

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

December 11, 2023

[REDACTED], EXECUTIVE DIRECTOR
LOGAN AID OPCO LLC
[REDACTED]
[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 10/10/2023, 10/13/2023, 10/19/2023, 10/31/2023 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]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 52 Waking Staff: 39

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 10/31/2023

Inspection Dates and Department Representative

10/10/2023 - On-Site: [REDACTED]
 10/13/2023 - Off-Site: [REDACTED]
 10/19/2023 - On-Site: [REDACTED]
 10/31/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 47 Residents Served: 40

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 7

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 12 Have Physical Disability: 2

Inspections / Reviews

10/10/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/24/2023

Inspections / Reviews *(continued)*

12/06/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/13/2023

12/11/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at approximately [redacted] staff person A called staff person B for assistance in the 1st bathroom located in the hall. Resident #1 had diarrhea and got it on the floor and tracked it from the bathroom to the resident's bedroom. Staff person B told staff person A to clean it up and then left. Another resident passed resident #1's bedroom, and overheard staff person A yell at resident #1, saying "What did you do? You know you shouldn't do that. That's poop and I have to clean it up."

On [redacted] at approximately [redacted], staff person C was talking on [redacted] cell phone while providing care to resident #3, and said "bitch" to the person [redacted] was talking to on the phone. Resident #2 thought staff person C was talking to [redacted] and said "What?" Staff person C stated, "I am not talking to you." Also, according to the home's policy, staff are not to use their personal cell phones while caring for residents.

Plan of Correction

Accepted [redacted] - 12/06/2023)

- Executive Director (ED) was made aware of the incident that occurred in Resident #1's bedroom on [redacted]. On 09/30/2023 ED and Business Office Manager (BOM) immediately began an investigation into the incident and called Staff Person A over the phone and informed them they were suspended. Staff person A did not work at the community after their shift 09/29/2023. Staff person A has since been terminated (Exhibit 1- Termination PAF). After concluding the investigation, it was determined that no other residents were affected by Staff Person A's actions.
- On 10/3/2023 the Area Nurse (AN) had been made aware of an incident that occurred on 10/02/2023 at 10:40 pm involving Staff Person C being on their phone in Resident #3's room. AN immediately began an investigation into the incident and staff person #3 was placed on suspension pending the outcome of the investigation. After conclusion of the investigation, it was determined that no other residents were affected by Staff Person C's actions. Staff person C was brought back after conclusion of the DHS investigation on disciplinary action (Exhibit 2- Write up) Staff person #3 is no longer employed at the community as of 11/21/2023 due to reasons unrelated to the investigation.
- On 10/27/2023, Executive Director conducted an in-service with current staff regarding PA regulation 2600.42.c as well as the company's cell phone policy (Exhibit 3- In-Services).
- Beginning 11/28/2023, Executive Director or designee will conduct rounds in the community 3x a day at unannounced times for 4 weeks to monitor compliance with the company's cell phone policy (Exhibit 4- Audit Form)Any discrepancies will be reported to the Executive Director for follow up .
- Beginning 11/28/2023 Executive Director or designee will interview 3 residents per week for 4 weeks to confirm residents feel they are being treated with dignity and respect (Exhibit 5- Audit form).
- Results of these audits will be discussed by Executive Director at the community's Quarterly Quality Assurance Meeting.
- Projected Completion date 12/30/2023

Licensee's Proposed Overall Completion Date: 12/30/2023

Implemented [redacted] - 12/11/2023)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The assessment, dated [REDACTED] for resident #1 does not include the diagnoses of [REDACTED], and [REDACTED] as indicated on the medical evaluation, dated [REDACTED]

Plan of Correction

Accept (JW - 12/06/2023)

- On 11/27/2023, Health and Wellness Director (HWD) added the diagnoses of [REDACTED] and [REDACTED] to Resident #1's assessment & profile .
- On 11/28/2023, Executive Director will provide training to the Health & Wellness Director regarding including diagnoses listed on the Medical Evaluation as well as on the Electronic Health Record (Exhibit 6- In-Service)
- Beginning 11/28/2023, Health & Wellness Director will audit 3 random current resident assessments per week for 4 weeks to verify compliance with PA regulation 2600.225.c . Any discrepancies will be reported to the Executive Director (Exhibit 7- Audit).
- Results of these audits will be discussed by ED at the Community's Quality Assurance Meeting.
- Projected completion date: 12/30/2023

Licensee's Proposed Overall Completion Date: 12/30/2023

Implemented [REDACTED] - 12/11/2023)