

Department of Human Services
Bureau of Human Service Licensing

July 21, 2022

[REDACTED]
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 06/01/2022, 06/06/2022, 06/22/2022 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

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:** [REDACTED] **Email:** [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 47 **Waking Staff:** 35

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 06/22/2022

Inspection Dates and Department Representative

06/01/2022 - On-Site: [REDACTED]
06/06/2022 - Off-Site: [REDACTED]
06/22/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47 **Residents Served:** 34

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 34
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 13 **Have Physical Disability:** 1

Inspections / Reviews

06/01/2022 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 07/23/2022

Inspections / Reviews (*continued*)

07/20/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/25/2022*

07/21/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted]/21, it was reported to the home that resident #1 was missing [redacted] cash, a bank card and several store and restaurant gift cards from [redacted] wallet. There were five subsequent transactions made with the resident's bank card totaling [redacted]. Through the local police investigation it was determined that staff person A had stolen the cash and the bank card.

Plan of Correction

Accept

Logan Place

Incident Inspection on 6/1/22, 6/6/22 and 6/22/22

Submission Due: 7/23/22

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.

- On [redacted]/22, immediately after learning of the missing cash, bank card and several store and restaurant gift cards, staff person A was placed on suspension. On [redacted]/22, Staff person A was terminated.
- On 08/01/2022 the community will reimburse Resident #1 for \$ [redacted] via a credit to Resident 1's August Invoice (Attachment A - Invoice).
- On [redacted]/2022 current residents and legal representatives of current residents were interviewed by the Executive Director (ED) or Care Services Manager (CSM) to ensure there were no other violations of regulation 2600.42b.
- On 7/15/22, the ED will in-service staff regarding regulation 2600.42.b, including that residents may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way (Attachment B - In-service).
- Starting 7/18/22, ED or CSM will question 2 residents and 1 legal representative of a current resident to ensure they are not being neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way by staff weekly x 4 weeks, bi-weekly x 4 weeks then monthly x 1 to ensure compliance is maintained with regulation 2600.42b. (Attachment C – Audit)
- Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion Date: 7/20/22

Completion Date: 07/20/2022

Document Submission

Implemented

See Attached

42x - Safeguard

1. Requirements

42x - Safeguard (continued)

2600.

42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

On [REDACTED]/21, it was reported to the home that resident #1 was missing [REDACTED] cash, a bank card and several store and restaurant gift cards from [REDACTED] wallet. There were five subsequent transactions made with the resident's bank card totaling [REDACTED]. The home has not provided a system to safeguard money and property to the residents. The home does not offer to hold valuables in the office and there are no locked areas in resident rooms for which there are keys or combinations provided to residents. Various staff have master keys to resident apartments which precludes locking the door to the room as sufficient to secure valuables.

Plan of Correction**Accept**

Logan Place

Incident Inspection on 6/1/22, 6/6/22 and 6/22/22

Submission Due: 7/23/22

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.

- On [REDACTED]/22, ED offered to store resident #1's valuables in a secured area in the ED office until secured steel cash boxes are available.
- On 07/13/2022, ED spoke with current residents and offered to keep their valuables locked in a secured area in the ED office until secured steel cash boxes are available.
- On 07/13/22, ED ordered secured steel cash boxes which will be locked with a lock to place in each resident's room giving them a means to safeguard property (Attachment D - Receipt)
- Moving forward, each new move in will be provided with a secured steel cash box giving them a means to safeguard property.
- On 7/15/22, ED in-serviced staff regarding regulation 2600.42.x. (Attachment E - In-service)
- Starting 7/25/22, ED or CSM will question 2 residents to ensure they are using the cash boxes to secure their valuables as well as question 2 residents and 1 legal representative of a current resident to ensure they feel their money/property is safeguarded with current system weekly x 4 weeks, bi-weekly x 4 weeks then monthly x 1 to ensure compliance is maintained with regulation 2600.42x. (Exhibit 00 – Audit)
- Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion Date: 7/20/22

Completion Date: 07/20/2022

Document Submission**Implemented**

See Attached