

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE BETHLEN HOME OF HUNGARIAN REFORMED FEDERATION OF AMERICA

LEGAL ENTITY

To operate LIGONIER GARDENS

NAME OF FACILITY OR AGENCY

Located at 2018 ROUTE 30 EAST, LIGONIER, PA 15658

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 71  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare 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 January 25, 2010 until January 25, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **428050**

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JAN 26 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Reverend Imre A. Bertalan, Executive Director  
The Bethlen Home of Hungarian Reformed Federation of America  
Ligonier Gardens  
2018 Route 30 East  
Ligonier, Pennsylvania 15658

Dear Reverend Bertalan:

As a result of the Department of Public Welfare's licensing inspection on November 23, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report



## VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Ligonier Gardens 2018 Route 30 East Ligonier, PA. 15658		<b>CURRENT LICENSE NUMBER</b> 428050	
<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) November 23, 2009		<b>REGIONAL REPRESENTATIVE</b> Diane Whitney Caroline Hilliard- Goedert, and Jon Kimberland	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Rev. Anne A. Bittel, Exec. Dir.</i>	<b>DATE</b> 12/16/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 1-11-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a2, 141a1 22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department.  141a-1 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	Staff person A completes all of medical evaluations for all residents and then has the physician sign the document.  Resident #1 admitted on 01/22/09 does not have a medical evaluation completed.	12/30/2009	Staff person "A" will only complete resident's basic demographic information on the medical evaluation form. The resident's physician will complete the rest. All forms; Preadmission Screening, Medical Evaluation, Personal Care Home Assessment and Support/Care Plan will be initialed by the Administrator or Care plan assessment coordinator for completeness and accuracy. A New Admission Checklist has been implemented also to assure that all forms being used are correct and are completed in the time frame required by DPW.	Steps have been taken to correct violation; full compliance is not verifiable Date <u>1-11-10</u> Initials (DPW) <u>JPL</u>

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LIGONIER GARDENS

DEC-30-2009 07:34 PM

## VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Ligonier Gardens 2018 Route 30 East Ligonier, PA. 15658		<b>CURRENT LICENSE NUMBER</b> 428050	
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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Rw. Anne A. Bertel</i>	<b>DATE</b> 12/16/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 1-11-10

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Department, within 60 days prior to admission or within 30 days after admission.		12/30/2009	Resident #1 admitted on 1/22/09 had a MASI from the hospital. A new medical evaluation has been completed on the DPW required form. All new admissions will have a medical evaluation completed on the correct form. A New Admission Checklist has been implemented and the staff that are responsible for completion of the required DPW forms have been educated on the use of the correct forms. The administrator or care plan assessment coordinator will initial all forms; Preadmission Screening, Medical Evaluation, Personal Care Home Assessment and Support/Care Plan for completeness and accuracy.	

## VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Rev. Anne A. Bertel, EXEC. DIRECTOR</i>	<b>DATE</b> 12/16/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 1-11-10

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22a3, 225a 22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.  225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The	The personal care home assessment for resident #2 dated 01/20/09 does not include diagnosis of HTN, arthritis, or hyperlipidemia, from the resident's medical evaluation dated 01/19/09  The personal care home assessment for resident #3 dated 03/14/09 does not include the diagnosis of refractory diarrhea, dehydration, breast CA, HTN, high cholesterol, from the resident's medical evaluation dated 03/15/09.	12/14/09	<del>Assessments for resident #2, #3, #4 and #5 have been updated to include their diagnosis. All resident assessments have been reviewed to include all current diagnosis. This will be monitored by the administrator and care plan assessment coordinator.</del>  SEE page 5	Steps have been taken to correct violation; full compliance is not verifiable 1-11-10 Date <span style="float: right;">Initials (DPW)</span>

