



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 0 1 2016

Mr. Daniel Guill, Authorized Representative
Logan AID OPCO, LLC
180 Craigdell Road
Lower Burrell, Pennsylvania 15068

RE: Logan Place
License #: 444940

Dear Mr. Guill:

As a result of the Department of Human Services' annual licensing inspections on January 28, 2016 and February 24, 2016 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 "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800

PGH Name: Logan Place		License Number: 44404
Address: 190 Craigdell Rd, Lower Burrell, PA 15068		County: Westmoreland
Administrator: Brenda Daubner		Region: WEST
Legal Entity Name: Logan AID OPCO, LLC		
Legal Entity Address: 180 Craigdell Rd, Lower Burrell, PA 15068		
Certificate(s) of Occupancy		
C-2 LP 12/31/1997 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 53	Working Staff: 40
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
01/28/2016: Rosenblat, Dale 02/24/2016: Rosenblat, Dale; McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
<i>Rec'd 4-15-16 JBE</i>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 37 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: 37 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 1

Violation Report: 44494 - 01/28/2016 - Rosenblat, Dale
 PCH Name: Logan Place

1. REGULATION 55 Pa.Code §2600
 2600.62 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.6102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Person A, hired on [redacted] 2015, did not have a criminal history background check completed until 1/21/2016.

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.

2600.52-
 Employee #1 did not have a criminal history background check completed upon hire.
 A criminal history background check was completed on 1/21/16 once it was determined that it was not done.
 Employee files were audited on 1/22/16 by the Concierge and found to have background checks present in their files.
 The Executive Director is responsible for completing the background checks for each newly hired employee.
 A check off list will be used by the Executive Director to ensure new hire documents are completed upon hire.
 (see attachment #1)

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 4-15-16

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

The above plan of correction is approved as of <u>5-25-16</u> (Date) The above plan of correction was approved by <u>BD</u> (Initials)	Plan of correction implementation status as of <u>5-25-16</u> (Date) <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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Violation Report: 44404 - 01/28/2016 - Rosenblat, Dale PCH Name: Logan Place	
1. REGULATION 55 Pa.Code §2900 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	
2a. DESCRIPTION OF VIOLATION The pre-admission screening form for Resident #1, admitted [REDACTED] 2016, was not completed until 12/1/2015.	
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>2600.224(a)- Resident #1 did not have a Pre-admission screening form completed prior to move in on [REDACTED] 15. A pre-admission screening was completed as soon as it was determined that it was not completed, on 12/1/15. Resident files were audited on 1/25/16 by Concierge and found to have pre-admission screenings in place. The CSM or ED is responsible to ensure pre-admission screenings are completed prior to move in date. A move in checklist will be used by the CSM and the ED to ensure all new admissions have a pre-admission screening completed prior to move in date. (see attachment #2)</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>4-15-15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5-25-16</u> (Date)	Plan of correction implementation status as of <u>5-25-16</u> (Date)
The above plan of correction was approved by <u>ge</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

Violation Report: 44494 - 01/28/2016 - Rosenblat, Dale
 PCH Name: Logen Place

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 initial assessment for Resident #1, admitted [redacted] 2015, was not completed until 11/18/2015.

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.

2600.225(a)-
 Resident #1, admitted [redacted] 15, initial assessment was not completed within 15 days of admission. The initial assessment was completed as soon as it was realized that it was not completed, 11/18/15. Resident files were audited on 1/25/16 by the Concierge and found to have timely initial assessments in place.
 The CSM or the ED is responsible to ensure initial assessments are completed within 15 days of admission.
 A move in checklist will be used to ensure all new admissions have an initial assessment completed within 15 days of move in.
 (see attachment #2)

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 *4-15-16*

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The above plan of correction is approved as of 5-25-16
 (Date)

Plan of correction implementation status as of 5-25-16
 (Date)

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

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