



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 27, 2016

Ms. Brenda Daubner, Administrator
Logan AID OPCO, LLC
180 Craigdell Road
Lower Burrell, Pennsylvania 15068

RE: Logan Place
#444940

Dear Ms. Daubner:

As a result of the Department of Human Services' licensing inspection on September 11, 2015 and September 16, 2015, 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, appearing to read "Janine Wenzig", written over a white background.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PGH Name: LOGAN PLACE		License Number: 44494
Address: 180 CRAIGDELL ROAD, LOWER BURRELL, PA 15068		County: Westmoreland
Administrator: BRENDA DAUBNER		Region: WEST
Legal Entity Name: LOGAN AID OP CO LLC		RECEIVED FEB 03 2016 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 180 CRAIGDELL ROAD, LOWER BURRELL, PA 15068		
Certificate(s) of Occupancy C-2 LP 04/04/1997 Labor & Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 44	Waking Staff: 33
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 09/11/2015: Fliinner-Alman, Lisa 09/16/2015: Fliinner-Alman, Lisa; Barry, Courtney		
Off-Site Inspection Dates and Inspectors, if Applicable 12/22/2015: Fliinner-Alman, Lisa		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 35 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: 21		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 9 Have a Physical Disability: 0

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Human Services Licensing

Submission of this response and Plan of Correction is NOT a legal submission that a deficiency exists or, that this Statement of Deficiency was correctly cited, and is also NOT to be construed as an admission against interest by the facility, or any employees, agent, or other individual who drafted or may be discussed in the Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

FEB 03 2016

Violation Report: 44494 - 09/11/2015 - Flinger-Alman, Lisa

PGH Name: LOGAN PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 7/20/15, 7/28/15, 8/8/15, 8/10/15, 8/10/15, 8/30/15 and 9/7/15, staff observed resident #1 groping and touching other residents including resident #2, in a sexually inappropriate manner. None of the incidents of resident abuse were reported to the local Area Agency on Aging.

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.

416

See Page 2A of 8

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Brenda Daubner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Brenda Daubner, Exec. Director* Date *2/3/16*

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

The above plan of correction is approved as of 2/3/16
(Date)

Plan of correction implementation status as of 2/3/16
(Date)

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

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

Page 20 of 23
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WEST REGION FIELD OFFICE
Human Services Licensing

Plan of Correction

15(a)

- Newly hired administrator, employed in the community as of [REDACTED] 15, identified concerns/allegations and reported to local Area on Agency on Aging on 9/10/15 (See attached Mandatory Abuse Report, Attachment 1 and fax confirmation attachment 2)
- Immediately allegations of suspected abuse of a resident served in the home will be immediately reported verbally to Local Area Agency on Aging with appropriate written documentation within 48 hours.
- Staff reeducated on abuse, Act 13, and residents rights on 9/16/15 by [REDACTED] Executive Director, and [REDACTED] Care Services Manager. (see attached sign in sheet Attachment 3 and Abuse and Neglect Prevention and Reporting training material attachment 4)
- New hires will be oriented on abuse, ACT 13 and resident rights upon hire. (See attached Staff Training for Personal Care form attachment 6)
- Westmoreland County Ombudsman, [REDACTED] to provide training on Resident Rights and Abuse Reporting on February 17, 2016 for all staff.
- Staff to be trained biannually on abuse, Act 13 and resident rights during 2016. (see attached Staff Training Plan attachment 7 and Abuse and Neglect Prevention and Reporting training material attachment 4)
- Frequent reinforcement by Executive Director and Care Services Manager of abuse and neglect reporting requirements through informal mechanisms throughout the year. Such informal mechanisms may include, but not limited to, other staff training, daily standup meetings, and informal discussions with staff.

[Handwritten signature]

Violation Report: 44494 - 09/11/2016 - Finner-Alman, Lisa
PCH Name: LOGAN PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

On 7/20/15, 7/28/15, 8/8/15, 8/10/15, 8/10/15, 8/30/15 and 9/7/15, staff observed resident #1, groping and touching other residents including resident #2, in a sexually inappropriate manner. The home did not notify resident #2's designated person until 9/10/15, after resident #1 was observed grabbing resident #2's left wrist and pulling resident #2 toward his/her genital area.

