 3/17/14, direct care staff person A videotaped direct care staff person B taunting and teasing resident #1 in the kitchen/dining area of the home. This video was subsequently shared with direct care staff persons B, C, D, G and H. The incident was not reported to the Department until 3/24/14.

**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 page 2A*

*See Attached Pages*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Sharon Straw, Administrator*

Date

*8/5/14*

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

The above plan of correction is approved as of

*8-11-14*  
 (Date)

Plan of correction implementation status as of

*8-11-14*  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*S*  
 (Initials)

Pg 2A

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AUG 19 2014

Violation 2600.16(c)

Plan of Correction (POC)

WEST MICHIGAN HEALTH CARE  
Human Services Licensing

Immediately – The Administrator conducted an in-service for staff to include: An abuse reporting in-service was held on 3/25/14 for all staff. This in-service included Elder Abuse & Neglect: Preventing, Recognizing & Reporting Learner Guide; Act 13 Mandatory Abuse Report Form Instruction Sheet; Reporting Abuse Process and Responsible Parties; Resident Rights; and review of Enlivant Employee handbook outlining disciplinary actions regarding violations of Resident Rights and cell phone usage of any type. See attached sign-in sheet.

The Administrator conducted an abuse reporting in-service 6/25/14 for staff. This in-service included Elder Abuse & Neglect: Preventing, Recognizing & Reporting Learner Guide; Act 13 Mandatory Abuse Report Form Instruction Sheet; Reporting Abuse Process and Responsible Parties; Resident Rights; and review of Enlivant Employee Handbook outlining disciplinary actions regarding violations of Resident Rights and cell phone usage of any type. See sign-in sheet.

Teaching – The Administrator will conduct an in-service on November 20<sup>th</sup>, 2014, to include: Elder Abuse & Neglect: Preventing, Recognizing & Reporting Learner Guide; Act 13 Mandatory Abuse Report Form Instruction Sheet; Reporting Abuse Process and Responsible Parties; Resident Rights; and review of Enlivant Employee Handbook outlining disciplinary actions regarding violations of Resident Rights and cell phone usage of any type.

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*Janice*  
Administrator

8-11-14

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Violation Report: 44494 - 04/04/2014 - Georgoulis, Karen  
 PCH Name: LOGAN PLACE

AUG 10 2014

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

WEST VIRGINIA FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Between 11:00 p.m. on 3/16/14 and 7:00 a.m. on 3/17/14, direct care staff person A videotaped direct care staff person B taunting and teasing resident #1 in the kitchen/dining area of the home. This video was subsequently shared with direct care staff persons B, C, D, G and H.

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See page 3A

See Attached Pages

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 (Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Sharon Shaw Administrator*

Date

*8/5/14*

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- Not Implemented

The above plan of correction was approved by

*[Handwritten Initials]*  
 (Initials)

RECEIVED

AUG 10 2014

Violation 2600.42(c)

Plan of Correction (POC)

WEST VIRGINIA CENTER FOR  
Human Services Licensing

Immediately – The Administrator conducted an in-service for staff to include: An abuse reporting in-service was held on 3/25/14 for all staff. This in-service included Elder Abuse & Neglect: Preventing, Recognizing & Reporting Learner Guide; Act 13 Mandatory Abuse Report Form Instruction Sheet; Reporting Abuse Process and Responsible Parties; Resident Rights; and review of Enlivant Employee handbook outlining disciplinary actions regarding violations of Resident Rights and cell phone usage of any type. See sign-in sheet.

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*3-24-14 - STAFF PERSONS A AND B WERE TERMINATED ON 3-24-14*

*8-11-14*

*Sharon Jones  
Administrator*

*8-11-14*