



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE**

11 Stanwix Street  
Room 230  
Pittsburgh, Pennsylvania 15222

**ADULT RESIDENTIAL LICENSING**

Phone: (412) 565-5616/5614  
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[www.dpw.state.pa.us](http://www.dpw.state.pa.us)

Mailing Date: **JUN 22** 2012

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 January 20, 2012, 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.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland".

Jon Kimberland  
Regional Licensing Administrator

Enclosure(s)

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 DATES (Include all dates of the inspection) 01/20/2012, 1/22/12		REGIONAL REPRESENTATIVE M. Orme, S. Pollock, M. Orme	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Rev. Anne A. Bittel, EXEC. DIR.</i>	DATE 6/1/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan B. Kunkel (g)</i>	DATE 6-15-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY DPW
20b4 Resident funds and property shall only be used for the resident's benefit.	<p>On 11/28/11 staff person A made an admission to police that he/she had stolen the following:</p> <ul style="list-style-type: none"> <li>• Resident #1's Masonic ring and a diamond and gold ring, reported stolen on 10/5/11</li> <li>• Resident #2's violin, reported stolen on 10/17/11</li> <li>• Resident #3's two gold bangle bracelets worth \$600, occurred on 10/28/11</li> </ul>	<p>11-11-11</p> <p>11-18-11</p> <p>5-31-11</p> <p>monthly</p>	<p>Staff Person "A" responsible for the theft was terminated immediately upon confession to police. She was arrested and will pay restitution to the residents.</p> <p>All staff were in-service on 11-18-11 that theft of resident belongings or property will not be tolerated and if found guilty they will be terminated and we will press charges.</p> <p>All residents were re-informed by Administrator that Ligonier Gardens is not responsible for lost or stolen items and that items and money can be locked in the office where they will have access to it 24/7. Administrator will talk to residents once each month to check that their valuables are safe.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>6-15-12</p> <p>Date: _____ Initials (DPW): _____</p>

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Western Field Office  
Adult Residential Licensing

6-15-12

*The court ordered restitution to the residents from staff person A. 6-15-12*

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42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 10/28/11 resident #2 was sleeping when he/she woke up to find staff person A taking two gold bangle bracelets worth \$600 off of his/her wrists. On 11/28/11 staff person A made an admission to police that he/she had stolen the bracelets.	6-13-12  Yearly  6-30-12	An interview by Area Agency on Agency will be held on 6-13-12 on Resident Abuse. It will be mandatory that all staff attend. We will tape the interview for staff who are unable to attend. This interview will be held on a yearly basis.  All residents will be educated on the procedures for reporting potential thefts and crimes. Documentation of education will be kept. 6-4-12	6-15-12

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183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	<p>The home's medication cart contained resident #4's Hydrocodone APAP 5/500 medication which was discontinued on 8/23/11.</p> <p>The home's medication cart contained resident #5's Hydrocodone APAP 5/500 medication which expired on 5/8/11.</p> <p>(Both observed on 1/20/12)</p> <p align="center"><b>RECEIVED</b></p> <p align="center">2</p> <p align="center">Western Field Office Adult Residential Licensing</p>	<p><i>1-20-12</i></p> <p><i>1-24-12 - staff in-serviced by Administrator</i></p> <p><i>1-24-12</i></p> <p><i>6-1-12</i></p>	<p><i>Medications were immediately destroyed by (2) two Nurses. Nursing Supervisor and Administrator or another nurse will immediately destroy discontinued medication upon receiving the doctor order to discontinue the medication. Staff has been in-serviced to Notify Nursing Supervisor or Administrator of expired medications and medication will be destroyed by (2) two nurses. Medication carts will be monitored by the midnight change person once each week and by the nursing supervisor once every (2) weeks. A sign off sheet to ensure check is being done, will be placed in front of MAR.</i></p>	<p><i>6-15-12</i></p>

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if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	<p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="font-size: 1.5em; margin: 5px 0 0 0;">2</p> <p style="margin: 0;">Western Field Office</p>			

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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The medication cart contained a bottle of unidentified light orange pills for resident #6 which did not have a pharmacy label.  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center;">JUN 2 2012</div> Western Field Office Adult Residential Licensing	1-24-12 Staff was inserviced by Administrator  1-24-12  6-1-12	No bottles of medications will be accepted from a resident unless it has the original Pharmacy label on the bottle. Staff has been inserviced on this on 1/24/12. This will be monitored by the midnight charge person once each week and by the nursing supervisor once every 2 weeks. A sign off sheet to ensure check is being done will be placed in front of MAIL.	6-15-12

