



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 13 2014

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

RE: Ligonier Gardens
License #: 428050

Dear Rev. Bertalan:

As a result of the Department of Public Welfare's licensing inspection on July 30, 2014 and August 5, 2014, 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.

Your regular license for the period November 10, 2014 to November 10, 2015 was issued on August 1, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: LIGONIER GARDENS		License Number: 42806
Address: 2018 ROUTE 30 EAST, LIGONIER, PA 15658		County: Westmoreland
Administrator: Julie Skovira		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 C-2 LP 01/26/1999 Labor and Industry		<p>RECEIVED</p> <p>OCT 29 2014</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>
Staffing Hours		
Resident Support: 0	Total Daily Staff: 79	Waking Staff: 59
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/30/2014: Cutter, Jan; Miller-Linhart, Alden 08/05/2014: Cutter, Jan		
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: 70 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: 2 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 70 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 9 Have a Physical Disability: 0	

Violation Report: 42805 - 07/30/2014 - Cutter, Jan.
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

An incorrect personal care home hotline telephone number was posted by the telephones in bedroom #209, the kitchen and the upstairs nursing station.

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.

8/6/14

The correct personal care home hotline telephone number was corrected and posted in room #209, the kitchen and upstairs nurse's station. See copy attached.

Telephone numbers will be reviewed and updated on a semi annual basis by the administrative assistant. This will be monitored by the administrator.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/02/2013

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

OCT. 23, 2014

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

The above plan of correction is approved as of

11-4-14
(Date)

Plan of correction implementation status as of

11-4-14
(Date)

The above plan of correction was approved by

MP
(Initials)

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

Violation Report: 42805 - 07/30/2014 - Cutter, Jan
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(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 Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

A medical evaluation had not been completed for resident #1, admitted 4/23/2014.

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.

7/30/14 The medical evaluation for Resident #1, admitted on 4/23/14 was completed with-in the appropriate time frame, however, it was on the incorrect form. The medical evaluation was completed on the correct form prior to the end of the inspection. Please see attached copy.

The MA 51 was received from the physician's office. All forms received from the physician's office will be reviewed for accuracy by the Administrator.

Within 30 days of receipt of the approved plan of correction, the administrator or designated staff person will review all current resident records to ensure a current medical evaluation on the Department's approved form is present. JAP 11-4-14

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) Date
REV. IMRE A. BERTALAN, EXEC. DIR. *OCT. 23, 2014*

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- Not Implemented

Violation Report: 42805 - 07/30/2014 - Cutler, Jan
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission form for resident #1, admitted 4/23/2014, was not dated.

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.

7/30/14 The pre-admission form for resident #1, admitted on 4/23/14 was not dated. The form was immediately dated. Please see attached copy.

This will be monitored by the administrator. Prior to each form being filed the administrator will review forms for accuracy.

Within 30 days of receipt of the approved plan of correction, the administrator or a designated staff person will review all current resident records to ensure a preadmission screening form has been completed, including the date it was completed and is present in the resident's record. JSP 11-4-14

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, EXEC. DIR.

Date

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JSP
(Initials)

RECEIVED

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Violation Report: 42805 - 07/30/2014 - Cutter, Jan
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.253(c) - The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.

2a. DESCRIPTION OF VIOLATION

The destroyed records log does not include the resident's birth dates.

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.

8/6/14

The destroyed records log did not include the resident's birth date. The file has been updated to include all resident's birth days from this date on.

This was completed by the administrative assistant and will be monitored on a semi annual basis by the administrator.

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, EXEC. DIR.

Date OCT. 23, 2014

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The above plan of correction is approved as of

10-4-14
(Date)

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10-4-14
(Date)

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[Signature]
(Initials)

ASB