



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 15, 2017

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

RE: Logan Place
Certificate #: 444940

Dear Ms. Daubner:

As a result of the Department of Human Services' licensing inspection on April 24, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH 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 OPCO LLC		
Legal Entity Address: 180 CRAIGDELL ROAD, LOWER BURRELL, PA 15068		
Certificate(s) of Occupancy C-2 LP 12/31/1997 L & I		RECEIVED NOV 09 2017 WEST REGIONAL OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 51	Waking Staff: 38
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/24/2017: Georgoulis, Karen; Cutter, Jan		
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: 38 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: 5 Number of Hospice Residents in past year: 20	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 13 Have a Physical Disability: 1	

Violation Report: 44494 - 04/24/2017 - Georgoulis, Karen
PCH Name: LOGAN PLACE

JUSTICE AND PUBLIC SAFETY OFFICE
Lancaster, PA 17602-1000

1. REGULATION 55 Pa.Code §2600

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 4/18/17, the homes administrator was made aware by Protective Services an allegation of verbal and emotional abuse that on 3/4/17, between the hours of 10:30 p.m. and 12:00 a.m. direct care staff person A was in resident #1's bedroom yelling at the resident to "stop ringing his/her damn bell" and then yelled two more times "you better stop ringing that fuckin bell." Direct care staff person D was informed by direct care staff person C of the incident. This allegation was not reported to the 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.

See page 2A of 4

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Hoffman EA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Hoffman EA* Date *11-7-17*

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

The above plan of correction is approved as of 11-13-17 (Date)

Plan of correction implementation status as of 11-13-17 (Date)

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

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

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NOV 09 2017

WEST VIRGINIA COUNTY OFFICE
Human Services Division

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or 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.

Violation #1: 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.

- Staff person A was immediately suspended pending investigation upon notification of the Executive Director by Protective Services of the allegation of verbal and emotional abuse on 04/18/2017.
- Executive Director (ED) or designee in the absence of the ED, will immediately complete Mandatory Abuse Reporting to Protective Services and the Department's personal care home regional office upon notification of suspected abuse or neglect.
- Staff and resident interviews were completed on 04/18/2017-04/20/2017 to determine any other occurrences of verbal or emotional abuse by staff person A. No further occurrences were found.
- Training was completed with staff on Resident abuse, neglect, personal care needs and mandatory reporting on 04/20/2017 by the ED. Included in the training was that staff will immediately report allegations of suspected abuse or neglect to the Executive Director or designee, regardless of hour. Please see attached.
- Ongoing staff training regarding resident rights, customer service, and mandatory abuse reporting will be accomplished in stand-up meeting weekly for 4 weeks. Resident rights, customer service, and mandatory abuse reporting will continue with orientation of new hires and annually with current employees.

Michelle Hoffman EA Michelle Hoffman EA 11-7-17

Immediately: The administrator or designated staff person shall review any allegations of abuse to ensure any allegation of abuse is reported in accordance with the Older Adult Protective Services Act. 11-13-17 ✓

11-13-17 ✓

NOV 09 2017

Violation Report: 44494 - 04/24/2017 - Georgoulis, Karen
PCH Name: LOGAN PLACE

DEPT. OF PROTECTIVE SERVICES
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 4/18/17, the homes administrator was made aware by Protective Services an allegation of verbal and emotional abuse that on 3/4/17, between the hours of 10:30 p.m. and 12:00 a.m. direct care staff person A was in resident #1's bedroom yelling at the resident to "stop ringing his/her damn bell" and then yelled two more times "you better stop ringing that fuckin bell." Direct care staff person D was informed by direct care staff person C of the incident. Direct care staff person A, continued to work unsupervised until 6:30 a.m. and his/her other scheduled shifts until the suspension on 4/18/17.

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 3 & 4

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Michelle Hoffman EA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle Hoffman EA* Date *11-7-17*

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(Date)

Plan of correction implementation status as of 11-13-17
(Date)

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

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

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NOV 09 2017

WEST VIRGINIA FIELD OFFICE
Human Resources Licensing

Violation #2: 2600.15(b): If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

- Staff person A was immediately suspended pending investigation upon notification of the Executive Director by Protective Services of the allegation of verbal and emotional abuse on 04/18/2017.
- Executive Director (ED) or designee in the absence of the ED, will immediately complete Mandatory Abuse Reporting to Protective Services and the Department's personal care home regional office upon notification of suspected abuse or neglect.
- Staff and resident interviews were completed on 04/18/2017-04/20/2017 to determine any other occurrences of verbal or emotional abuse by staff person A. No further occurrences were found.
- Training was completed with staff on Resident abuse, neglect, personal care needs and mandatory reporting on 04/20/2017 by the ED. Included in the training was that staff will immediately report allegations of suspected abuse or neglect to the Executive Director or designee, regardless of hour. Please see attached.
- Ongoing staff training regarding resident rights, customer service, and mandatory abuse reporting will be accomplished in stand-up meeting weekly for 4 weeks. Resident rights, customer service, and mandatory abuse reporting will continue with orientation of new hires and annually with current employees.

Michelle Hoffman EA Michelle Hoffman EA 11-7-17

Immediately: The administrator or designated staff person shall review any allegations of abuse to ensure any staff person alleged of abusing a resident is immediately suspended or placed on a plan of supervision approved by the Department. 11-13-17

11-13-17

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Violation Report: 44494 - 04/24/2017 - Georgoulis, Karen
PCH Name: LOGAN PLACE

WEST HAVEN FIELD OFFICE
Human Resources
11/9/17

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 4/18/17, the homes administrator was made aware by Protective Services an allegation of verbal and emotional abuse that on 3/4/17, between the hours of 10:30 p.m. and 12:00 a.m. direct care staff person A was in resident #1's bedroom yelling at the resident to "stop ringing his/her damn bell" and then yelled two more times "you better stop ringing that fuckin bell." Direct care staff person D was informed by direct care staff person C of the incident. This allegation was not reported to the Department until 4/18/17.

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 of 4

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle Hoffman ES

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

Michelle Hoffman ES

Date 11-7-17

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(Date)

Plan of correction implementation status as of 11-13-17
(Date)

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(Initials)

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

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NOV 09 2017

BEST HONOR HALL OFFICE
Human Services Learning

Violation #3: 2600.16(c): The home shall report the incident or condition to the Departments 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).

- Staff person A was immediately suspended pending investigation upon notification of the Executive Director by Protective Services of the allegation of verbal and emotional abuse on 04/18/2017.
- Executive Director (ED) or designee in the absence of the ED, will immediately complete Mandatory Abuse Reporting to Protective Services and the Department's personal care home regional office upon notification of suspected abuse or neglect.
- Staff and resident interviews were completed on 04/18/2017-04/20/2017 to determine any other occurrences of verbal or emotional abuse by staff person A. No further occurrences were found.
- Training was completed with staff on Resident abuse, neglect, personal care needs and mandatory reporting on 04/20/2017 by the ED. Included in the training was that staff will immediately report allegations of suspected abuse or neglect to the Executive Director or designee, regardless of hour. Please see attached.
- Ongoing staff training regarding resident rights, customer service, and mandatory abuse reporting will be accomplished in stand-up meeting weekly for 4 weeks. Resident rights, customer service, and mandatory abuse reporting will continue with orientation of new hires and annually with current employees.

Michelle Hoffman EA Michelle Hoffman EA 11-7-17

Immediately: The administrator or designated staff person shall review any allegations of abuse to ensure any allegation of abuse is reported in accordance with regulation 2600.16(c). 11-13-17 ✓

11-13-17 ✓