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185a 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.	<p>The home did not implement procedures for the safe storage, access, security, distribution and use of medications as follows:</p> <ul style="list-style-type: none"> <li>• On 11/24/11 at approximately 8:00 p.m. staff person D told staff person E a Fentanyl patch for resident #27 was missing. Staff person E found the Fentanyl patch in the hallway on the second floor and returned it to staff person D. Staff person D indicated the Fentanyl patch was destroyed; however, the procedure for the home states that two staff must witness the destruction of the medication and there was no witness for the destruction of the medication.</li> <li>• Resident #18 is prescribed Restoril 15 mg, 1 cap bedtime as needed. The medication card indicated pill #30 had been administered on 1/17/12 by staff person D. The medication count sheet indicated the resident was asleep and the medication was not administered.</li> </ul> <p>The resident's medications were unaccounted for as follows:</p> <ul style="list-style-type: none"> <li>• Resident #5's - Hydrocodone APAP 5/500. Medication slot #52 was empty.</li> <li>• Resident #11's - Dextroamphetamine 10mg.</li> </ul>	1-24-12  1-24-12	<p>Staff was inserviced on proper documentation and destruction of medication by Administrator. A Proper Documentation Check List HAS been placed in front of MAC * See Attached copy*</p> <p>All medication Aides must Now Report to the Charge Nurse when a PRN medication is requested by a resident. Charge Nurses will assess residents to determine if PRN is necessary.</p> <p>Narcotic carts were too small to accommodate cards of NARCOTICS CARDS were rubbing together causing the foil backing to tear. Staff was taping the cards to keep medication from falling out.</p> <p style="text-align: right;">Continued Next Page.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>6-15-12 Date Initials (DPW)</p>

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	<p>Medication slot #7 was empty.</p> <ul style="list-style-type: none"> <li>• Resident #14's - Hydrocodone APAP 5/500 TA. Medication slots #26 and #25 were empty.</li> <li>• Resident #17's - Zolpidem Tartrate 5 mg. Medication slots #15 and #28 were empty.</li> <li>• Resident #22 - Acetaminophen COD. Medication slot #22 was empty.</li> <li>• Resident #25 was prescribed Oxycontin 120mg, 1 tab 2 times daily for pain beginning 11/21/11. On 12/6/11, staff person B discovered 8 Oxycontin tabs had been replaced with Zocor tabs.</li> <li>• Resident #26 is prescribed Vicodin 5/500 tablet, take 1 tab every 4 hours as needed for pain. Staff person C, the administrator, stated that on 12/12/11, it was discovered that 4 pills had been replaced with Arthritis Strength Tylenol and taped over on the medication card.</li> </ul> <p>The medication packages had been opened but taped over as follows:</p> <ul style="list-style-type: none"> <li>• Resident #5's - Hydrocodone APAP 5/500. Medication slots numbered #20, #23, #30, #40 and #50.</li> <li>• Resident #7's - Zolpidem Tartrate 5mg. 1 tab</li> </ul>	<p><i>1-24-12</i></p> <p style="text-align: center;">-</p>	<p><i>Two locked cabinets were purchased and bolted to the wall of the medication rooms. Cards can now be stored so they don't rub together. Staff has been in-service by Administrator on 1-24-12 that cards must be sent back to the pharmacy to be re-packaged if foil is damaged in any way. A copy of the in-service sign sheet is attached.</i></p>	

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<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="margin: 0;"><b>RECEIVED</b></p> <p style="margin: 0;">JUN 2 2012</p> </div>	<ul style="list-style-type: none"> <li>Resident #17's - Zolpidem Tartrate 5 mg. Medication slots #16 and #21. Lorazepam 0.5mg. Medication slots #10 and #11.</li> <li>Resident #18's - Hydrocodone 5/500. Medication slots #7 through #30.</li> <li>Resident #19's - Hydrocodone APAP 2.5/500. Medication slots #10, #16, #24, and #25.</li> <li>Resident #20's - Hydrocodone APAP 2.5/500. Medication slots #12 and #13.</li> <li>Resident #21's - Hydrocodone APAP 2.5/500. Medication slots #4, #12, #13, and #21.</li> <li>Resident #22's - Acetaminophen COD. Medication slots #6, #7, #8, #9, #11 and #16.</li> <li>Resident #23's - Tramadol HCL 50 mg tab. Medication slots #3, #4, #5, #8, #9, #12, #13, #15, #16, and #22.</li> <li>Resident #24's - Hydrocodone APAP 5/500. Medication slots #29, #39, #44, and #54.</li> </ul> <p>The medication packages were opened and not taped over as follows:</p> <ul style="list-style-type: none"> <li>Resident #8 - Hydrocodone APAP 5/500 TA, 1/2 tab every 4 hours as needed for severe pain.</li> </ul>	-		

