

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

October 2, 2023

[REDACTED], PRESIDENT/COO
LOGAN AID OPCO LLC
[REDACTED]

RE: LOGAN PLACE
139 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 09/06/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: LOGAN PLACE License #: 44494 License Expiration: 01/11/2024
 Address: 139 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: [REDACTED]
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/31/1997 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 09/06/2023

Inspection Dates and Department Representative

09/06/2023 - 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: 8
 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: 8 Have Physical Disability: 1

Inspections / Reviews

09/06/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/23/2023

09/25/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/28/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/02/2023

Inspections / Reviews *(continued)*

09/28/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/06/2023

10/02/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2023

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] resident #1's call bell was utilized seven times between the hours [REDACTED] p.m. and [REDACTED] p.m. and at approximately [REDACTED] an unknown agency staff person removed resident #1's emergency call pendant and placed the pendant out of the resident's reach on the bedside table in resident room [REDACTED]. Resident #1 indicated that [REDACTED] was unable to reach the emergency pull cord mounted to the wall behind [REDACTED] bed and was unable to notify staff if [REDACTED] required assistance. Resident #1 stated "I worry that I might have a heart attack or something and no one would come. I would say I'm a little bit afraid, yes, after this whole thing." On the same evening, [REDACTED], at [REDACTED], resident #1 was administered a [REDACTED] by direct care staff person A, however, resident #1 was not prescribed Lorazepam and the medication belonged to resident #2.

Plan of Correction

Accept [REDACTED] - 09/28/2023)

- On 8/28/2023 the Executive Director notified the staffing agency involved and cancelled future staffing request and requested that the staff person involved from the agency to be placed on a Do not return list (Exhibit 5-Email)
- On 09/14/2023, current Medication Technicians received training by ED regarding PA regulation 2600.182 & the company policy on documentation on the Medication Administration Record (Exhibit 2- In-Service). Completed 09/14/2023. Training will also be completed with all newly hired Medication technicians upon hire.
- Beginning 09/18/2023, Health and Wellness Director (HWD) or designee will audit current resident MARs to confirm compliance with regulatory requirements. Projected completion 09/30/2023 (Exhibit 3- Audit form).
- Beginning 09/30/2023 Health and Wellness Director or designee will audit 6 random resident MARs for 4 weeks to confirm continued regulatory compliance. Any discrepancies will be reported to the Executive Director immediately (Exhibit 15 Audit form). Completion by 10/20/2023.
- A training with Aging Care Management Supervisor II from AAA has been scheduled for October 6th at 1:45 PM at the community for all staff regarding Abuse and Neglect.
- Beginning 10/02/2023, ED will privately conduct 4 random interviews per month for 3 months to ensure compliance with Regulation 2600.42 b (Exhibit- Audit form). To be completed by December 31, 2023.
- Results of audits will be discussed by Executive Director at community's quarterly Quality Assurance Review. Completed by 12/31/2023.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented [REDACTED] - 10/02/2023)

42p - Restraints

2. Requirements

2600.

42.p. A resident shall be free from restraints.

Description of Violation

On [REDACTED] resident #1's call bell was utilized seven times between the hours of 4:00 p.m. and 9:30 p.m. and at

42p Restraints (continued)

approximately [REDACTED] an unknown agency staff person removed resident #1's emergency call pendant and placed the pendant out of the resident's reach on the bedside table in resident room [REDACTED]. Resident #1 indicated that [REDACTED] was unable to reach the emergency pull cord mounted to the wall behind [REDACTED] bed and was unable to notify staff if [REDACTED] required assistance. Resident #1 stated "I worry that I might have a heart attack or something and no one would come. I would say I'm a little bit afraid, yes, after this whole thing." On the same evening, [REDACTED] at [REDACTED]. resident #1 was administered a [REDACTED] by direct care staff person A, however, resident #1 was not prescribed [REDACTED] and the medication belonged to resident #2.

