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

August 5, 2026

[redacted], VP OF OPERATIONS
LOGAN OPERATOR LLC
[redacted]

RE: LOGAN SQUARE ENHANCED
SENIOR LIVING
2 FRANKLIN TOWN BOULEVARD
PC FLRS 5-9, SDCU FL 3
PHILADELPHIA, PA, 19103
LICENSE/COC#: 14963

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/15/2026, 06/16/2026 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**: *02/19/2027*

Address: *2 FRANKLIN TOWN BOULEVARD, PC FLRS 5 9, SDCU FL 3, PHILADELPHIA, PA 19103*

County: *PHILADELPHIA* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *LOGAN OPERATOR LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

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

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *114* **Waking Staff**: *86*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *06/16/2026*

Inspection Dates and Department Representative

06/15/2026 - On-Site: [redacted]

06/16/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *101* **Residents Served**: *78*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *3rd Floor* **Capacity**: *14* **Residents Served**: *11*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *78*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *36* **Have Physical Disability**: *0*

Inspections / Reviews

06/15/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/10/2026*

Inspections / Reviews *(continued)*

07/10/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/16/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/20/2026*

08/05/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/16/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Diversey Emerel Multi-Surface Creme Cleanse, with a manufacture's label indicating "Immediately call a Poison Control Center or physician", was unlocked, unattended, and accessible to residents on the housekeeping cart located outside of resident bedroom 333 on 6/15/16 at 10:28 A.M.. Not all the residents of the home, including Resident # 1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

It is important for the safety and well-being of our residents that all poisonous materials are kept locked and inaccessible to residents. Immediately following the inspection, the housekeeper assigned to the housekeeping cart received on-the-spot education regarding the requirement to keep the housekeeping cart locked and within [redacted] immediate supervision while working in the Memory Care Unit. In addition, the Housekeeping Supervisor provided re-education to all housekeeping staff on 6/24/2026 regarding the proper handling and security of housekeeping carts, emphasizing that carts must remain locked and always attended while in the Memory Care Unit. To ensure ongoing compliance an audit was created and implemented. The Housekeeping Supervisor, or designee, will conduct random audits of housekeeping carts in the Memory Care Unit starting 6/29/26. The audit will be conducted three times per week for one month, followed by weekly audits for four weeks, biweekly audits for eight weeks, and monthly audits for three months. Audit results will be reviewed by the Personal Care Home Administrator to verify continued compliance and ensure that housekeeping carts remain locked and always secured while in resident care areas.

Licensee's Proposed Overall Completion Date: *02/28/2027*

Implemented ([redacted] - 07/24/2026)

87 - Lighting

2. Requirements

2600.
87. Lighting - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The lighting was dimly lit in the 3rd floor south stairwell exit and had light bulbs missing on 6/15/26 at 10:14 A.M.

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

It is essential for the safety and well-being of our residents that all hallway, interior stairwell, and evacuation route lighting remain operational at all times. Proper lighting helps ensure that residents, including those with visual impairments, can move safely throughout the community and during emergency situations. The non-functioning light fixture located in the third-floor hallway was replaced immediately by the Maintenance Department during the inspection on June 15, 2026. Beginning June 29, 2026, the Maintenance Director or designee will conduct routine audits to verify that all hallway and stairwell lighting is functioning properly. These audits will be completed weekly for four weeks, biweekly for eight weeks, and monthly for three months thereafter. Any deficiencies identified

87 - Lighting (continued)

during the audits will be corrected promptly to maintain a safe environment for residents and staff. Audit results will be monitored and reviewed by the Personal Care Home Administrator to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *12/31/2026*

Implemented ([redacted] - 07/24/2026)

183e - Storing Medications

3. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 6/16/26 Resident # 2's Alprazolam 0.5mg blister card 2 of 3 had a tear in the foil number 26 and there was an evening sticker placed over top of the tear with the medication still present.

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

It is important for the safety and well-being of our residents that all prescription medications are stored in an organized manner and maintained under proper sanitary conditions. Medications must be handled and stored in accordance with manufacturer guidelines to ensure their integrity, effectiveness, and resident safety. On June 29, 2026, the Personal Care Home Administrator provided an in-service training to all Medication Technicians and nursing staff regarding proper medication storage practices, with specific emphasis on ensuring that blister packs remain intact and are not punctured prior to administration. Additionally, a Medication Cart Audit was implemented on June 29, 2026. The audit includes verification that all medications are stored appropriately and that blister packs remain free from punctures or other damage. Ten resident medication records will be selected for review during each audit. The Director of Health and Wellness, or designee, will conduct these audits weekly for four weeks, biweekly for eight weeks, and monthly for three months thereafter. Any deficiencies identified during the audits will be addressed promptly through staff re-education as needed. Audit results will be monitored and reviewed by the Personal Care Home Administrator to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *12/31/2026*

Implemented ([redacted] - 07/24/2026)

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

Resident # 2 is prescribed Alprazolam 0.5 mg 1 tablet by mouth every 8 hours as needed. Resident #2's June 2026 medication administration record does not include the initials of the staff person who administered Alprazolam on the below listed dates and times:
1. 6/3/26 at 7:00 A.M.
2. 6/11/26 at 7:30 A.M.
3. 6/16/26 at 9:00 A.M.

