



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **LOGAN OPERATOR LLC**

LEGAL ENTITY

To operate **LOGAN SQUARE ENHANCED SENIOR LIVING**

NAME OF FACILITY OR AGENCY

Located at **2 FRANKLIN TOWN BOULEVARD, PHILADELPHIA, PA 19103**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **101**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 14**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **February 19,** **2025** until **February 19,** **2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **149630**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing date: February 19, 2025

[REDACTED]
[REDACTED]
Logan Operator, LLC
2 Franklin Town Boulevard
Philadelphia, Pennsylvania 19013

RE: Logan Square Enhanced Senior Living
License #: 149630

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on January 7 and 8, 2025, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

February 4, 2025

[REDACTED]
LOGAN OPERATOR LLC
[REDACTED]
[REDACTED]

RE: LOGAN SQUARE ENHANCED
SENIOR LIVING
2 FRANKLIN TOWN BOULEVARD
PHILADELPHIA, PA, 19013
LICENSE/COC#: 14963

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/07/2025, 01/08/2025 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 SQUARE ENHANCED SENIOR LIVING License #: 14963 License Expiration: 02/06/2025
 Address: 2 FRANKLIN TOWN BOULEVARD, PHILADELPHIA, PA 19013
 County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: LOGAN OPERATOR LLC
 Address: 2 FRANKLIN TOWN BOULEVARD, PHILADELPHIA, PA, 19013
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 04/13/1984 Issued By: City of Philadelphia

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 96 Waking Staff: 72

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Provisional, Incident Exit Conference Date: 01/08/2025

Inspection Dates and Department Representative

01/07/2025 - On-Site [REDACTED]
 01/08/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 101 Residents Served: 62

Secured Dementia Care Unit

In Home: Yes Area: The Gardens Capacity: 14 Residents Served: 8

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 62
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 34 Have Physical Disability: 62

Inspections / Reviews

01/07/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/03/2025

Inspections / Reviews *(continued)*

02/04/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/04/2025
Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

02/04/2025 - Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 02/04/2025
Reviewer: [REDACTED] Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff persons A and B are contracted workers with unsupervised access to residents personal living quarters without direct oversight by other employed staff. These staff persons did not have criminal background checks in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Plan of Correction

Accept [redacted] - 02/04/2025)

- 1. Education on 51 was provided to all Directors on 01/08/2025 by the Executive Director.
- 2. On 01/08/2025 a list of all outside individuals that service our personal care was created by the Executive Director & VP of Plant Operations.
- 3. On 01/08/2025 an audit was conducted by the Executive Director to ensure all individuals listed have a PATCH background check on file or a Federal Criminal Background Check, if the individual has not resided in the state of Pennsylvania for at least 2 years.
- 4. Contractors were on hold in the community as of 01/09/2025 and will not return until 02/03/2025. Federal Criminal Background Check was requested for Staff Member A on 2/3/2025. Staff Member B was moved to another community on 1/17/2025.
- 5. Staff Member A will have direct oversight by other employed staff until the results of his federal criminal background check is received.
- 6. An audit will be completed weekly by the Executive Director or designee to review residents with any new, discontinued or change in-services to ensure background checks are on file as well as any outside contractors that will not have direct oversight by other employed staff.
- 7. The Executive Director or designee will report audit findings at the Quality Management Review Meeting, that is tentatively scheduled for 02/27/2025, for additional recommendations as needed.

Proposed Overall Completion Date: 03/10/2025

Licensee's Proposed Overall Completion Date: 03/10/2025

Bypass Document Submission

Implemented [redacted] - 02/04/2025)

124 - Notice to Fire Department

2. Requirements

2600.

- 124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

124 - Notice to Fire Department (continued)

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept [REDACTED] - 02/04/2025)

1. Education was provided on 2600.124 to Executive Director & VP of Plant Ops on 1/08/2025 by VP of Senior Living
2. On 1/10/2025 Executive Director contacted the local fire department to obtain their Fax #. Executive Director was told that they do not have a fax but we can submit letter to their email address OfficeofEmergencyManagement@Phila.gov
3. On 1/11/2025 Executive Director e-mailed letter with attached floor plans to OfficeofEmergencyManagement@Phila.gov.
4. On 1/13/2025 Executive Director received an automated response from the email address above stating: Thanks for your inquiry. The City of Philadelphia Office of Emergency Management has moved to an online submission form for facility emergency response plans. Please submit your facility's emergency response plan and facility contact information through our online form [REDACTED] online form but received an error message on the main page.
6. On 1/13/2025 Business Office Director sent letter & floor plans via certified mail to: Philadelphia Fire Department [REDACTED]
7. As of 1/31/2025 the return receipt still has not been received.
8. On 1/31/2025 Business Office Manager re-sent letter & floor plans via certified mail: Philadelphia Fire Department [REDACTED]
9. A task was created in TELs to ensure this notification is being sent out annually.