Plan of Correction**Accept [REDACTED] - 09/25/2023)**

- On 08/29/2023 all current staff received training by ED regarding abuse/neglect/ resident rights and abuse reporting procedures (Exhibit 4 In Service). Completed 08/29/2023.
- Current staff received training by the Executive Director on regulation 2600.42.p regarding resident rights (Exhibit 4 In Service). Newly hired staff will receive training upon hire. Completed 08/29/2023.
- On 8/28/2023 the Executive Director notified the staffing agency involved and cancelled future staffing request and requested that the staff person involved from the agency to be placed on a Do not return list (Exhibit 5 Email).
- On 09/06/2023 Agency Direct Care Staff Person A LPN's license was reported to the State Board of Nursing by the Executive Director (Exhibit 6 Report).
- Current staff received training by the Executive Director on the company's Call light response policy (Exhibit 7 In Service). Completed 08/29/2023.
- On 09/14/2023, Executive Director completed a walkthrough (audit) of all current resident apartments and verified that the apartments were free from restraints (Exhibit 10 Audit). Completed 09/14/2023.
- Beginning 09/22/2023, ED or designee will interview 3 residents per week for 4 weeks to confirm continued compliance with regulation 2600.42.p. (Exhibit 11 Audit Form). Projected completion date 10/13/2023.
- Results of audits will be discussed by ED at community's quarterly Quality Assurance meeting to determine the need for further audits.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented [REDACTED] - 10/02/2023)**101j7 - Lighting/Operable Lamp****3. 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

At approximately 11:25 a.m., the bedside table and lamp belonging to resident #1 in resident room [REDACTED] was approximately two and one half feet from bedside, was out of reach for resident #1, and there was no alternative source of light that was operable from bedside.

Plan of Correction**Accept [REDACTED] - 09/25/2023)**

- On 09/06/2023 the Maintenance Assistant (MA) installed two tap lights on the wall next to the bed of resident 1 within reach of the resident (Exhibit 12 Photo). Completed 09/06/2023.
- On 09/14/2023, ED completed a walk through of all resident apartments and verified current resident

101j7 Lighting/Operable Lamp (continued)

apartments were in compliance with regulation 2600.101.(Exhibit 12 Audit) No other residents were affected. Completed 09/14/2023.

- On 09/14/2023, the Executive Director completed training with current staff regarding regulation 2600.101.(Exhibit 13 In Service) Completed 09/14/2023.
- Beginning 09/22/2023, Executive Director or designee will audit 3 resident apartments per week for 4 weeks to confirm continued compliance with regulation 2600.101.(Exhibit 14 Audit Form) Any discrepancies will be reported to the Executive Director immediately. Completion date 10/13/2023.
- Results of audits will be discussed by Executive Director or Designee at community's quarterly Quality Assurance Review. Completed by 12/31/2023.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented [REDACTED] - 10/02/2023)

187b - Date/Time of Medication Admin.**4. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [REDACTED] at [REDACTED] resident #1 was administered a [REDACTED], however, resident #1 was not prescribed [REDACTED] the medication belonged to resident #2, and was used to chemically restrain resident #1. However, direct care staff person A, an agency licensed practical nurse, documented the administration of [REDACTED] sublingual every four hours as needed as administered on resident #2's medication administration record.

Plan of Correction

Accepted [REDACTED] - 09/25/2023)

- On 08/28/2023 Agency direct care staff person A was placed on community's do not return list through their agency by the ED (Exhibit 5 Email)
- On 08/28/2023, direct care staff person A's agency was notified of the incident by the ED. (Exhibit 5 Email)
- On 09/06/2023, ED reported direct care staff person A's LPN license to the State Nursing Board (Exhibit 6 Report)
- Upon investigating on 08/28/2023, Executive Director determined that no other residents were affected by direct care staff person A's actions.
- On 08/29/2023, ED re educated staff regarding abuse/neglect/abuse reporting/resident rights and abuse reporting procedures (Exhibit 4 and 15 In services). Completed 08/29/2023.
- On 09/14/2023, Medication Technicians were re educated by ED regarding PA regulation 2600.182 and company policies regarding the Medication Administration Record (Exhibit 1 In Service) Completed 09/14/2023.
- Beginning 09/18/2023, Health and Wellness Director (HWD) or designee will audit current resident MARs to confirm compliance with regulatory requirements. (Exhibit 3 Audit Form) completion 09/30/2023
- Beginning 09/25/2023 Health and Wellness Director or designee will audit 6 resident MARs for 4 weeks to confirm continued regulatory compliance (Exhibit 4 Audit Form) Any discrepancies will be reported to the Executive Director immediately. Completion by 10/20/2023.
- Results of audits will be discussed by Executive Director or Designee at community's quarterly Quality Assurance Review. Completed by 12/31/2023.

187b - Date/Time of Medication Admin. (continued)

- Licensee's overall projected completion date 10/20/2023.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented (- 10/02/2023)