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 3A of B

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Brenda Daubner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Brenda Daubner Executive Director* Date *2/3/16*

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

The above plan of correction is approved as of *2/1/16*
(Date)

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

Plan of correction implementation status as of *2/1/16*
(Date)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

15(d)

- Newly hired administrator, employed in the community as of [REDACTED] 15, identified concerns/allegations and reported to resident family on 9/10/15 (See attached resident service notes, attachment 8)
- Immediately allegations of suspected abuse of a resident served in the home will be reported by Administrator, Care Services Manager or Manager on Duty to resident family.
- Staff reeducated on abuse, Act 13, and residents rights on 9/16/15, by [REDACTED] Administrator, and [REDACTED] Care Services Manager. (see attached sign in sheet Attachment 3 and Abuse and Neglect Prevention and Reporting training material attachment 4)
- New hires will be oriented on abuse, ACT 13 and resident rights upon hire. (See attached Staff Training for Personal Care attachment 6)
- Westmoreland County Ombudsman, [REDACTED] to provide training on Resident Rights and Abuse Reporting on February 17, 2016 for all staff.
- Staff to be trained biannually on abuse, Act 13 and resident rights for 2016 (see attached Staff Training Plan attachment 7 and Abuse and Neglect Prevention and Reporting training material attachment 4).
- Frequent reinforcement by Executive Director and Care Services Manager of abuse and neglect reporting requirements through informal mechanisms throughout the year. Such informal mechanisms may include, but not limited to, other staff training, daily standup meetings, and informal discussions with staff.

Esteban

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44494 - 09/11/2015 - Finner-Alman, Lisa
PCH Name: LOGAN PLACE

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
On 7/20/15, 7/28/15, 8/8/15, 8/10/15, 8/10/15, 8/30/15 and 9/7/15, staff observed resident #1, groping and touching other residents including resident #2, in a sexually inappropriate manner. None of the incidents of resident abuse were reported to the local Area Agency on Aging. The home did not report the incidents of resident abuse to the the Department until 9/10/15.

On 8/15/15, at approximately 4:30 p.m., resident #3 was found on the floor of his/her bathroom with a head injury. Resident #3 was sent to the hospital and diagnosed with a subdural hematoma. The home did not report the incident to the Department until 8/17/15.

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 4/11 of 9

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Brenda Daubner, Executive Director* Date *2/3/16*

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

The above plan of correction is approved as of <u><i>2/3/16</i></u> (Date)	Plan of correction implementation status as of <u><i>2/3/16</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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FEB 03 2016

WEST REGION FIELD OFFICE
Human Services Licensing

16(c)

- Newly hired administrator, employed in the community as of [REDACTED] 15, identified concerns/allegations and reported to DHS on 9/10/15 (See attached Incident Reporting Form attachment 9 and fax confirmation attachment 10)
- Immediately allegations of suspected abuse of a resident served in the home will be reported within 24 hours by Administrator, Care Services Manager, or Manager on Duty to DHS.
- Staff reeducated on abuse, Act 13, and residents rights on 9/16/15 by [REDACTED] Executive Director, and [REDACTED] Care Services Manager (see attached sign in sheet Attachment 3 and Abuse and Neglect Prevention and Reporting training material attachment 4)
- New hires will be oriented on abuse, ACT 13 and resident rights upon hire. (See attached Staff Training for Personal Care attachment 6)
- Westmoreland County Ombudsman, [REDACTED] to provide training on Resident Rights and Abuse Reporting on February 17, 2016 for all staff.
- Staff to be trained biannually on abuse, Act 13 and resident rights during 2016. (see attached Staff Training Plan, attachment 7 and Abuse and Neglect Prevention and Reporting training material attachment 4)
- Frequent reinforcement by Executive Director and Care Services Manager of abuse and neglect reporting requirements through informal mechanisms throughout the year. Such informal mechanisms may include, but not limited to, other staff training, daily standup meetings, and informal discussions with staff.

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Violation Report: 44494 - 09/11/2015 - Flinner-Alman, Lisa
PCH Name: LOGAN PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 is diagnosed with dementia. From 7/20/15 through 9/10/15, resident #1 repeatedly touched and groped other residents in a sexually inappropriate manner including the following:

- *On 7/20/15, staff observed resident #1 rub the arms and breasts of other residents. One resident told resident #1 to stop, however, resident #1 said "It's OK," and continued to touch the other resident.
- *On 7/28/15, at 5:50 a.m., resident #1 groped another resident and then put his/her fingers into the other resident's mouth. At 1:15 p.m., resident #1 touched resident #2.
- *On 8/8/15, staff removed resident #1 from the living room area after observing him/her touch the same resident twice in two different places on his/her body.
- *8/10/15, staff observed resident #1 touching other residents, grabbing their hands and arms and putting pretzels in their mouths.
- *On 8/30/15, staff observed resident #1 touching resident #2 repeatedly.
- *On 9/7/15, resident #1 was found in the living room with his/her hand down another resident's pants.
- *On 9/10/15, resident #1 pulled resident #2 toward his/her genital area.

The home failed to provide supervision to protect other residents, including resident #2.