Proposed Overall Completion Date: 03/10/2025

Licensee's Proposed Overall Completion Date: 03/10/2025

Bypass Document Submission

Implemented ([REDACTED] - 02/04/2025)

132b - Safety Inspection/Fire Drill

3. Requirements

- 2600.
- 132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

Withdrawn ([REDACTED] - 02/04/2025)

The last fire drill observed by a fire safety expert was conducted on 7/12/2023.

141b1 - Annual Medical Evaluation

4. Requirements

- 2600.
- 141.b.1. A resident shall have a medical evaluation: At least annually.

141b1 - Annual Medical Evaluation (continued)

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED] 2023.

Plan of Correction

Accept [REDACTED] 02/04/2025)

1. [REDACTED] was contacted immediately by Wellness Director on 1/7/2025 to complete past due medical evaluation for resident #1.
2. DME was completed by MD and faxed back on 1/7/2025.
3. Education 141b1 was provided to Health & Wellness Director, Wellness Coordinator by the Executive Director on 01/07/2025.
4. On 01/09/2025 a baseline audit was conducted on all resident charts by Wellness Coordinator to ensure all DME's are current.
5. On 01/09/2025 a DME tracker was created by the Wellness Coordinator with the dates of the last completed DME on file for all residents. Tracker will be updated anytime there is a newly completed DME.
6. Audits will be conducted 1/week beginning on 1/13/2025 by Business Office Manager or designee to review DME tracker for the month and ensure all DME's on file are current.
7. The Business Office Manager or designee will report audit findings at the Monthly Quality Management Review Meeting, that is tentatively scheduled for 02/27/2025 for additional recommendations as needed.

Licensee's Proposed Overall Completion Date: 03/10/2025

Bypass Document Submission

Implemented [REDACTED] - 02/04/2025)

183d - Prescription Current

6. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #3 passed away [REDACTED]/2024. On 1/8/25 at 2:58 pm, a jar of A&D ointment prescribed to resident #3 was on a night-table in room [REDACTED] for use by resident #4.

Plan of Correction

Accept [REDACTED] - 02/04/2025)

1. On 1/8/2025 the jar of A&D ointment was removed from resident #4's apartment and disposed of by Health & Wellness Director.
2. On 1/9/2025 a baseline audit was completed by the Executive Director on all apartments to ensure there were no discontinued ointments or ointments belonging to another resident in any apartments.

183d - Prescription Current (continued)

3. Education for all Nurses & Med Techs on [REDACTED] began on 1/9/2025 and was completed on 2/3/2025 by Executive Director.
4. Audits will be conducted 1/week for 2 months on 5 random apartments by the Executive Director or designee to ensure there are no discontinued ointments or ointments belonging to another resident in any resident apartment.
5. The Executive Director or designee will report audit findings at the Monthly Quality Management Review Meeting, that is tentatively scheduled for 02/27/2025 for additional recommendations as needed.

Proposed Overall Completion Date: 03/10/2025

Licensee's Proposed Overall Completion Date: 03/10/2025

Bypass Document Submission

Implemented [REDACTED] - 02/04/2025)

185a - Implement Storage Procedures**7. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Several blood-sugar readings taken on resident #5's glucometer were logged incorrectly in the resident's medication administration record.

On 1/7/2025 at 8:16 pm, resident #5 had a blood-sugar reading of 154 mg/dL, but it was recorded as 158.

On 1/7/2025 at 3:44 pm, resident #5 had a blood-sugar reading of 152 mg/dL, but it was recorded as 157.

On 1/5/2025 at 8:42 am, resident #5 had a blood-sugar reading of 152 mg/dL, but it was recorded as 157.

Plan of Correction

Accept [REDACTED] - 02/04/2025)

1. On 1/9/2025 all Nurses were educated on 185a and trained on how to view the memory for all glucometers by Health & Wellness Director.
2. On 1/9/2025 a baseline audit was completed by the Wellness Coordinator of all residents utilizing a glucometer to ensure the accurate information was being logged in the MAR.
3. Beginning on 1/13/2025 audits will be completed 3/week by the Wellness Coordinator or designee on all residents requiring the use of a glucometer to ensure the number in the glucometer log matches what is being documented in the MAR.
4. The Wellness Coordinator or designee will report audit findings at the Monthly Quality Management Review Meeting, that is tentatively scheduled for 02/27/2025 for additional recommendations as needed

Licensee's Proposed Overall Completion Date: 03/10/2025

Bypass Document Submission

Implemented [REDACTED] - 02/04/2025)