

Department of Human Services
Bureau of Human Service Licensing

December 14, 2021

[REDACTED], PRESIDENT/COO
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/22/2021, 11/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *LOGAN PLACE* License #: *44494* License Expiration: *01/11/2023*
Address: *180 CRAIGDELL ROAD, LOWER BURRELL, PA 15068*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7243340529* Email: [REDACTED]

Legal Entity

Name: *LOGAN AID OPCO LLC*
Address: *180 CRAIGDELL ROAD, LOWER BURRELL, PA, 15068*
Phone: *7243340529* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/04/1997* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *41* Waking Staff: *31*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/23/2021*

Inspection Dates and Department Representative

11/22/2021 - On-Site: [REDACTED]

11/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *47* Residents Served: *36*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *36*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *5* Have Physical Disability: *1*

Inspections / Reviews

11/22/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/18/2021*

Inspection Dates and Department Representative (*continued*)

11/22/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/20/2021*

11/22/2021 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

25b - Contract Signatures

General Requirements

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's resident-home contract, dated [REDACTED], is not signed by the resident.

Resident #2's resident-home contract, dated [REDACTED] is not signed by the resident.

Plan of Correction

Accept

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.

2600.25b:

- On 11/22/21, the Residency Agreements were reviewed and signed by Resident #1 and Resident #2. (Attachment D and E)
- On 11/22/21, Executive Director (ED) audited current Residency Agreements to ensure contract was signed by the resident. Contracts identified as requiring a resident's signature were reviewed with residents and signatures were obtained on 11/23/2021.
- On 11/29/21, the ED and Administrative Coordinator (AC) were in-serviced on regulation 2600.25b by the Regional Director of Care Services (RDCS). (Attachment F)
- The ED and/or designee will audit 5 residency agreements each week for 4 weeks then 3 residency agreements each week for 4 weeks and then 1 residency agreement each week for 4 weeks to ensure compliance with regulation 2600.25b (Attachment G).
- Audit results will be discussed in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.

Completion Date: 11/23/2021

Document Submission

Implemented

See Attached

Completion Date: 11/23/2021

41e - Signed Statement

Resident Rights

1. Requirements

Resident Rights (continued)

2600.

41.e. A statement signed by the resident and, if applicable, the resident’s designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident’s record.

Description of Violation

Resident #1's resident-home contract, dated [REDACTED], does not include a statement signed by the resident acknowledging receipt of the resident rights and complaint procedures.

Resident #2's resident-home contract, dated [REDACTED], does not include a statement signed by the resident acknowledging receipt of the resident rights and complaint procedures.

Plan of Correction

Accept

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.

2600.41e:

- On 11/22/21, the Residency Agreement Appendix was reviewed and signed by Resident #1 and Resident #2. (Attachment D and E)
- On 11/22/21, ED audited the Residency Agreement Appendix for current residents to ensure contract included a signed statement from the resident acknowledging receipt of the resident rights and complaint procedures, with no additional findings noted.
- On 11/29/21, the ED and AC were in-serviced on regulation 2600.41e by the RDCS. (Attachment F)
- The ED and/or designee will audit 5 residency agreements each week for 4 weeks then 3 residency agreements each week for 4 weeks and then 1 residency agreement each week for 4 weeks to ensure compliance with regulation 2600.41e (Attachment G).
- Audit results will be discussed in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.

Completion Date: 11/29/2021

Document Submission

Implemented

See Attached

Completion Date: 11/29/2021

85a - Sanitary Conditions

Physical Site

1. Requirements

Physical Site (continued)

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11/22/21 at 10:16 a.m., there were no paper towels, mechanical air blower, individual cloth towels or other means of safe hand drying in the shared bathroom of residents #3 and #4.

On 11/22/21 at 10:27 a.m., there was a strong odor of urine present in resident #1's bedroom.

On 11/22/21 at 10:34 a.m., there was a used face mask which contained multiple brown/black marks, and 4 used tissues on resident #5's bathroom sink.

