



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [dclymer@enlivant.com](mailto:dclymer@enlivant.com)  
[alcllicense@enlivant.com](mailto:alcllicense@enlivant.com)

MAILING DATE: February 19, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 13, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Larry Mazza".

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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FEB 13 2020

## Violation Report

WEST REGION FIELD OFFICE

Facility Information			
Name: LOGAN PLACE		License Number: 44494	
Address: 180 CRAIGDELL ROAD,, LOWER BURRELL, PA 15068			
County: WESTMORELAND		Region: WESTERN	
Administrator			
Name: David Clymer		Phone: 7243340529	Email: ALCLICENSE@ENLIVANT.COM
Regulatory			
Name: LOGAN AID OPCO LLC			
Address: 180 CRAIGDELL ROAD, LOWER BURRELL, PA, 15068			
Certificate of Occupancy			
Type: C-2 LP	Date:	Issued By:	
Staffing			
Resident Support Staff: 0	Total Daily Staff: 46	Waking Staff: 35	
Infraction			
Type: Partial	BHA Docket #:	Notice: Unannounced	
Reason: Complaint			
Inspection Dates and On-Site Inspectors			
12/13/2019 - On-Site: Michael Marini			
Resident Demographics (Public Reporting Burden Reduced)			
License Capacity: 47		Residents Served: 39	
Resident Demographics (Public Reporting Burden Reduced)			
In Home: No	Area:	Capacity:	Residents Served:
Other Data			
Current Residents: 39			
Number of Residents Who			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 39	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 7		Have Physical Disability: 0	

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FEB 13 2020

LOGAN PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

44494

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Resident #1's most assessment, dated 6-4-19, indicates the resident requires total physical assistance with toileting, transferring in/out of bed/chair and ambulation, and the resident's most recent support plan, dated 6-4-19, indicates the need of one staff person to provide assistance with these tasks. However, from 5-22-19 through 11-11-19, the resident had approximately 12 unwitnessed falls in her bedroom or bathroom while trying to transfer or use the bathroom herself.

(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.) Resident #1 no longer resides at the facility. RASP addendums were completed after each fall event for Resident #1 prior to her discharge.

CSM and ED received additional training of RASP, RASP addendum and Change of Status on 1/9/2020 by Regional Director of Care services.

On 2/6/2020, ED and CSM reviewed similar residents needing ADL assistance and has failed to ensure that addendums were in place and attached to the latest RASP.

Fall events and change in ADL assistance will be reviewed at Stand Up Meeting. RASP will be reviewed and additional interventions identified will be documented.

The CSM or designee will review five residents to include those who have fallen greater than three times in 30 days monthly for three months to ensure fall prevention interventions are reviewed and documented with proactive measures to limit recurrent falls.

Results of the audits, including monthly fall reviews and third party meetings will be reviewed by the monthly QI team meetings. Continued auditing will be based on Sustained compliance for three months. Monitoring will be on going.

*Dave Clymer*  
Signature

*Dave Clymer ED*  
Printed Name and Title

*2-12-20*  
Date

The above plan of correction is approved as of

*2/14/2020*  
(Date)

Plan of correction implementation status as of

*2/14/2020*  
(Date)

The above plan of correction was approved by

*LM*  
(Initials)

Implemented  
 Not Implemented

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FEB 13 2020

LOGAN PLACE

WEST REGION FIELD OFFICE

44494

REGULATIONS

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.

DEVIATION FROM REGULATIONS

From 5-22-19 through 11-11-19, resident #1 had approximately 12 unwitnessed falls in her bedroom or bathroom while trying to transfer or use the bathroom herself; however, the resident's most recent assessment, dated 6-4-19, does not indicate the resident is a fall risk.

REPEAT VIOLATION: 12/27/2018

PLAN OF CORRECTION

(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.)

Resident #1 no longer resides at the facility. RASP addendum's were completed after each fall event for Resident #1 prior to her discharge.

CSM and ED received additional training of RASP, RASP addendum and Change of Status on 1/9/2020 by Regional Director of Care services.

On 2/6/2020, ED and CSM reviewed similar fall risk residents to ensure that proactive fall prevention measures were in place and attached to the latest RASP.

Fall events and change in ADL assistance will be reviewed in stand up meetings. RASP will be reviewed and additional interventions identified will be documented.

The CSM or designee will review five residents to include those who have fallen greater than three times in 30 days monthly for three months to ensure fall prevention interventions are reviewed and documented with proactive measures to limit recurrent falls.

Results of the audits, including monthly fall reviews and third party meetings will be reviewed by the monthly QI team meetings. Continued auditing will be based on Sustained compliance for three months. Monitoring will be on going.

APPROVALS

*Dave Clymer*  
Signature

Dave Clymer ED  
Printed Name and Title

2-12-20  
Date

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