

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 November 10, 2012 until November 10, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 428050

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 21 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 (Department) licensing inspection on September 26, 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 Human Services 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 black ink, appearing to read "R. Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 42808 - 09/26/2012 - Pfaff, Vicki
 PCH Name: LIGONIER GARDENS Western Field Office

1. REGULATION 55 Pa.Code §2600
 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. Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
 On 9/26/12 the following poisons were in an unlocked housekeeping closet on the second floor near the resident laundry: twenty 32oz bottles of Bowl Magic toilet cleaner with the warning "if swallowed call poison control center or doctor immediately" and twelve 12 1qt bottles of Fireball II drain opener with warning that indicates "in case of contact flush with water Call a physician." Residents of the home including residents #1, #2 and #3 have not been assessed to safely identify or use poisonous materials.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Effective date: 10/22/12

On 9/27/12 all staff was in-serviced on the importance of keeping the housekeeping closet locked at all times. Keys to the housekeeping closet are now only kept by the housekeeping staff on duty, the charge nurse on duty, administrator and housekeeping supervisor to reduce access and increase accountability for keeping the door locked at all times.

The housekeeping supervisor will monitor that the door is locked at all times by checking it at the beginning and end of her shift daily.

A copy of the sign in sheet from the in-service meeting is attached.

| | | | |
|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative (Required on EVERY Page) *Rev. Imre A. Bertalan, Exec. Dir.*

| | |
|---|----------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REV. IMRE A. BERTALAN | Date 10/19/12 |
|---|----------------------|

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

| | |
|---|---|
| The above plan of correction is approved as of <u>10-31-12</u> (Date) | Plan of correction implementation status as of <u>10-31-12</u> (Date) |
| The above plan of correction was approved by <u>[Signature]</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>10-31-12</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 42805 - 09/26/2012 - Pfaff, Vicki
PCH Name: LIGONIER GARDENS

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 11/21/11. The resident's assessment, dated 11/28/11, did not include a mobility assessment.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Effective date: 10/22/12

The administrator will review all assessments to ensure all sections of the RASP have been completed. The administrator will initial the bottom of the RASP to verify this is being done.

11-15-12 The Administrator or designated staff person will review all current resident records to ensure all residents have been assessed for mobility needs. 10-31-12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Rev. Imre A. Bertalan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *REV. IMRE A. BERTALAN, EXEC. DIR.* Date *10/19/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-31-12
(Date)

The above plan of correction was approved by *IB*
(Initials)

Plan of correction implementation status as of 10-31-12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *10-31-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42806 - 09/26/2012 - Pfaff, Vicki
PCH Name: LIGONIER GARDENS

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted on 10/27/09. Resident #3 had an annual assessment completed on 10/27/11. The resident did not have a support plan completed within 30 after the completion of the annual assessment.

Resident #4 was admitted on 2/1/11. Resident #4 had an annual assessment completed on 2/7/12. The resident did not have a support plan completed within 30 after the completion of the annual assessment.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Effective date: 10/22/12

Resident #3 and #4 both had support plans done prior to the annual assessment date. Effective 10/22/12 all support plan dates will be monitored by the administrator prior to the support plan being placed in the resident file to ensure that the support plan is completed within 30 days of the annual assessment.

^{Completion of}
The administrator will initial the bottom of the support plan to verify it has been reviewed.

11-15-12 All staff persons involved with the development and review of support plans will be educated that support plans will be completed within 30 days upon the completion of the annual assessment. Documentation of education will be kept 10-31-12

11-15-12 - The Administrator or designee staff person will review all resident records to ensure all residents have a support plan completed within 30 days of the completion of the annual assessment. 10-31-12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Rev. Imre A. Bertalan

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REV. IMRE A. BERTALAN, EXEC. DIR. Date 10/19/12

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(Date)

Plan of correction implementation status as of 10-31-12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress 10-31-12
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by CB
(Initials)

Violation Report: 42806 - 09/26/2012 - Pfaff, Vicki
PCH Name: LIGONIER GARDENS

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Residential Licensing

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The resident records for the following residents did not include an inventory of belongings:

- Resident #2
- Resident #3
- Resident #5
- Resident #6

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Effective date: 10/22/12

Residents / responsible parties are given an inventory of belongings sheet upon admission. These inventory sheets are not always filled out and returned. Effective 10/22/12 upon admission families will be instructed to fill out an inventory of belongings sheet immediately and return it. If this is not done, the administrator will assist the resident within 72 hrs of the admission in filling out the form.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rev. Imre A. Bertalan

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

REV. IMRE A. BERTALAN, EXEC. DIR.

Date 10/19/12

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10-31-12
(Date)

Plan of correction implementation status as of

10-31-12
(Date)

- Fully Implemented *10-31-12*
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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

(Initials)