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

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

It is important for the safety and well being of our residents that all medications are documented accurately and at the time of administration. Timely and complete medication documentation helps ensure continuity of care and maintains compliance with medication administration standards. On June 29, 2026, the Personal Care Home Administrator conducted an in service training for all Medication Technicians and nursing staff regarding the importance of documenting medication administration immediately following administration in both the eMAR and any required paper documentation. In addition, the Director of Health and Wellness or designee will conduct routine medication administration audits beginning 6/29/2026. Each week, 10 resident medication records will be selected for review to verify accurate and timely documentation. Audits will be conducted weekly for four weeks, biweekly for eight weeks, and monthly for three months thereafter. Any discrepancies identified during the audits will be addressed immediately. Medication Technicians will receive on the spot education and coaching as needed. Audit results will be monitored and reviewed by the Personal Care Home Administrator to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *12/31/2026*

Implemented ([redacted] - 07/24/2026)

187d - Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident # 2 is prescribed Midodrine 5 mg 1/2 tablet three times daily by mouth hold for systolic blood pressure greater than 140. However, Resident # 2 was administered Midodrine on 6/3/26 at 14:00 with a blood pressure of 148/72.

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

It is important for the safety, and well being of our residents that all medications are administered exactly as prescribed by the physician or other authorized prescriber. Adherence to prescribed medication orders helps ensure effective treatment. On June 29, 2026, the Personal Care Home Administrator conducted an in service training for all Medication Technicians and nursing staff regarding the importance of reviewing and following prescriber orders accurately when administering medications. The training included proper procedures for verifying medication orders, documenting administration, and reporting any discrepancies or concerns. In addition, the Director of Health and Wellness or designee will conduct medication cart audits to verify compliance with prescriber orders. Ten resident medication records will be selected for review during each audit. Audits will be conducted weekly for four weeks, biweekly for eight weeks, and monthly for three months thereafter. Any discrepancies identified during the audits will be addressed immediately. Medication Technicians will receive on the spot education and coaching as needed. Audit results will be monitored and reviewed by the Personal Care Home Administrator to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *12/31/2026*

Implemented ([redacted] - 07/24/2026)

225a - Assessment 15 Days

6. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

225a - Assessment 15 Days *(continued)*

Description of Violation

Resident #1's assessment, dated [redacted] does not include the use and need of a beside mobility device for transfers in/out of bed.

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

For the safety of our residents, a written assessment must be completed and documented within 15 days of admission. On 6/16/26, immediately following the inspection, the Halo devices were removed from the resident's room. Occupational Therapy evaluated the resident and determined that the resident did not require Halo devices to assist with bed mobility or transfers. On 6/29/26, an audit process was developed and implemented to verify that any resident using a Halo device has the device appropriately documented in their care plan. The Director of Memory Care or designee will be responsible for monitoring compliance. The Director of Memory Care or Designee will audit 10 resident rooms weekly for four weeks, biweekly for eight weeks, and monthly for three months to ensure that all residents with Halo devices have appropriate documentation in their care plans. Audit results will be monitored and reviewed by the Personal Care Home Administrator to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *12/31/2026*

Implemented ([redacted] - 07/24/2026)

231c - Preadmission Screening

7. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the Resident # 1's written cognitive preadmission screening was completed on [redacted]

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

It is important for the health, safety, and well-being of our residents that a complete pre-admission screening is conducted and finalized prior to a resident's move-in. Completing the pre-admission screening process ensures that the community can appropriately assess the resident's needs, determine the ability to provide required services, and ensure compliance with regulatory requirements. On June 29, 2026, the Personal Care Home Administrator conducted an in-service training for the Director of Health and Wellness, Wellness Coordinator, and Memory Care Director regarding the requirements for completing and finalizing pre-admission screenings prior to admission. In addition, a Move-In Checklist has been developed and implemented to ensure all required admission documentation, including the pre-admission screening, is completed before a resident is admitted to the community. The Director of Health and Wellness or designee will complete and review the checklist for all new admissions, up until September 1st, 2026, to verify compliance with admission requirements. The move in checklist will be monitored and reviewed by the Personal Care Home Administrator to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *09/01/2026*

Implemented ([redacted] - 07/24/2026)

233c - Key-Locking Devices

8. Requirements

233c - Key-Locking Devices *(continued)*

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the back door exit from the Secure Dementia Care Unit (SDCU) on 6/15/26 at 10:10 A.M..

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

It is important for the safety and well-being of our residents, visitors, and staff that the access code for any locked exit door is posted in a clear and conspicuous location to ensure prompt egress during an emergency. On June 15, 2026, immediately following the inspection, the access code for the locked exit door on the third floor was posted in a clear and conspicuous location in accordance with regulatory requirements. To ensure ongoing compliance, beginning 6/29/26, the Director of Memory Care, or designee, will conduct routine audits to verify that the exit door code remains properly posted and readily visible. These audits will be conducted weekly for four weeks, biweekly for eight weeks, and monthly for three months thereafter. Any deficiencies identified during the audit process will be corrected immediately. The audit form will be reviewed and monitored by the Personal Care Home Administrator to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *12/31/2026*

Implemented ([redacted] - 07/24/2026)