



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 29, 2016

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 October 2, 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 "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

RECEIVED

SEP 15 2016

Page 2 of 11

Violation Report: 42805 - 10/02/2015 - Georgoulis, Karen
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces to be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The area where the carpeted "fish room" ends and the tiled hallway begins has a carpet strip that is loose. The strip can be lifted up from the middle creating a trip and fall hazard. The length of the loose stripping measures approximately 18" to 18".

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.

See attached

See Page 2 of 11

[Handwritten Signature]

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 Bertalan*

Date *JUNE 1, 2016*

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

The above plan of correction is approved as of 9-16-16
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Correction Plan

Ligonier Gardens Personal Care and Retirement Center/428050

page 2 of 11 with attachments

Regulation 2600.88(a)

RECEIVED
SEP 15 2016
WEST REGION FIELD OFFICE
Human Services Licensing

Correction:

Fix Immediate Problem: Indicated carpet area was repaired on 10/6/2016 by Facility maintenance.

Root Cause: One time incident – carpet area loose --

Prevent Future Incidents: Facility maintenance will include in their monthly rounds an examination of building by zone to check carpet and other repair needs. Staff will continue to write repair needs in maintenance book.

Education: Maintenance staff was educated on citation and regulations on their walk through to make sure the facility is in good repair and free of hazards.

Please see attached:
1. Confirmation letter of completion
2. Education
3. Maintenance book

Immediately: A designee will check all areas of the home daily to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Hazardous conditions will be corrected immediately. 9-16-16 g

Within 30 days of receipt of the plan of correction: All staff persons will be educated on reporting and or correcting any floors, walls, ceilings and other surfaces that are not clean, not in good repair or are hazardous. Documentation of education shall be kept. 9-16-16 g

[Handwritten Signature]
9/15/16

428050

9-16-16 g

RECEIVED

Violation Report: 42805 - 10/02/2015 - Georgoulis, Karen
PCH Name: LIGONIER GARDENS

SEP 16 2016

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation, dated 9/1/15 is blank in the following areas:

- * Ability to self-administer medication
- * Health status
- * Cognitive functioning

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.

Plan of correction: Page 3 of 11

428050 - Ligonier Gardens

§ 2600.141. Resident medical evaluation and health care.

(b) A resident shall have a medical evaluation:

(1) At least annually.

(Resident #2 RASP dated 9/1/15 was blank in the following areas: 1. Ability to self-administer medications, 2. Health Status, 3. Cognitive function.)

What specific change will be made? All RASPs will be completed in their entirety a sign off sheet will be placed in the front of the RASP section of the chart indicating an audit was completed related to RASP completion

Who will make the changes? The Administrator and or the Assistant Administrator, or designee

When the change will be made? Forms will be added to all chart with dates of RASP completion, past and present. 4/11/2016 the Administrator and or Assistant Administrator or LPN designee will sign off audit as RASPs are completed and or monthly

How will the change be made? A sign off sheet will be placed in the front of the RASP section of the chart indicating an audit was completed related to RASP completion

What system has been implemented? A back up LPN is being trained to assist with RASP completion. (She is currently 3 weeks into her training)

Training provided to staff? Administration, Charge LPN and RASP Assessment LPNs will be trained on process and notification to Administration RASP for audit completion

Rogoff Kunning 4/8/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page) X

Rev. Anne A. Bertalan

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Rev. Imre A. Bertalan, E.D.

Date *4/8/16*

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

The above plan of correction is approved as of

a. b. p.
(Date)

Plan of correction implementation status as of

(Date)

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

The above plan of correction was approved by

CB
(Initials)

RECEIVED

SEP 15 2016

Page 4 of 11

Violation Report: 42805 - 10/02/2015 - Georgoulis, Karen
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Coda §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

The October 2015 medication administration record for resident #2 indicated Sennalax-S tablet, take 2 tablets by mouth at bedtime was discontinued. The home does not have a discontinue order for the medication and the medication is still in the medication cart.

