



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 18 2017

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 inspection on January 5, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



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FEB 06 2017

Page 2 of 7

Violation Report: 44494 - 01/05/2017 - Summers, Vicky  
PCH Name: LOGAN PLACE  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Not all residents of the home, including resident #1 and #2, have been assessed capable of recognizing and using poisons safely.

At 9:55 a.m., the following poisons located in the hopper room off the laundry room were found unlocked and accessible:

- 24 ounce Ecolab Oasis 137 Orange Force cleaner
- 24 ounce Ecolab Oasis 255SF Industrial Glass Cleaner
- Eight 4 pound tubs of Ecolab Homestyle Solid Laundry Detergent with a label that indicated to call poison control if swallowed

At 11:12 a.m., a 25.2 ounce can of Comat cleanser with bleach, located in the kitchenette sink of resident #3's bedroom, was found unlocked and accessible.

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.

2600.82(c)

On 1/5/17, chemicals were found to be located in an unsecured area. Other chemical areas were checked by the ED and were found to be secured. A locksmith was immediately notified and a lock was installed on this door on 1/13/17. Staff was educated about keeping chemicals in a secured area at all times on 1/6/17 by Executive Director (see attachment #1). Staff will participate in keeping chemicals secured and the Care Services Manager and Medication Aide will complete random audits monthly to ensure chemicals are in a secured area.

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 **2/6/17**

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

The above plan of correction is approved as of 2/9/17 (Date)

Plan of correction implementation status as of 2/9/17 (Date)

The above plan of correction was approved by BB (Initials)

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

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FEB 06 2017

WEST REGIONAL FIELD OFFICE Page 3 of 7  
Human Services Licensing

Violation Report: 44494 - 01/05/2017 - Summers, Vicky  
PCH Name: LOGAN PLACE

1. REGULATION 66 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline were not posted on or nearby the bedroom telephone with an outside line for resident #4.

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.

2600.91

On 1/5/17, it was noted that resident #4 did not have emergency phone numbers posted by their telephone. Emergency Phone numbers were immediately posted. (Attachment #2) Staff were educated by the Executive Director about the importance of these numbers being present at each landline on 1/9/17.(see attachment #5). Staff will participate in ensuring these numbers are posted and the ED, Care Services Manager and Maintenance Tech will complete monthly audits to ensure these numbers remain posted.

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 2/6/17

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Violation Report: 44494 - 01/05/2017 - Summers, Vicky  
PCH Name: LOGAN PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Resident #3 did not have any source of lighting 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.

2600.101(j)(7)

On 1/5/17, resident #3 was found to not have a bedside lamp/light in place. An audit of the resident's apartments was completed by the Executive Director on 1/6/17. Resident #3 was the only resident without a lamp and a lamp was put in place on 1/6/17. Staff will participate in ensuring each resident has a bedside lamp and the ED, Care Services Manager and Maintenance Tech will complete audits of resident apartments to ensure a lamp is present. (see attachment #3)

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

2/6/17

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(Date)

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2/9/17  
(Date)

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Partially Implemented - Inadequate Progress

Not Implemented

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*BB*  
(Initials)

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Violation Report: 44494 - 01/05/2017 - Summers, Vicky  
PCH Name: LOGAN PLACE

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 56 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

At 10:09 a.m., the temperature in the kitchen freezer that was labeled meats and veggies measured 5 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.

2600.103(f)

On 1/5/17, Freezer #2 was found to be at 5 degrees. All other freezers were checked and were at the correct temperature. Repairs were completed by Allegheny Refrigeration of a new thermostat on 1/3/17, a new cap tube on 1/30 and replacing a refrigerant supply line on 1/31/17. Temperatures now in correct range. (see attachment #4) Temperature will be monitored and recorded daily by Chef. Any rise in temperature above 0 degrees will be reported to the Maintenance Tech and Executive Director immediately.

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 2/6/17

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(Date)

Plan of correction implementation status as of 2/9/17  
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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(Initials)

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FEB 06 2017

Violation Report: 44494 - 01/05/2017 - Summers, Vicky  
PCH Name: LOGAN PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

Seven minutes is the home's maximum evacuation time determined by a fire safety expert on 6/28/16. Fire drill records for the drill held on 8/31/16 at 6:55 a.m. indicated that 1 resident was not evacuated and that the evacuation time was 8 minutes 13 seconds.

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.

2600.132(d)

On 8/31/16 the fire drill at 5:55am exceeded our allotted time for evacuation of 7 minutes. Increased staffing was added to overnight shift. Maintenance Tech completed fire drill on overnight shift on 2/2/17 and evacuation time was met at 6 minutes 3 seconds. (see attachment #9). Nighttime fire drills will be done 4x/year and the Executive Director and the MT will review fire drill evacuation times to ensure required time is being met.

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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*      Date *2/6/17*

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(Date)

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FEB 08 2017

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Violation Report: 44404 - 01/05/2017 - Summers, Vicky  
PCH Name: LOGAN PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

At 10:47 a.m., the following medications that belonged to a family member of resident #4 were unlocked and accessible in resident #4's bedroom:

- 2 bottles of acetaminophen 500 mg
- 1 box of nighttime sinus/congestion/pain
- 1 bottle of extra strength antacid 750 mg
- 1 box of nexium 24 hour 22.3 mg

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.*

2600.183(b)

Medications were in a resident's room that were unlocked and accessible. Medications were removed immediately from residents apartment. All residents rooms were audited by the Care Services Manager and the Executive Director and no other residents had medications that were accessible. Residents and family members will be re-educated on this regulation at the next family meeting on February 21, 2017. Monthly audits will be completed by medication aides, Care Service Manager and Executive Director to ensure all medications are secure. (see attachment #6)

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 *2/8/17*

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The above plan of correction is approved as of 2/9/17  
(Date)

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(Date)

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