



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE:**

NOV 19 2013

Reverend Imre A. Bertalan, Executive Director  
The Bethlen Home of Hungarina 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 October 8, 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 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jill Pezzino".

Jill Pezzino  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: LIGONIER GARDENS		License Number: 42805
Address: 2018 ROUTE 30 EAST, LIGONIER, PA 15658		County: Westmoreland
Administrator: Julie Skovira	NOV 7 2013 WEST REGION FIELD OFFICE Human Services Licensing	Region: WEST
Legal Entity Name: THE BETHLEN HOME OF HUNGARIAN REFORMED FEDERATION OF AMERIC		
Legal Entity Address: 2018 ROUTE 30 EAST, LIGONIER, PA 15658		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 79	Waking Staff: 59
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/08/2013: Cutler, Jan; Perry, Carole		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 71 Number of Residents Served: 67 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: 7 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 67 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 12 Have a Physical Disability: 2	

NOV 7 2013

Violation Report: 42805 - 10/08/2013 - Culter, Jan  
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 9/4/2013, Resident #1 fell at the home and was hospitalized with facial fracture, ruptured globe of the right eye and subarachnoid hemorrhage. The home did not submit an incident report to the Department until 9/20/2013.

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.

An Incident Report was faxed to DPW on September 5, 2013 regarding the initial fall that occurred on September 4, 2013 for Resident #1. This fax was sent within 24 hours of the incident.

On September 16, 2013 an Incident Report was faxed informing DPW of the resident's death.

A follow up Incident Report was sent on September 20, 2013 to inform DPW of the Coroner's Report that the death was due to her "fall in a personal care home".

Copies of all 3 Incident Reports are attached.

11-8-13

Withdrawn

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Rev. Anne A. Bertalan

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

REVEREND ANNE BERTALAN, EXECUTIVE DIRECTOR

Date 11/6/13

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

The above plan of correction is approved as of \_\_\_\_\_  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

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

Violation Report: 42805 - 10/08/2013 - Cutter, Jan  
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION

The most recent medical evaluation for Resident #1 was completed on 3/4/2013. The resident fell on 9/4/2013 and sustained a facial fracture, ruptured globe of the right eye and subarachnoid hemorrhage requiring hospitalization. The resident became a hospice patient while in the hospital and was returned to the home continuing on hospice on 9/13/2013. The home did not obtain a new medical evaluation for this significant change in condition.

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 CTB on September 16, 2013. All residents experiencing a significant change in condition will immediately have a new Medical Evaluation completed and signed by the resident's physician. The Nursing Supervisor will be responsible for obtaining a new Medical Evaluations upon a significant change.

The administrator will be responsible for monitoring that this is being done.

12-15-13 the administrator or designated staff person will review all current medical evaluations to ensure all medical evaluations are complete including residents current medical status. 11-8-13 JJP

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 Bertalan Executive Director

Date 11/6/13

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

The above plan of correction is approved as of 11-8-13  
(Date)

Plan of correction implementation status as of 11-8-13  
(Date)

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

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

Violation Report: 42805 - 10/08/2013 - Cutler, Jan  
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The following care needs for Resident #1 were not identified on the assessment dated 3/4/2013:  
Frequent falls==14 falls noted since admission in March 2013.  
Ted hose donned in the morning and removed in the evening.  
Chronic leg edema.  
Fluid restriction due to pitting edema in extremities.  
Daily weight before breakfast, notify the Physician if 3 pounds gained overnight or 5 pounds gained in a week.  
Physician order for daily blood pressure and pulse ox.  
Received skilled nursing and occupational and physical therapy through Bethlen Communities Home Health.  
Positive for Clostridium difficile.

12-15-13 the administrator or designated staff person will review and  
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. Current resident assessments for accuracy and completion including all diagnoses, services received and fall history.  
Resident #1 CTB on September 16, 2013. 11-8-13 JJP  
Care needs for all the residents will be identified on the Initial Assessment completed on all new residents. Any new care needs will be updated on the addendum form and attached to the assessment.  
Nursing supervisor will be responsible for this.  
The administrator will monitor that this is being completed.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REV. ANNE A. BERTALAN, Executive Director Date 11/6/13

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

The above plan of correction is approved as of 11-8-13 (Date)  
The above plan of correction was approved by JJP (Initials)  
Plan of correction implementation status as of 11-8-13 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress JJP  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 42805 - 10/08/2013 - Cutter, Jan  
PCH Name: LIGONIER GARDENS

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a: DESCRIPTION OF VIOLATION

The most recent assessment for Resident #1 was completed on 3/4/2013.. The resident fell on 9/4/2013 and sustained a facial fracture, ruptured globe of the right eye and subarachnoid hemorage requiring hospitalization. The resident became a hospice patient while in the hospital and was returned to the home continuing on hospice on 9/13/2013. The home did not complete a new assessment of the resident's needs to reflect these changes.

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 CTB on September 16, 2013. A new Assessment will be completed immediately on all residents experiencing a significant change in condition such as becoming a hospice patient.

The nursing supervisor will be responsible for this.

The administrator will monitor that this is being done.

12-15-13 The administrator or designated staff person will review all current resident assessments for accuracy including the need for a new assessment if the condition of the resident has significantly changed. 11-8-13 JAP

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Reverend Anne Bertalan, Executive Director Date 11/6/13

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The above plan of correction is approved as of <u>11-8-13</u> (Date)	Plan of correction implementation status as of <u>11-8-13</u> (Date)
The above plan of correction was approved by <u>JAP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>JAP</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented