

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

July 21, 2025

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

RE: LOGAN SQUARE ENHANCED
SENIOR LIVING
2 FRANKLIN TOWN BOULEVARD
PHILADELPHIA, PA, 19103
LICENSE/COC#: 14963

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/27/2025, 06/24/2025 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:** 02/19/2026
Address: 2 FRANKLIN TOWN BOULEVARD, 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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 93 **Waking Staff:** 70

Inspection Information

Type: Partial **Notice:** Announced **BHA Docket #:**
Reason: New **Exit Conference Date:** 06/24/2025

Inspection Dates and Department Representative

03/27/2025 - On-Site: [REDACTED]
06/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 101 **Residents Served:** 64

Secured Dementia Care Unit

In Home: Yes **Area:** The Gardens **Capacity:** **Residents Served:** 10

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 64
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 29 **Have Physical Disability:** 0

Inspections / Reviews

03/27/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/17/2025

Inspections / Reviews *(continued)*

07/21/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/21/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

07/21/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/21/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since [REDACTED]

Plan of Correction

Accept ([REDACTED] - 07/21/2025)

1. The Executive Director attempted to submit the Emergency Procedures via the OEM portal: [HYPERLINK "https://veoci.com/v/p/form/2u7hz3mgmqm4 on 06/23/2025"](https://veoci.com/v/p/form/2u7hz3mgmqm4) on 06/23/2025 but it would not allow the submission. The Executive Director contacted the OEM via email on 6/23/2025 to make them aware. The plan was resubmitted again on 07/01/2025 and the Executive Director received an e-mail from OEM stating they received our plan on 07/01/2025. E-mail documentation was added to the Life Safety & State Survey Binder on 07/01/2025.
2. The Executive Director educated the Director of Plant Ops as well as the Personal Care Home Administrator on annual submission of written emergency procedures to the local emergency management agency on 06/24/25 & 06/25/2025.
3. On 7/1/2025 The Executive Director updated the facility maintenance task management system (TELS) to create an annual task to ensure submission of written emergency plan to local emergency management agency.
4. The Executive Director or designee will conduct an audit monthly for 2 months to ensure the emergency procedures have been reviewed annually. To be completed by 8/24/2025.
5. The Executive Director or designee will report audit findings at the Quality Management Review Meeting for additional recommendations as needed.

Licensee's Proposed Overall Completion Date: 08/24/2025

Implemented ([REDACTED] - 07/21/2025)

132c - Fire Drill Records

2. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for the drills conducted at the home since [REDACTED] were found to be missing several pieces of required information:

- [REDACTED] - is missing the date, amount of time it took to evacuate, the number of residents in the home at the time of the drill, number of residents evacuated, and the number of staff members participating
- [REDACTED] - 10:54am to 11:09am is missing the amount of time it took to evacuate, number of residents in the home at the time of the drill, number of residents evacuated; if the alarm was operative; and the exit routes used.
- [REDACTED] 7:00-7:30pm- is missing information on if the alarm was operative and the exit routes used.
- [REDACTED] - 2:00-2:30am is missing the amount of time it took to evacuate, if the alarm was operative, and the

132c Fire Drill Records (continued)

exit routes used.

- [REDACTED] 2:00 2:33pm is missing info on if the alarm operative and the number of residents in the building is listed as 107 and the number of residents evacuated is listed as 107 however this information is incorrect as it is more than the licensed capacity of the home.

Plan of Correction

Accept [REDACTED] 07/21/2025)

1. The community began using Croker Fire Safety to conduct monthly drills on 05/29/2025.
2. On 06/24/2025 the Executive Director reviewed the fire drill record being utilized by Croker Fire Safety to ensure it included all of the items specified in 2600.132c
3. The Executive Director educated the Director of Plant Ops as well as the Personal Care Home Administrator on 132c on 6/24/25 & 6/25/25.
4. On 6/30/2025 Tyrone from Croker Fire Safety was spoken to by the Director of Plant Ops in regards to conducting Fire Safety Drills for the PC separately from the SNF to ensure that our resident count is accurate.
5. The Executive Director or designee will review the written fire drill record monthly to ensure all items specified in 132c are included beginning on 06/24/2025.
6. The Executive Director or designee will report audit findings at the Quality Management Review Meeting for additional recommendations as needed.

Licensee's Proposed Overall Completion Date: 08/24/2025

Implemented [REDACTED] - 07/21/2025)

132d - Evacuation

3. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home has a designated safe evacuation time of 10 minutes and 00 seconds in their fire safety inspection dated

[REDACTED] The did not meet their safe evacuation time of ten minutes during the following drills:

- [REDACTED] drill start time listed as 7:00am, end time listed as 7:30am
- [REDACTED] drill start time listed as 2:00am; end time listed as 2:30am

Plan of Correction

Accept [REDACTED] 07/21/2025)

1. The community began using Croker Fire Safety to conduct monthly drills on 05/29/2025.
2. On 06/24/2025 the Executive Director reviewed the fire drill record being utilized by Croker Fire Safety to ensure it included the amount of time it took for evacuation. The form that was used previously did not specify the amount of time it took for evacuation, it only noted how long the drill took from start to finish, which included an after drill huddle to provide feedback to staff.
3. The Executive Director educated the Director of Plant Ops as well as the Personal Care Home Administrator on 132d on 6/24/25 & 6/25/25.
4. The Executive Director or designee will review the written fire drill record monthly to ensure all residents were evacuated to a fire safe area within 10 minutes, which is the time specified by a fire safety expert within the past

132d Evacuation (continued)

year.

5. The Executive Director or designee will report audit findings at the Quality Management Review Meeting for additional recommendations as needed.

Licensee's Proposed Overall Completion Date: 08/24/2025

Implemented [REDACTED] - 07/21/2025)