

Department of Human Services
Bureau of Human Service Licensing

August 27, 2020

DANIEL GUILL, PRESIDENT
LOGAN AID OPCO LLC
180 CRAIGDELL ROAD
LOWER BURRELL, PA 15068

RE: LOGAN PLACE
180 CRAIGDELL ROAD
LOWER BURRELL, PA, 15068
LICENSE/COC#: 44494

Dear Mr. Guill,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/11/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: LOGAN PLACE **Licen e #:** 44494 **Licen e Expiration Date:** 01/11/2021
Addr e : 180 CRAIGDELL ROAD, LOWER BURRELL, PA 15068
County: WESTMORELAND **Region:** WESTERN

Administrator

Name: Kendra Carlson **Phone:** 7243340529 **Email:** KCarlson@ENLIVANT.COM

Legal Entity

Name: LOGAN AID OPCO LLC
Address: 180 CRAIGDELL ROAD, LOWER BURRELL, PA, 15068
Phone: 312-725-7000 **Email:** alcllicense@enlivant.com;

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/04/1997 **Issued By:** L&I

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 40 **Waking Staff:** 30

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 08/11/2020

Inspection Dates and Department Representative

08/11/2020 - Off-Site: Josh Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47 **Residents Served:** 31

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: NA

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 31
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 9 **Have Physical Disability:** 1

Inspections / Reviews

08/11/2020 Partial

Lead Inspector: Josh Hoover **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/27/2020

Inspections / Reviews *(continued)*

8/27/2020 - POC Submission

Lead Reviewer: *Janine Wenzig*Follow Up Type: *Document Submission*Follow-Up Date: *09/03/2020*

8/27/2020 Document Submission

Lead Reviewer: *Janine Wenzig*Follow-Up Type: *Not Required*

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

Charges for the home's personal care services are determined by a point-based Level of Service assessment, containing 6 possible levels of service. The resident-home contract for resident #1, dated 8/14/2014, does not list the actual dollar amount for charges for each of the home's available service levels. Resident #1 was initially assessed at Level of Service 2 and the Move-In Data Form portion of the resident-home contract includes only the actual amount of charges for Level 2. The areas for all other Level of Service charges are blank. Annual notices of increased charges for Levels of Service for 2015-2019 are also blank in these areas.

From the resident's date admission on 8/14/2014, to 7/20/2020, resident #1 has been assessed at and has been responsible for paying for charges for multiple levels of service; however, the contract was not updated to include all of these actual dollar amounts. Resident #1 is currently assessed at Level of Service 6.

25c2 - Fee Schedule (continued)

Plan of Correction

Accept

PLAN OF CORRECTION:

1. Resident #1 Move-In Data Form was updated to reflect Level of Care services 1 through 6 and actual dollar amount charges for each service levels. Resident's POA was mailed current Level of Care services with dollar amount charges via postal mail on 8/25/2020.
2. ED or Designee will audit current resident files by 9/7/2020 for pricing information. Resident files identified to have an incomplete fee schedule will be mailed a letter with current fee schedule. Copy of mailing to be maintained in resident file.
3. Education provided by ED to CSM and CRM on regulation 2600.25.c on 8/25/2020.
4. Audit of new residents move -in data form will occur weekly for 4 weeks, then monthly for 2 months by ED and/or designee to ensure a fee schedule is included which list the dollar amount for each service level. Results of audit will be reviewed in monthly QI. Continued auditing will be based on sustained compliance for 3 months. Monitoring will be ongoing.

PLAN OF CORRECTION STATEMENT

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 of 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.

*Kendra Carlson
Signature*

*8/25/2020
Date*

Completion Date: 08/26/2020

Document Submission

Implemented

Documents Sent.