According to the medical evaluation, dated 1/6/15, for resident #3, the resident was diagnosed with ambulatory dysfunction. The support plan, dated 2/7/15, indicates direct care staff is responsible to escort the resident to the bathroom and provide verbal cues for safety with his/her walker, due to poor balance, and need for contact assistance.

On 8/15/15, between 2 a.m. and 3 a.m., staff persons A and B responded to resident #3's call bell and found the resident lying on the bathroom floor. Resident #3 told staff he/she was going to the bathroom and fell.

On 8/15/15, the resident fell again while toileting alone. At approximately 4:30 p.m., staff responded to the resident's call bell and resident #3 was found lying on the floor. The resident was admitted to the hospital on 8/15/15 and diagnosed with a subdural hematoma. According to hospital records dated 8/16/15, resident #3 stated that he/she "was down for a couple of hours before finally maneuvering to call for help." Resident #3 ceased to breathe on [REDACTED] 15. According to the death certificate, the cause of death was subdural hematoma.

The home failed to provide resident #3 with needed assistance and supervision with toileting resulting in multiple falls and a subdural hematoma.

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.

ZS

See Pages 6 and 8

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Brenda Daubner, Executive Director* Date *2/3/16*

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

FEB 03 2016

Violation Report: 44494 - 09/11/2015 - Flinner-Alman, Lisa PGH Name: LOGAN PLACE		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 56 Pa.Code §2800 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.			
The above plan of correction is approved as of _____ (Date)		Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by _____ (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

See Page 6A of 8

Page 6A of 8
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WEST REGION FIELD OFFICE
Human Services Licensing

42(b)

- On resident number 1, Administrator and Care Services Manager met with each staff care giver during daily stand up meeting on 9/11/15 to review resident's need for supervision and need for 30 minute checks. This information was again reviewed with staff each morning during morning stand up until [REDACTED]/2015 when resident was discharged to a geriatric mental health unit.
- Resident number 3 was discharged from the community on [REDACTED] 2015 when [REDACTED] was admitted to an acute care hospital.
- Care needs of new residents are outlined and reviewed by Administrator and Care Services Manager at daily stand up meeting with staff and placed in daily stand up notes for all staff to review. (See attached sample template attachment 11)
- Daily morning stand up meetings conducted by Administrator and/or Care Services Manager to include review of care needs of residents as outlined on RASP.
- Afternoon stand up meetings will be held with afternoon staff by Administrator and/or Care Services Manager effective 2/2/16 to review care needs of residents as outlined in RASP.
- Executive Director will interview 1 resident each week for the next 6 months (through August, 2016) to assure that care needs identified on the RASP are being carried out to meet resident's care needs.

Immediately - The administrator or designated staff person will review and update the home's fall risk reduction and management policy and procedures to ensure all residents are properly assessed for fall risks and the proper level of assistance and supervision is provided to protect each resident based on their individual assessment and support plan.

Immediately - All direct care staff will be educated on the updated fall risk reduction and management policy and procedures. Documentation of education will be kept.

Immediately - All direct care staff will receive resident-specific education on providing the proper level of supervision and assistance to protect each resident based on their individual assessment and support plan.

Immediately - The administrator or designated staff person will monitor the implementation of the fall management procedures at least monthly to include review of in-depth implementation fall precautions and observation of staff persons providing care.

6A-110

FEB 03 2016

Violation Report: 44494 - 09/11/2015 - Fliinner-Alman, Lisa
PCH Name: LOGAN PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 6/16/15, for resident #1 indicates the resident has no problems with judgement. However, On 7/20/15, 7/28/15, 8/8/15, 8/10/15, 8/10/15, 8/30/15, 9/7/15, and 9/10/15, staff observed resident #1 groping and touching other residents including resident #2, in a sexually inappropriate manner.

The assessment, dated 2/7/15, for resident #3, was not updated to indicate the resident, at times, used a wheelchair for ambulation, since at least May 2015.

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 10 of 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Brenda Daubner

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Brenda Daubner

Date

2/3/16

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

The above plan of correction is approved as of

5/27/16
(Date)

Plan of correction implementation status as of

1/27/16
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

BD
(Initials)

Page 7A of 8
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WEST REGION FIELD OFFICE
Human Services Licensing

225(a)

- Resident number 1 was discharged from the community on [REDACTED] 15 to a geriatric mental health unit.
- Executive Director and Care Services Manager to educate staff on reporting to Care Services Manager any changes in resident care needs to assure these changes are incorporate into the RASP. This training to be completed by 2/29/2016 and will be reinforced informally throughout the year in daily stand up meetings,
- RASP addendum completed by Care Services Manager with any non significant changes as they occur. (See attached RASP Addendum attachment 12) Significant changes will be addressed per regulation.
- RASP addendum and changes in resident care needs are reviewed with staff by Administrator and Care Services Manager at daily morning stand up meeting
- Afternoon stand up meetings will be held with afternoon staff by Administrator and/or Care Services Manager effective 2/2/16 to review care needs of residents as outlined in RASP addendum.

