



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 11 2013

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 August 2, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License inspection Summary and continued compliance with 55 Pa.Code 2600 must be maintained.

Your regular license for the period November 10, 2013 to November 10, 2014 was issued on July 3, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to be 'R' followed by a flourish.

Ronald Melusky
Director

Enclosure
License Inspection Summary

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

PCH Name: LIGONIER GARDENS	AUG 28 2013	License Number: 42805
Address: 2018 ROUTE 30 EAST, LIGONIER, PA 15658	WEST REGION FIELD OFFICE	
Administrator: Julie Skovira	Human Services Licensing	
Legal Entity Name: THE BETHLEN HOME OF HUNGARIAN REFORMED FEDERATION OF AMERIC		County: Westmoreland
Legal Entity Address: 2018 ROUTE 30 EAST, LIGONIER, PA 15658		Region: WEST
Certificate(s) of Occupancy C-2 LP 01/26/1999 L & I		
Staffing Hours Resident Support: 0 Total Daily Staff: 83 Waking Staff: 62		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/02/2013: McConnell, Deb; Orme, Melinda		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 71 Number of Residents Served: 69 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 69 Have Mental Illness: 0 Have an Intellectual Disability: 2 Have a Mobility Need: 14 Have a Physical Disability: 2	

Violation Report: 42805 - 08/02/2013 - McConnell, Deb
 FCH Name: LIGONIER GARDENS

AUG 28 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
 Human Services Licensing

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 8/2/13, Resident Privacy Code Document was attached to the 9/26/12 violation report posted in the dining room area.

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.

The Resident Privacy Code Document was removed immediately from the Violation Report on 8/2/13. All future Resident Privacy Code Documents will be kept in the administrator's office.

The Administrator and Administrative Assistant will post the Violation Report together going forward.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Rev. Anne A. Bertalan, EXEC. DIRECTOR*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Reverend Anne A. Bertalan, Exec. Director* Date *8/23/13*

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

The above plan of correction is approved as of 8/29/13
 (Date)

Plan of correction implementation status as of 8/29/13
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42805 - 08/02/2013 - McConnell, Deb
PCH Name: LIGONIER GARDENS
AUG 28 2013

1. REGULATION 55 Pa.Code §2600
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
The contracts for a rate increase for resident #1 and #2 and the initial contract for resident #3 were not signed by the residents.

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.

Resident #1:
Resident was not given a rate increase. The form in her resident file was to inform her designated person of an increase in her level of care only.

Resident #2:
Resident is a hospice resident with dementia and is physically and mentally unable to sign. This was added to her rate increase form along with the administrator's initials on 8/2/13.

Resident #3:
Resident's family had requested that the resident not sign any forms until they come to Pennsylvania for their family reunion. Resident has extreme paranoia that people are taking his money. The family had the resident sign all admission papers on 8/11/13 when they were present. The administrator will ask for a DPW waiver on all future admissions where the resident's designated person request that the resident does not sign paperwork on admission.

The Administrative Assistant will check all new admission forms to make sure they are signed before new resident's forms are filed.

Violation withdrawn

Jka 8/29/13

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Reverend Imre A. Bertalan, Exec. Director* Date *8/23/13*

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Violation Report: 42805 - 08/02/2013 - McConnell, Deb
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in the resident solarium does not have the personal care hotline number posted.

The telephone in the nursing station on the 2nd floor does not have the emergency numbers posted.

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.

8/4/13 All telephones in the facility, including all business telephones and all resident telephones have been checked to ensure that all the telephones have the correct required telephone numbers posted on them and that all the numbers are clear and legible.

The housekeeping supervisor will monitor that the housekeeping staff check all the telephones in the facility on a weekly basis when cleaning the rooms or area where a telephone is located. This has been added to the housekeeping checklist.

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

Signature of Legal Entity Representative (Required on EVERY Page) Rev. Anne A. Bertalan, EXEC. DIRECTOR

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REV. IMRE A. BERTALAN, EXEC. DIRECTOR Date 8/23/13

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Violation Report: 42805 - 08/02/2013 - McConnell, Deb
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There are multiple rusty nails protruding out of the sixteen, 2"x4" boards, under the deck behind the building, that are accessible to residents.

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.

8/2/13 All boards were removed from under the deck area by maintenance. The Safety Committee has added this outside area to their monthly walk through check list.

Maintenance was informed by the administrator of this regulation and has been given a copy of the regulation on 8/28/13. The next Safety Committee Meeting is scheduled for September 4th where the entire committee will be informed and given a new walk through check list that includes the outside area.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rev. Imre A. Betlan, EXEC. DIRECTOR

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

REV. IMRE A. BETLAN, EXECUTIVE DIRECTOR

Date 8/23/13

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PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

There are thick clumps of lint, 1/2" thick, on the sides of the interior vents of the dryer in 2nd floor laundry room.

There is a layer of lint, 1/4" thick, on the ground by the large dryer duct near the generator.

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.

8/2/13 Lint was immediately removed from the dryer vents and from the ground outside of the building where the dryer is vented to the outside by the generator.

Housekeepers will monitor this every day by having this added to their daily check list.

Housekeeping supervisor will monitor that this is being done.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rev. Anne A. Bertalan, EXEC. DIRECTOR

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

REV. ANNE A. BERTALAN, EXEC. DIRECTOR

Date 8/23/13

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AUG 28 2013

Violation Report: 42805 - 08/02/2013 - McConnell, Deb
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The fire drill record does not include the number of staff participating in the fire drill on 10/14/12.

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.

8/2/13 The number of staff present was immediately added to the October fire drill log.

The administrative assistant will record data required on the fire drill log after each fire drill.

The administrator will sign off on each fire drill.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rev. Imre A. Bertalan, EXEC. DIRECTOR

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

REV. IMRE A. BERTALAN, EXEC. DIRECTOR

Date 8/23/13

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Violation Report: 42805 - 08/02/2013 - McConnell, Deb
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Artificial Tears, use as need for dry eyes. The medication is not available in the home.

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.

8/2/13 Artificial Tears were immediately ordered for Resident #2.

A nurse has been assigned to check the medication record for every resident two times a week to ensure that all medications for each resident is available and present in the home at all times.

The nurse is to sign off on the MAR when it is checked.

The administrator will monitor that this is being done.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *REV. IMRE A. BERTALAN, EXEC. DIRECTOR* Date *8/29/13*

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Violation Report: 42805 - 08/02/2013 - McConnell, Deb
PCH Name: LIGONIER GARDENS

AUG 28 2013

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Aloe Vista to be used daily for skin care. The medication is not available in the home.

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.

8/2/13 Aloe Vista were immediately ordered for Resident #2.

A nurse has been assigned to check the medication record for every resident two times a week to ensure that all medications for each resident is available and present in the home at all times.

The nurse is to sign off on the MAR when it is checked.

The administrator will monitor that this is being done.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rev. Anne A. Bertalan, EXEC. DIRECTOR

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

Rev. Anne A. Bertalan, EXEC. DIRECTOR

Date 8/23/13

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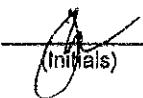
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Violation Report: 42805 - 08/02/2013 - McConnell, Deb
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The support plans for multiple residents, including residents #1, #2 and #4, are not signed by the residents and do not indicate if the residents were unable or refused to sign.

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.

8/20/13 These support plans have been signed and dated by the support plan coordinator stating that these residents are unable to sign.

The support plan coordinator will make sure all support plans are signed and dated upon completion of the support plan.

The Administrator will monitor that this is being done.

If any resident is unable to sign or refuses to sign the plan, the person completing the form will indicate this on the plan.

J
8/29/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rev. Imee A. Bertalan, EXEC. DIRECTOR*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rev. Imee A. Bertalan, EXEC. DIRECTOR* Date *8/23/13*

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- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
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- Not Implemented

AUG 28 2013

Violation Report: 42806 - 08/02/2013 - McConnell, Deb
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2a. DESCRIPTION OF VIOLATION

The home's policy and procedures for managing records does not address where the records are stored or who is responsible for the records.

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.

8/20/13 The policy and procedure for managing records has been updated. Please see the new policy attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rev. Imre A. Bertalan, EXEC. DIRECTOR

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

Rev. Imre A. Bertalan, EXEC. DIRECTOR

Date 8/23/13

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