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	Medication slots for #2, #22 and #38 were open but not taped over. <ul style="list-style-type: none"> <li>• Resident #24 - Card #1 of Hydrocodone APAP 5/500. Medication slot #25. Medication card #2. Medication slots #25 and #35.</li> </ul>			

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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	Resident #27's is prescribed a Fentanyl 12mcg patch to be applied every 3rd day for pain. On 11/24/11 the medication was not administered as prescribed. This medication error was not reported to the resident, the resident's designated person or the prescriber.	<i>withdrawn</i>		
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 5px 0 0 0;">JUN 13 2012</p> <p style="font-size: 12px; margin: 0;">Western Field Office Adult Residential Licensing</p> </div>				

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p>The following medications were not documented as administered on the medication administration records (MARs) as follows:</p> <p>Resident #17's Hydrocodone APAP 5-500 TA:</p> <ul style="list-style-type: none"> <li>• On 1/1/12 at 9:00 a.m. and at 4:00 p.m. The Mar was initialed; however the time was not documented.</li> <li>• On 1/3/12 at 9:30 p.m.</li> <li>• On 1/5/12 at 9:20 p.m.</li> <li>• On 1/6/12 at 9:00 p.m.</li> <li>• On 1/7/12, 1/8/12 through 1/18/12, 1/20/12 and 1/21/12 at 8:00 p.m.</li> <li>• On 1/10/12 at 4:00 p.m.</li> <li>• On 1/12/12 and 1/13/12 at 3:30 p.m.</li> <li>• On 1/17/12 and 1/18/12 at 3:15 p.m.</li> <li>• On 1/20/12 and 1/21/12 at 3:00 a.m., 11:00 a.m.</li> </ul> <p>Resident #23's Hydrocodone APAP 5/500:</p> <ul style="list-style-type: none"> <li>• On 1/10/12 at 4:05 p.m. and 10:00 p.m. The medication was administered; however, the MAR was only initialed once and did not specify the time of administration.</li> <li>• On 1/11/12 at 9:55 p.m.</li> <li>• On 1/12/12 at 10:30 p.m.</li> </ul>	<p>See ATTACHED</p> <p>1-24-12</p>	<p>Resident #17 Hydrocodone in question from 1/1 through 1-21-12 is a straight order and the time was documented.</p> <p>All staff who administer medications were in-service by the Administrator, [redacted] as to proper signing off of medication. PRNs will be signed and dated on the front of the MAR, the back of MAR, and Narcotic Count Sheet.</p> <p>A proper documentation list has been placed in front of each MAR for reference if there is a question as to proper documentation.</p> <p>*A copy of the in-service sheet is attached.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>6-15-12</p> <p>Date Initials (DPW)</p>

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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 DATES (Include all dates of the inspection) 01/20/2012, 1/22/12		REGIONAL REPRESENTATIVE M. Orme, S. Pollock, M. Orme	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Rev. Anne A. Bittel, EXEC. DIR.</i>	DATE 6/1/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-15-12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY DPW
	<ul style="list-style-type: none"> <li>• On 1/13/12 at 2:20 p.m. 6:25 p.m., and 10:25 p.m. The MAR was initialed; however, the time of administration was not indicated.</li> <li>• On 1/14/12 at 6:20 p.m.</li> <li>• On 1/18/12 at 2:10 p.m., 6:13 p.m. and 10:10 p.m. The MAR was initialed twice: however, the time of administration was not indicated.</li> </ul> <p>Resident #28's Tramadol HCL 50mg tab. On 1/6/12 at 6:00 a.m.</p> <p>Resident #29's Tramadol HCL 50mg tab</p> <ul style="list-style-type: none"> <li>• On 1/13/12 at 6:00 p.m. and 10:00 p.m. The MAR is initialed; however, the time of administration was not indicated.</li> <li>• On 1/18/12 at 2:10 p.m., 6:10 p.m., and 10:15 p.m. The MAR was initialed twice: however, the time of administration was not indicated.</li> </ul> <p>Resident #10's MAR indicated the administration of Vicodin 7.5/325mg on 1/20/12 at 11:00 p.m. and 1/21/12 at 5:20 a.m.; however the medication had been returned to the pharmacy for repackaging and was not available in the home for administration and not administered.</p>		<p>MAR's will be reviewed by the midnight charge person every night and any errors in Documentation will be reported to the Administrator. The Administrator will review the MAR's on a Monthly Basis.</p>	

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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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<p style="font-size: 24px; font-weight: bold; text-align: center;">RECEIVED</p> <p style="text-align: center;">JUL 2</p> <p style="text-align: center;">Western Field Office Adult Residential Licensing</p>				

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	Resident #27's is prescribed a Fentanyl 12mcg patch to be applied every 3rd day for pain. On 11/24/11 the medication was not administered as prescribed.	<i>withdrawing</i>		

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