

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

November 24, 2025

[REDACTED]  
NEW KENSINGTON AL, LLC  
[REDACTED]  
[REDACTED]

RE: THE ADDISON OF LOGAN PLACE  
139 CRAIGDELL ROAD  
LOWER BURRELL, PA, 15068  
LICENSE/COC#: 45499

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/23/2025 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: THE ADDISON OF LOGAN PLACE License #: 45499 License Expiration: 06/05/2026  
 Address: 139 CRAIGDELL ROAD, LOWER BURRELL, PA 15068  
 County: WESTMORELAND Region: WESTERN

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: NEW KENSINGTON AL, LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 35 Waking Staff: 26

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 10/23/2025

**Inspection Dates and Department Representative**

10/23/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 47 Residents Served: 25  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 25  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 10 Have Physical Disability: 0

**Inspections / Reviews**

10/23/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/06/2025

11/14/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 11/21/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/15/2025

Inspections / Reviews *(continued)*

11/24/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

95 - Furniture and Equipment

1. Requirements

2600.

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

Description of Violation

At 11:08 a.m., the right-side fire door of the double set of fire doors located next to resident room [redacted] did not close completely, leaving an approximate gap of 1 inch between the edge of the right fire door and the edge of the left fire door.

At 11:14 a.m., the left-side fire door of the double set of fire doors located next to resident room [redacted] did not close completely, leaving an approximate gap of 1 inch between the edge of the left fire door and the edge of the right fire door.

Plan of Correction

Accept [redacted] - 11/14/2025)

On 10/23/2025 fire doors next to room [redacted] and room [redacted] were adjusted by the Director of Plant Operation (DPO) to close completely while surveyors were on site.

On 10/29/2025 DOP was educated on regulation 2600.95 by Executive Director (ED)

DPO will check fire doors weekly for 4 weeks, biweekly for 4 weeks, then monthly as part of the TELS compliance program to ensure compliance with regulation 2600.95 is met.

Documentation will be kept.

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented [redacted] - 11/24/2025)

105g - Lint Removal and Duct Cleaning

2. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At 11:26 a.m., there was approximately ¼ inch accumulation of lint in the lint trap located in the #2 clothes dryer. Located in the home's laundry room. There were no items of clothing in the dryer.

Plan of Correction

Accept [redacted] - 11/14/2025)

Lint was immediately removed from dryer by the Director of Plant Operations (DPO). All dryers in laundry room were checked for lint by DPO.

On 10/29/2025 Housekeeping and clinical staff were educated on Regulation 2600.105g by the Executive Director.

On 10/29/2025 residents that utilize the laundry room were informed of the importance of regulation 2600.105g by the Executive Director.

DPO posted reminder signs in the laundry room to clean lint trap after every use of the dryer.

DPO will spot check all dryers weekly for 4 weeks, bi-weekly for 4 weeks, then monthly as part of the TELS compliance program to ensure that compliance is being met.

Documentation will be kept.

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented [redacted] - 11/24/2025)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]; however, the resident’s initial medication evaluation was completed on [redacted].

Plan of Correction

Accept [redacted] - 11/14/2025)

On 10/29/25, Health and Wellness Director (HWD) was educated on regulation 2600.141a by Executive Director. On 11/3/2025- 11/05/2025 HWD audited current resident files to check that medical evaluations are following compliance with regulation 2600.141a, audit was reviewed by the Executive Director for any discrepancies. Going forward HWD will check all new resident medical evaluations, including dates to assure they are in compliance with regulation 2600.141a prior to admission of resident. The Executive Director will discuss the audit during quality assurance review with current directors in attendance. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented [redacted] 11/24/2025)

187a - Medication Record

4. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident [redacted] was prescribed [redacted] tablet. However, the resident’s October 2025, Medication Administration Record indicated [redacted] tablet.

Plan of Correction

Accept [redacted] - 11/14/2025)

On 10/24/2025 Health and Wellness Director (HWD) reviewed physician's orders on Resident [redacted] and corrected Medication Administration Record (MAR) to verify correct medication and dose is being administered. On 10-/29/2025 current Medication Technicians were educated on regulation 2600.187a by Health and Wellness Director. MAR/Cart was audited on 10/31/2025 by clinical staff to verify that all verbiage is accurate and MAR is matching

**187a Medication Record (continued)**

physicians orders.

Health and Wellness Director will have clinical staff audit current MAR's/cart weekly for 4 weeks, biweekly for 4 weeks and monthly for one month to verify that compliance is being met.

The results of the audits will be discussed by the Executive Director during quarterly quality assurance review with current directors in attendance.

Documentation will be kept.

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented [REDACTED] - 11/24/2025)