Immediately - The administrator will review the assessments of all current residents to ensure a timely, complete and accurate assessment is present in each record, including all diagnoses, mobility needs, and other needed services. Documentation will be kept.

Ad-TB 11/16

Ad-TB 11/16

FEB 08 2016

Violation Report: 44494 - 09/11/2015 - Flinger-Alman, Lisa
PCH Name: LOGAN PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The support plan, dated 6/16/15, for resident #1, does not address how the home will meet the resident's needs relating to moderate short term memory loss, as indicated on the assessment, dated 6/16/15.

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 8A of 8

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Brenda Daubner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Brenda Daubner* Date *5/3/16*

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

The above plan of correction is approved as of *5/3/16*
(Date)

The above plan of correction was approved by *BD*
(Initials)

Plan of correction implementation status as of *5/3/16*
(Date)

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

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FEB 03 2016

WEST REGION FIELD OFFICE
Human Services Licensing

227(d)

- Resident number 1 was discharged from the community on [REDACTED] 15 to geriatric mental health unit.
- Care Services Manager will review and initial every RASP upon completion to assure all assessed care needs are addressed on the support plan.

Immediately - The administrator or designee will review all support plans for current residents to ensure each is accurate and complete.

[Handwritten signature]

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

PGH Name: LOGAN PLACE		License Number: 44494
Address: 180 CRAIGDELL ROAD, LOWER BURRELL, PA 15068		County: Westmoreland
Administrator: BRENDA DAWBNER		Region: CENTRAL
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		MAY 24 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 54	Working Staff: 41
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Interim		
On-Site Inspections Dates and Department Representatives On-Site		
03/04/2016: Finner-Alman, Lisa; Summers, Vicky		
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: 39 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: 22	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 15 Have a Physical Disability: 1	

MAY 24 2016

Violation Report: 44494 - 03/04/2016 - Flinner-Aiman, Lisa PCH Name: LOGAN PLACE		WEST REGION FIELD OFFICE Human Services Licensing
1. REGULATION 95 Pa. Code §2600 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.		
2a. DESCRIPTION OF VIOLATION The home routinely schedules 2 staff persons from 10:30 p.m. - 6 a.m. In event of an emergency evacuation, the home's night staffing is inadequate to meet the needs of the residents. The home serves 39 residents and has identified 15 residents with mobility needs, 8 of whom require 2-person assistance to transfer, including residents #1 and #2.		
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>		
<p>Plan of Correction: The homes current census is 41 residents, 11 of which have been identified with mobility needs, 2 of whom require 2 person assistance to transfer. A tracking form has been created (attached) and ED will use this form daily to calculate staffing hours needed to meet the residents needs and also to meet DHS requirements.</p> <p>A fire drill will be held on the overnight shift on Wednesday, May 25, 2016. Our evacuation time will be sent to DHS once completed.</p> <p>Immediately - The administrator or designated staff person will develop and implement a schedule that includes provision of at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has mobility needs. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be provided to meet the needs of the residents as specified in the residents' assessments and support plans, and as needed to safely evacuate the residents in the event of an emergency.</p>		
Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Brenda Daubner</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>BRENDA DAUBNER, EXECUTIVE DIRECTOR</i>		Date <i>5/24/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u><i>5/24/16</i></u> (Date)	Plan of correction implementation status as of <u><i>5/24/16</i></u> (Date)	
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

MAY 24 2016

Page 3 of 3

Violation Report: 44494 - 03/04/2016 - Flinner-Alman, Lisa
PCH Name: LOGAN PLACE WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.130(e) - If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

2a. DESCRIPTION OF VIOLATION
Resident #3 is unable to hear the fire alarm system. The home does not have a signaling device, approved by a fire safety expert and tested to ensure that the resident is alerted in the event of a fire.

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.

Plan of Correction: Consultation was held via phone with [redacted] Fire Safety Expert, on 5/23/16. His letter of recommendation for a Deafgard Vibrating Fire Alarm and Alerting Device is attached. This unit will be ordered today. Estimated time of arrival is by UPS within 1-3 business days. Staff training will be done by the Executive Director once it arrives and it will be put on residents bed/chair. A fire drill will be completed once in place to verify working correctly. The unit will be tested monthly by the Maintenance Technician for proper working order and verified by the Executive Director.

Implementation steps consist of purchase, alerting device, resident #3 and all staff persons will be educated on all uses and the placement of night call and by the way to the resident is needed in the event of an alarm. Documentation will be kept. 5/24/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Brenda Dauber*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *BRENDA DAUBER EXECUTIVE DIRECTOR* Date *5/24/16*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented