



MAILING DATE: August 7, 2019

Mr. Daniel Guill
President / COO
Logan AID OPCO, LLC
180 Craigdell Road
Lower Burrell, Pennsylvania 15068

RE: Logan Place
Certificate #: 444940

Dear Mr. Guill:

As a result of the Department's Bureau of Human Services Licensing inspection on April 17, 2019, of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig". The signature is fluid and cursive.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: LOGAN PLACE

License Number: 444940

Address: 180 CRAIGDELL ROAD, LOWER BURRELL, PA 15068

County: WESTMORELAND

Region: WESTERN

Administrator

Name: Jeffrey Knight

Phone: 7243340529

Email: ALCLICENSE@ENLIVANT.COM

Legal Entity

Name: LOGAN AID OPCO LLC

Address: 180 CRAIGDELL ROAD, PA, 15068

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff:

Total Daily Staff: 53

Waking Staff: 40

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

04/17/2019 - Debara McConnell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47

Residents Served: 39

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 39

Diagnosed with Mental Illness: 11

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 14

Have Physical Disability: 0

David Clymer David Clymer ED 6.25.19

15a - Resident Abuse Report

Regulations

2600.

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

Description of Violation

On 4/9/19, at approximately 10:45 am., the home was aware of an allegation of verbal abuse involving staff person A and resident #1. However, this allegation of abuse was not report to the local Area Agency on Aging until 4/10/19, at 12:40 pm.

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 3

Legal Entity Representative

David Clymer
Signature

David Clymer ED
Printed Name and Title

6-25-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/1/19
(Date)

Plan of correction implementation status as of 8/1/19
(Date)

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

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

Date of violation report: 4/17/2019

Regulation 55 PA Code 2600

2600.15a Resident Abuse Report- The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act and comply with the requirements regarding restrictions on staff persons.

This has been evidenced by:

On 4/9/2019 at approximately 10:45 AM the home was aware of an allegation of verbal abuse involving staff person A and resident #1. However, this allegation of abuse was not reported to the local Area Agency on Aging until 4/10/2019 at 12:40 PM.

Plan of correction:

1. On 6/24/2019, Executive Director or designee educated staff of resident abuse reporting on 6-19-19 (see attachment)
2. Executive Director or designee will review resident abuse reporting with new staff upon hire.
3. Executive Director or designee will monitor abuse reporting procedures through routine rounds and observation.

The local Area Agency will be notified immediately of any allegations of abuse. - JRW 8/1/19

Plan of correction- Submission of this response and Plan of Correction is not a legal admission 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 employers, agents or other individuals 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 the allegation by the survey agency.

Signature David Clymer DAVID CLYMER ED Date 6-24-19



8/1/19

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 4/9/19, at approximately 10:45 am., staff person A yelled "Mind your own business!" and slammed a bedroom door in resident #1's face.

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 3

Legal Entity Representative


Signature

David Clymer
Printed Name and Title

6-25-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

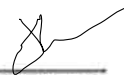
The above plan of correction is approved as of

8/1/19
(Date)

Plan of correction implementation status as of

8/1/19
(Date)

The above plan of correction was approved by


(Initials)

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

600.42 © – Resident shall be treated with dignity and respect.

This requirement is not met as evidenced by:

2a. Description of violation-

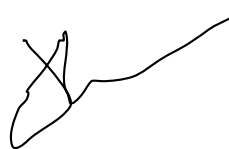
On 4/9/2019 at approximately 10:45 AM, staff person A yelled "Mind your own business!" and slammed a bedroom door in resident #1s face.

Plan of correction:

4. On 6/24/2019, Executive Director or designee educated staff including Staff A of resident rights (see attachment 1).
5. Executive Director or designee scheduled Ombudsman to complete staff education on 4-25-19
6. Executive Director or designee will review resident rights with new staff upon hire.
7. Executive Director or designee will monitor staff treating residents with dignity and respect through routine rounds and observation.

Plan of correction- Submission of this response and Plan of Correction is not a legal admission 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 employers, agents or other individuals 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 the allegation by the survey agency.

Signature David Clymer DAVID CLYMER ED Date 6-24-19



8/1/19