



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: July 31, 2015**

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

RE: Ligonier Gardens  
#428050

Dear Rev. Bertalan:

As a result of the Department of Human Services' licensing inspection on May 27, 2015, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig  
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: Michael E. Walker		Region: WEST
Legal Entity Name: THE BETHLEN HOME OF HUNGARIAN REFORMED FEDERATION OF AMERIC		
Legal Entity Address: 2018 ROUTE 30 EAST, LIGONIER, PA 15658		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 01/26/1998 Labor & Industry		JUL 29 2015 EAST REGION FIELD OFFICE Person Services Licensing
<b>Staffing Hours</b>		
Resident Support: N/A	Total Daily Staff: 90	Waking Staff: 68
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/27/2015: Park, Beth; Williams, Jason		
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 who:	
Number of Residents Served: 65	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 65	
Area:	Have Mental Illness: 2	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 3	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 25	
Number of Current Hospice Residents: 5	Have a Physical Disability: 3	
Number of Hospice Residents in past year: 17		

JUL 29 2015

Violation Report: 42805 - 05/27/2015 - Park, Beth

PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

There is an inoperable latch to the door to bedroom 219, belonging to resident #2. The door does not latch completely and does not provide privacy to the resident.

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.

7/24/2015: Regulation 2600.42(s) (Page 3 of 4)

Improper latch to door on bed room 219 belonging to resident #2.

See letter dated 7/21/2015 from [redacted] / maintenance. May 28, 2015 the door for room 219 was tightened and adjusted to insure proper closing and latching for privacy

07/24/2015: Administration requested that all resident doors be checked for proper closing and latching using the midnight census (See attached 4 pages) for recording completed results. Please note that if the room is a semi-private room only one check was made on the sheet to represent the door, hard hardware being examined.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) X Rev. Imre A. Bertalan, Exec. Dir.

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Rev. Imre A. Bertalan, Exec. Director Date 7/29/15

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

The above plan of correction is approved as of <u>7/30/15</u> (Date)	Plan of correction implementation status as of <u>7/30/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42805 - 05/27/2015 - Park, Beth  
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 5/11/14, at approximately 4:30 p.m., resident #1, who is diagnosed with dementia and was wearing a wander guard, left the building and was found walking along state route 30. The resident's support plan, dated 10/3/14, indicates the resident is an elopement risk and needs supervision in unfamiliar places.

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.

07/24/2015: Correction to Regulation: 2600.23A (Page 2 of 4) – Ligonier Gardens 428050

Per investigation of incident a vender service staff member did not realize that resident #1 was a resident of the facility.

Resident does wear a wander-guard device which locks the doors when a resident walks past to decrease elopement risk. The door was open prior to resident arriving at the door. The resident does not normally leave the building or go into unfamiliar areas with an escort.

A sign has been hung on the entrance door (attached) and to the sign-in area of the facility to increase awareness of all who enter the building that residents must sign out prior to leaving which will notify staff of resident attempting to exit building.

A camera will be installed at the main entrance to assist in monitoring resident activity. Ordered 7/28/2015 installation will be completed by September 30, 2015.

Immediately - The administrator will ensure that staffing is sufficient to meet the supervision needs of the residents.

Immediately - All staff persons will be reeducated on meeting supervision needs of residents including how camera monitoring will be implemented. Documentation will be kept. P-7/30/15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) REV. Imre A. Bertalan      Date 7/29/15

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Plan of correction implementation status as of 7/30/15 (Date)

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

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

JUL 29 2015

Violation Report: 42805 - 05/27/2015 - Park, Beth  
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 12/22/06, did not receive annual training in care for residents with mental illness or mental retardation, in the training year 2014.

Direct care staff person B, hired 5/28/05, did not receive annual training in care for residents with mental illness or mental retardation, or safe management techniques, in the training year 2014.

The home serves two residents who are diagnosed with a mental illness and three residents with intellectual disabilities.

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.

07/23/2015: Regulation 2600.65(f) 7. *Immediately and at least quarterly thereafter - The administrator will review training records of all staff to ensure all required training is received annually.*

Direct care staff person(s) did not receive annual in-service training on mental illness and or mental retardation or in safe management techniques.

Direct care staff person B - is no longer with the Bethlen Communities as an employee.

Direct care staff person A: In-service provided to her and staff LPN/RNs on regulation, MR services that resident attends 3 times a week. Provided list of mental health services in Westmoreland County and MH/MR services and the rights of residents to have outside services provided to them.

An In service by [redacted] from Cellian Heights about MR /Adult program, behaviors by the end of August 2015. Tentative date: August 28, 2015 at 2pm.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rev. Imre A. Bertalan* Date *7/29/15*

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