Plan of Correction

Accept

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2600.85a:

- On 11/22/21, towels were located and hung in Resident #3's and Resident #4's bathroom by the Care Services Manager (CSM).
- On 11/23/21, the carpet in Resident #1's room was cleaned by the Maintenance Technician (MT) to remove the dog odor. Also, on this date, the face mask was replaced in Resident #5's room by the AC.
- On 11/22/21, an audit was completed of current resident rooms to ensure sanitary conditions were maintained and all rooms were found to be in compliance with regulation 2600.85a.
- On 11/29/2021, current staff were in-serviced by ED regarding regulation 2600.85a. (Attachment H).
- The ED and/or designee to audit 5 Resident rooms 3 times weekly for 4 weeks, then 2 times weekly for 4 weeks, then weekly for 4 weeks to ensure compliance with regulation 2600.85a. (Attachment I)
- Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.

Completion Date: 11/29/2021

Document Submission

Implemented

See Attached

Completion Date: 11/29/2021

88a - Surfaces

Physical Site

1. Requirements

Physical Site (continued)

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 11/22/21, the 2 fire-safe doors in the hallway near bedroom #111 rub the top of the door frame and do not securely close.

Plan of Correction**Accept**

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2600.88a:

- *On 11/22/21, MT adjusted the fire doors in the hallway near room #111 to ensure they close properly.*
- *On 11/22/21, MT checked other fire doors to ensure they shut completely, with no additional concerns noted.*
- *On 11/22/21, the MT was in-serviced by the ED regarding regulation 2600.88a. (Attachment J)*
- *The MT or designee will audit fire doors monthly for 3 months to ensure compliance with regulation 2600.88a. (Attachment K)*
- *Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.*

Completion Date: 11/22/2021**Document Submission****Implemented***See Attached***Completion Date:** 11/22/2021

95 - Furniture and Equipment

Physical Site

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 11/22/21 at 10:34 a.m., resident #5's bathroom sink was clogged and not draining properly.

Plan of Correction**Accept**

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Physical Site (continued)

2600.95:

- On 11/22/2021, MT cleared the clog from the sink in Resident #5's room.
- On 11/22/21, MT checked current resident sinks to ensure they drain correctly, with no additional concerns noted.
- On 11/22/21, MT was in-serviced by ED regarding regulation 2600.95. (Attachment J)
- The MT and/or designee will audit 5 resident rooms weekly for 4 weeks, 3 resident rooms weekly for 4 weeks and then 1 resident room weekly for 4 weeks to ensure compliance with regulation 2600.95.
- Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.

Completion Date: 11/22/2021

Document Submission

Implemented

See Attached

Completion Date: 11/22/2021

101j7 - Lighting/Operable Lamp

Physical Site

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 11/22/21, resident #5 did not have an operable lamp or other source of lighting present that can be turned on/off from bedside.

Physical Site (continued)

Plan of Correction**Accept**

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2600.101j7:

- On 11/24/2021, MT installed a touch lamp next to the bed in Resident #5's room. (Attachment L).
- On 11/22/21, current resident rooms were audited by ED to ensure an operable lamp or other source of lighting that can be turned on at bedside was present, with no additional concerns noted.
- On 11/29/21, current staff were in-serviced by ED regarding regulation 2600.101j7. (Attachment M)
- The ED and/or designee will audit 5 resident rooms 3 times weekly for 4 weeks, then 2 times weekly for 4 weeks, then weekly for 4 weeks to ensure compliance with regulation 2600.101j7. (Attachment N)
- Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.

Completion Date: 11/29/2021

Document Submission**Implemented**

See Attached

Completion Date: 11/29/2021

131c - Kitchen Fire Extinguisher

Fire Safety

1. Requirements

2600.

131.c. A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).

Description of Violation

On 11/22/21, there was no fire extinguisher present the activity room kitchen, which contains an operable electric stove.

Plan of Correction**Accept**

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2600.131c:

- On 11/22/2021, ED contacted Fire Fighter Sales and Service to order a fire extinguisher for the Activity Room.
- On 11/24/2021, Fire Fighters delivered and installed the fire extinguisher in the activity room. (Attachment A).
- On 11/29/2021, ED trained the MT regarding regulation 2600.131 (Attachment B).

Fire Safety (continued)

- MT or designee will audit fire extinguishers monthly to ensure compliance with regulation 2600.131c. (Attachment C)
- Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.

Completion Date: 11/29/2021

Document Submission

Implemented

See Attached

Completion Date: 11/29/2021

191 - Resident Right to Refuse

Medications

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1's resident-home contract, dated [REDACTED], does not include documentation that the resident has been educated on their right to question or refuse a medication if the resident believes there may be a medication error.

Resident #2's resident-home contract, dated [REDACTED], does not include documentation that the resident has been educated on their right to question or refuse a medication if the resident believes there may be a medication error.

Plan of Correction

Accept

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2600.191:

- On 11/22/21, the Residency Agreement Appendix was reviewed and signed by Resident #1 and Resident #2. (Attachment D and E)
- On 11/22/21, ED audited the Residency Agreement Appendix for current residents to ensure they included documentation that the resident has been educated on their right to question or refuse a medication if the resident believes there may be a medication error, with no additional concerns noted.
- On 11/29/21, the ED and AC were in-serviced on regulation 2600.41e by the RDCS. (Attachment F)
- The ED and/or designee will audit 5 residency agreements each week for 4 weeks then 3 residency agreements each week for 4 weeks and then 1 residency agreement each week for 4 weeks to ensure compliance with

Medications (continued)

regulation 2600.41e (Attachment G).

- Audit results will be discussed in monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.

Completion Date: 11/29/2021

Document Submission

Implemented

See Attached

Completion Date: 11/29/2021

224a - Preadmission Screen Form

Services

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The preadmission screening for resident #2 is undated, so it is unable to be determined if the preadmission screening was completed within 30 days prior to admission. Resident #2 was admitted to the home on [REDACTED].

Plan of Correction

Accept

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2600.224a

- On 11/22/2021, the LPN who completed the Preadmission Screening documented the admission date on Resident #2's Preadmission Screening as a late entry. (Attachment O).
- On 11/22/2021, the ED and CSM audited current resident's Preadmission Screenings and they were all found to be in compliance with regulation 2600.224a.
- On 11/29/21, ED and CSM were in-serviced by the RDSCS regarding regulation 2600.224a. (Attachment P)
- The ED and/or designee will audit 5 resident Preadmission Screenings weekly for 4 weeks, 3 resident prescreens weekly for 4 weeks and then 1 resident prescreen weekly for 4 weeks to confirm they are in compliance with regulation 2600.224a. (Attachment Q)
- Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.

Completion Date: 11/29/2021

Document Submission

Implemented

See Attached

Completion Date: 11/29/0002

227d - Support Plan Medical/Dental

Services

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 fell in the home on numerous occasions, to include on [redacted] and [redacted] however, the resident's most recent support plan, dated [redacted], does not address the resident's fall history or a plan to address the resident's fall risk.

Plan of Correction

Accept

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.

2600.227d

- On 11/29/2021, CSM updated Resident #1's RASP to address the resident's fall risk. (Attachment R)
- On 12/1/21, current resident RASPs were audited by ED and CSM to ensure support plans included status of resident's current needs. Updates made at time of discovery as necessary.
- On 11/29/21, ED and CSM were in-serviced by the RDCS regarding regulation 2600.227d. (Attachment S)
- The ED and/or designee will audit 5 resident RASPs weekly for 4 weeks, 3 resident RASPs weekly for 4 weeks and then 1 resident RASP weekly for 4 weeks to confirm compliance with regulation 2600.227d (Attachment T).
- Audit results will be discussed in the monthly QI meetings. The QI committee will determine if continued auditing is necessary based on 3 consecutive months of compliance.

Completion Date: 12/01/2021

Document Submission

Implemented

See Attached

Completion Date: 12/01/2021