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.

See Page 9 of 11

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

X Rev. Imre A. Bertalan

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

Rev. Imre Bertalan

Date JUNE 1, 2016

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

The above plan of correction is approved as of 9-16-16
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

Correction Plan -
Ligonier Gardens Personal Care and Retirement Center/428050

page 4 of 11 with attachments

RECEIVED
SEP 15 2016
WEST REGION FIELD OFFICE
Human Services Licensing

Regulation: 2600.183(f)

- Correction:
Fix Immediate Problem: Obtained MD order to discontinue indicated medication
- Root Cause: Unknown
- Prevent Future Incidents: LPN(s) will complete report of orders taken during day
and leave copy on medication chart for on coming shift to double
check that orders have been received and updated on MARS
- Education: Train the trainer staff from Amber House part of Grane
Corporation will complete an in-service with Ligonier Gardens RN,
LPN, and Med Tech/Passers on medication Administration by
August 1, 2016 (per conversation with [REDACTED]
5/20/2016 suggestion for correction)
- Please see attached: Order communication sheet –

Immediately: A designee qualified to administer medications will complete an initial and monthly audit of the medication carts and any other medication storage areas to ensure there are no expired or discontinued medications. Any expired or discontinued medications will be immediately discarded in accordance with the Department of Environmental Protection and Federal and State regulations. This includes prescription medications, OTC medications and CAM. 9-16-16 ✓

[Handwritten Signature]
428050 01/11/11 9-16-16 ✓

RECEIVED

SEP 15 2016

Page 5 of 11

Violation Report: 42805 - 10/02/2015 - Georgoulis, Karen
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.

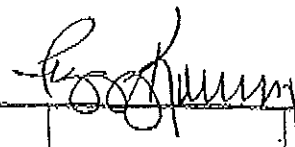
2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Lorazepam 0.5 mg in the morning and as needed. On 9/27/15 at 6:45 a.m., the home had 31 tablets of Lorazepam 0.5 mg prescribed for resident #2 on hand. The resident was administered 1 tablet of Lorazepam 0.5 mg at 11:00 a.m.; however, at 2:45 a.m. the home only had 29 tablets of Lorazepam 0.5 mg on hand. The home was unable to account for the missing tablet of Lorazepam 0.5 mg.

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.

See Page 5A-111



Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) X

Rev. Imre A. Bertalan

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

Rev. Imre Bertalan

Date JUNE 1, 2016

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

The above plan of correction is approved as of 9-16-16
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

PAGE 51 of 11

RECEIVED

SEP 15 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Correction Plan

Ligonier Gardens Personal Care and Retirement Center/428050

page 5 of 11 with attachments

Regulation: 2600.185(a)

Correction:

Fix Immediate Problem: Police were called, Ligonier Police Department. Video tape was reviewed. Copy sent to DHS which was sent back due to not using their own CD for the copy. DHS has copies of statements

Root Cause: Agency staff was working with resident #2 who is no longer allowed to work at Ligonier Gardens

Prevent Future Incidents: Agency staff does receive orientation/training prior to starting Shift. Ligonier Gardens is working on eliminating agency staff. Elimination of agency staff. Review of regulations with staff related to reportable incidents and process for reporting found errors

Education: Staff is aware of need to report missing medications ASAP, that police need called along with Administrator and charge LPN, and Assistant Admin., and any other designee. Train the trainer staff from Amber House part of Grane Corporation will complete an in-service with Ligonier Gardens RN, LPN, and Med Tech/Passers on medication Administration by August 1, 2016 (per conversation with [REDACTED] 5/20/2016 suggestion for correction)

Please see attached:

Within 30 days of receipt of the plan of correction: The administrator or designee qualified to administer medications will complete an initial and monthly audit of the medication cart and any other medications stored in the home to ensure all prescription medications are accounted for. 9-16-16 ✓

[Handwritten Signature]
9/15/16
428050

9-16-16y

9-16-16y

RECEIVED

SEP 15 2016

Page 6 of 11

Violation Report: 42805 - 10/02/2015 - Georgoulis, Karen
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION

The October 2015 medication administration record for resident #2 indicated Sennafax-S tablet, take 2 tablets by mouth at bedtime was discontinued. The home does not have a discontinue order for the medication and the medication is still in the medication cart.

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.

see page 6A of 11

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rev. Anne Bertalan Date JUNE 1, 2016

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

The above plan of correction is approved as of 9-16-16 (Date)

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

Plan of correction implementation status as of (Date)

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

Page 6 of 4

Correction Plan

Ligonier Gardens Personal Care and Retirement Center/428050

page 6 of 11 with attachment

RECEIVED

SEP 15 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.186(c)

Correction:

Fix Immediate Problem: Order to DC medication was sent to physician – see attached

Root Cause: Appears resident has not taken medication since 8/31/2016.

Prevent Future Incidents: Creation of a double check system use for taking orders that then goes to the medication chart for the oncoming shift to double check orders

Who: RN, LPN, Med. Passers will make sure orders are up to date and current on MARS.

Education:

Train the trainer staff from Amber House part of Grane Corporation will complete an in-service with Ligonier Gardens RN, LPN, and Med Tech/Passers on medication Administration by August 1, 2016 (per conversation with [REDACTED] 5/20/2016 suggestion for correction)

Please see attached: New forms

Immediately: The administrator or a designated staff person qualified to administer medications will conduct a weekly audit of all medication change orders to ensure the home obtains a written medication change order within 48 hours of all verbal medication change orders received in accordance with regulation 2600.186(c). 9-16-16

[Handwritten signature]
428050
9/15/16

9/16/16

SEP 15 2016

Violation Report: 42805 - 10/02/2015 - Georgoulis, Karen
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2's September 2015 medication administration record (MAR) does not include a diagnosis or purpose for the following medications:

- * Prednisone Acetate 1% eye drops
- * Lorazepam 0.5mg - straight order
- * Lorazepam 0.5mg - as needed
- * Voltaren 1% gel
- * Critic aid skin paste
- * Fluocinonide Cream 0.05%

Resident #2's October 2015 MAR does not include a diagnosis or purpose for the following medications:

- * Prednisone Acetate 1% eye drops
- * Lorazepam 0.5mg
- * Lorazepam 0.5mg PRN
- * Critic aid skin paste

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.

See Page 7B of 11

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

X Rev. Anne A. Bental

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

Rev. Anne Bentalan

Date JUNE 1, 2016

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

The above plan of correction is approved as of

9-16-16
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

A
(Initials)

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

Page 7A of 11

RECEIVED

SEP 15 2016

WEST REGION FIELD OFFICE
Human Services Licensing
page 7 of 11 with attachments

Correction Plan

Ligonier Gardens Personal Care and Retirement Center/428050

Regulation 2600.187(a)

Correction:

Fix Immediate Problem: Staff person "A" who was from an agency was/is not permitted to return to personal care home at of 10/2/2015.

Root Cause: Agency staff person administered medication

Prevent Future Incidents: Decrease/eliminate agency staffing

Education: Train the trainer staff from Amber House part of Grane Corporation will complete an in-service with Ligonier Gardens RN, LPN, and Med Tech/Passers on medication Administration by August 1, 2016 (per conversation with [redacted] 5/20/2016 suggestion for correction)

Immediately: The administrator or a designee qualified to administer medications will complete an audit of all resident MARs and prescription orders to ensure all prescribed medications are properly documented on the MARs including a diagnosis or purpose and dose for the medication in accordance with regulation 2600.187(a). 9-16-16 ✓

[Handwritten signature]
9/15/16
428050

9-16-16 ✓

RECEIVED

SEP 15 2016

Page 8 of 11

Violation Report: 42805 - 10/02/2015 - Georgoulis, Karen
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 10/2/15, staff person A administered Lorazepam, 0.5mg at 11:00 a.m.; however, initialed the MAR as administering the medication at 7:00 a.m.

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.

See Page 8 of 11

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

X Rev. Anne A. Bertel

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

Rev. Anne Bertel

Date JUNE 1, 2016

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

The above plan of correction is approved as of

9-16-16
(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

PAGE 8 OF 11

Correction Plan

Ligonier Gardens Personal Care and Retirement Center/428050

page 8 of 11 with attachments

Regulation:
2600.187(b)

RECEIVED

SEP 15 2016

Correction:

WEST REGION FIELD OFFICE
Human Services Licensing

Fix Immediate Problem: Staff person "A" who was from an agency was/is not allowed to return to personal care home at of 10/2/2015.

Root Cause: Agency staff person administered medication

Prevent Future Incidents: Decrease/eliminate agency staffing: Scheduler will only use agency staff as needed not routinely. Assisitant Administrator, Scheduler, lead LPN, and Administrator will monitor schedule for use of agency staff

Education: Train the trainer staff from Amber House part of Grane Corporation will complete an In-service with Ligonier Gardens RN, LPN, and Med Tech/Passers on medication Administration by August 1, 2016 (per conversation with [redacted] 5/20/2016 suggestion for correction)

Please see attached:

Immediately: A designated staff person qualified to administer medications will review all resident MARs on each shift to ensure the proper documentation of medication administration at the time of administration. 9-16-16

[Handwritten Signature]
9/15/16
428050

9-16-16/4

Violation Report: 42806 - 10/02/2015 - Georgoulis, Karen
PCH Name: LIGONIER GARDENS

SEP 15 2016

WEST REGION FIELD 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

On 10/2/14, the home assessed resident #1 as a high risk for falls and has a gait imbalance; however, the resident assessment dated 12/15/14, does not include the resident fall risks. Resident #1 has a history of falls as indicated in the following caregiver notes:

- * 4/13/14 08:30 "Resident found sitting on the floor in [redacted] room, said [redacted] lost [redacted] balance. No visible injury noted, did not complain of back pain."
- * 6/10/14 05:30 "Resident found sitting on the floor beside the chair in [redacted] room at 23:15. No apparent injuries."
- * 8/28/14 05:53 "Resident stated [redacted] fell in [redacted] room in the middle of the night, unwitnessed. No complaints of back pain."
- * 8/31/15 22:00 "Resident was walking to dining room when suddenly fell to the floor hitting the right side of [redacted] head. Resident was found to be unresponsive and pupils were fixed. 911 was called, and resident was sent to Ligonier Area Hospital via ambulance."

The resident ceased to breathe on [redacted] 15.

The death certificate indicates the cause of death as follows:

- 1. Cardiopulmonary arrest
- 2. Physiological stress, 2 degree Trauma
- 3. Fracture of right hip and right clavicle
- 4. Fall

Resident #1's medical evaluation, dated 12/15/14, includes a diagnosis of dementia. This resident's assessment indicates the resident is an elopement risk and requires the use of a wander guard. The resident also uses a wheeled walker. However, resident #1's assessment indicates the resident is independent ambulating, has no mobility needs; needs minimal supervision and has a moderate problem with judgement.

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.

See Page 9 AOK 11

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Rev. Anne Bertalan	Date	JUNE 1, 2016
---	--------------------	------	--------------

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

The above plan of correction is approved as of <u>9-16-16</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

SEP 15 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Page 9 of 11

Correction Plan

Ligonier Gardens Personal Care and Retirement Center/428050

page 9 of 11 with attachments

Regulation:
2600.225(c)

Correction:

Fix Immediate Problem: All Rasps are being reviewed and updated to be individualized per regulation
Administrator and or designee will review RASP for completion, change in condition, and DHS request.

Root Cause: Previous RASP coordinator was not completing RASP per Regulation. Education was provided on regulation and copies of regulation were provided in binder format for reference.

Prevent Future Incidents: Audit of RAPS for each completion. Administrator and or designee will review RASP for completion, change in condition, and DHS request

Education: 1:1 education was provided to RASP Coordinator(s) on completion of RASP and need for RASP to reflect resident the RASP represents

Please see attached: RASP audit form.

Since resident CTB a new RASP was not completed.

Within 30 days of receipt of the plan of correction; The administrator or designee shall develop and implement a system to ensure all resident assessments are immediately updated as resident care needs change. All direct care staff shall be educated on the new system. Documentation of education shall be kept in the staff records.

9-16-16

[Handwritten signature]
4/8/16
9/16/16

9-16-16

RECEIVED

SEP 15 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42805 - 10/02/2015 - Georgoulis, Karen
PCH Name: LIGONIER GARDENS

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's assessment, dated 12/15/14, indicates the resident does not have a mobility need and is independently mobile. However, resident #1 has a diagnosis of dementia and requires the use of a wheeled walker. On 10/2/14, the home assessed the resident as a high risk for falls.

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.

See page 10 of 11

[Handwritten Signature]

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rev. Anne Bertalan* Date *JUNE 1, 2016*

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

The above plan of correction is approved as of 9-16-16
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Page 10 of 11

RECEIVED

SEP 15 2016

WEST REGION FIELD OFFICE
Human Services Licensing
page 10 of 11 with attachments

Correction Plan

Ligonier Gardens Personal Care and Retirement Center/428050

Regulation 2600.226(a)

Correction:

Fix Immediate Problem: Since resident ctb at hospital – new RASP was not completed

Root Cause: Previous RASP Coordinator was not education on RASP Completion

Prevent Future Incidents: RASPs will be completed and updated per change in condition, mobility, skin changes, DHS request to reflect resident status. Audits will be completed on RASP by Administrator and or designee that the RASP reflects the resident. Fall Assessment will be completed per RASP to reflect resident Status

Education: RASP coordinators

Please see attached: RASP Audit form
Fall Assessment

[Handwritten Signature]
428050
9/15/16 9-16-16y

RECEIVED

SEP 15 2016

Violation Report: 42805 - 10/02/2015 - Georgoulis, Karen
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment, dated 9/1/15, indicates the resident needs total assistance with bladder and bowel management. However, the residents support plan dated 9/1/15, does not detail the service needs specific to bowel and bladder management or the frequency of the services. These areas of the support plan indicate "not applicable."

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.

See Page 11 of 11

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

X Rev. Imre A. Butalan

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

Rev. Imre Butalan

Date JUNE 1, 2016

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

The above plan of correction is approved as of 9-16-15
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

RECEIVED

Page 11 of 11

SEP 15 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Correction Plan

Ligonier Gardens Personal Care and Retirement Center/428050

page 11 of 11 with attachments

Regulation: 2600.227(d)

Correction:

Fix Immediate Problem: Since resident ctb at hospital -- new RASP was not completed

Root Cause: Previous RASP Coordinator was not education on RASP Completion

Prevent Future Incidents: RASPs will be completed and updated per change in condition, Resident RAPS will reflect Medical, Dental, Vision, Hearing, Mental health or other behavioral care services. Bowel and Bladder needs.
RASPs will be audited for correct completion per RASP initial, update, change in condition, DHS request. Audit will be completed by Administrator, and or designee per RASP.

Education: RASP coordinators received education on completion of RASP

Please see attached: RASP Audit form
(Education provided to RASP coordinator(s)
Binder has been created as reference to regulations and completion of RASPs -- not included)

[Handwritten Signature]
9/15/16 428050

9-16-16