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Ligonier Gardens 2018 Route 30 East Ligonier, PA. 15658		CURRENT LICENSE NUMBER 428050	
INSPECTION DATE(S) (Include all dates of the inspection) November 23, 2009		REGIONAL REPRESENTATIVE Diane Whitney Caroline Hillard- Goedert, and Jon Kimberland	
SIGNATURE OF LEGAL ENTITY <i>Rev. Anne A. Bittel, EXEC. DIRECTOR</i>	DATE 12/16/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>gmu 1-11-10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
administrator or designee, or a human service agency may complete the initial assessment.	<p>The personal care home assessment for resident #4 dated 10/18/09 does not include the diagnosis of COPD, HTN, A-Fib, hyperlipidemia, hyperthyroidism, from the resident's medical evaluation dated 10/19/09.</p> <p>The personal care home assessment for resident #5 dated 11/2/09 does not include the diagnosis of HTN, A-Fib, DSP osteoporosis, anxiety, depression from the resident's medical evaluation dated 11/02/09.</p>	<p>12/14/2009</p> <p>12/30/09</p> <p>1/14/2010</p>	<p>Assessments for residents #2, #3, #4 and #5 have been updated to include their diagnosis. This was monitored by the administrator who also initialed the forms in question.</p> <p>All resident assessments have been reviewed to include all current diagnosis.</p> <p>All assessments will be initialed by the administrator or care plan assessment coordinator. The New Admission Checklist will be used to assure all forms; Preadmission Screening, Med. Evaluation, Personal Care Home Assessment and Support/ Care Plan are completed. The administrator or Care plan assessment coordinator will initial all forms to assure their completeness and accuracy.</p>	

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LIGONIER GARDENS

DEC-30-2009 07:39 PM

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>SIGNATURE OF LEGAL ENTITY</b> Rev. Anne A. Bitch, EXEC. DIR.	<b>DATE</b> 12/16/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 1-11-10

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82c 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.	The following poisons were found unlocked, unattended and accessible to residents in the second floor salon: <ul style="list-style-type: none"> <li>• Isopropyl alcohol – case of ingestion contact poison control.</li> <li>• Scalpicin – if swallowed contact poison control.</li> <li>• permanent solution – contact poison control if ingested.</li> </ul>	12/28/09  12/30/09  1/14/2010	The door will be locked to the beauty salon when not in use. All cabinets in the salon containing chemicals will be locked at all times. This will be monitored by the housekeeping supervisor.  A check off sheet has been implemented to assure that the housekeeping dept. is checking the beauty salon door two times a day to assure that the door is locked. The housekeeping supervisor will monitor the form for completeness. All housekeepers have been educated on the use of this form.  All employees will be educated on the importance of keeping the beauty salon door locked at all times. A staff in-service log will be kept in the Quality Management book.	Steps have been taken to correct violation; full compliance is not verifiable <u>1-11-10</u> Date <u>                    </u> Initials (DPW) <u>                    </u>

DEC-30-2009 07:52 PM LIGONIER GARDENS 7242383777 P. 16/31

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	The freezer in the laundry area contained a resealed bag of pre-cooked eggs which were not labeled and dated.  The freezer in the main kitchen had resealed bags of diced chicken, breaded eggplant, french fries and yellow cheese that were not labeled and dated.	12/15/09          12/15/09	The policy and procedure has been updated to include all food shall be stored in closed or sealed containers or resealed bags and will be properly labeled and dated.  A check off sheet has been developed to help as a monitoring tool and will be used daily.  This will be monitored by the dietary Supervisor and head cook.  All dietary staff has been educated on the attached policy and the use of the check off sheet by the Dietary Supervisor.	Steps have been taken to correct violation; full compliance is not verifiable 1-11-10 Date Initials (DPW)

*All food items in the freezer were labeled and dated.*

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<b>SIGNATURE OF LEGAL ENTITY</b> Rev. Anne A. [Signature] EXEC. DIR.	<b>DATE</b> 12/16/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 1-11-10

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143a The home shall have a written emergency medical plan that includes the following:  (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency-staffing plan.	There is no written emergency medical plan.	12/15/09  12/30/09  1/14/2010	Emergency Medical Plan Policy and Procedure was listed under another heading and was not located during inspection. This policy has been renamed to be easier to be located. See attached policy and procedure.  The Emergency Medical Plan Policy and Procedure has been updated to include information required by DPW. Please see attached policy.  All staff will be re-educated as to the location of the Policy and Procedure Book. All staff will be educated on the changes made to the Emergency Medical Plan. An in-service log will be kept in the Quality Assurance book.	1-11-10 [Signature]

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144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	There is no written fire safety policy and procedures includes proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures. The home permits smoking outside of the home.	12/14/09	Smoking Policy and Procedure has been updated to include the following:  Smoking is prohibited inside the facility, however, smoking is permitted outside the facility at designated areas only. All designated areas are equipped with a fire extinguisher and all employees are trained during orientation and yearly thereafter on the proper use of a fire extinguisher. All designated smoking areas are also equipped with a smoking receptacle. See attached Policy.  This will be monitored by the Administrator.	1-11-10 <i>[Signature]</i>

1/14/2010

Staff will be educated on the changes to the smoking policy. An in-service log will be kept in the Quality Assurance Book