



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: January 27, 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 20, 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  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 42805 - 10/20/2015 - Barry, Courtney

PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 10/13/15, at approximately 9 p.m., staff person A yelled and swore at resident #1, which was witnessed by staff person B. This allegation of abuse against was not reported to the local Area Agency on Aging.

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.

Page 2: Regulation 2600.15(a)

Specific changes to be made:

All reports of abuse will indicate notification to the Westmoreland County Area agency on aging

System in place:

The Administrator, Assistant Administrator and or the DON will call the Westmoreland County Area Agency on Aging

Who will make change:

when there is suspected abuse, immediately. A written mandatory abuse report will be completed and sent.

When change will be made:

The Administrator, Assistant Administrator Immediately 11/19/2015 Date Received citations

What training will be provided to staff:

Administrative staff will be trained on abuse reporting and need to include the Westmoreland County Area Agency on aging when abuse is suspected. Completed by 12/5/2015. (due to holiday) Sign off of training sheet.

See attachment page 2a

Immediately - The administrator will review all incidents at the home at least weekly, to ensure all reportable incidents are reported to the local Area Agency on Aging. JH 12/4/15

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

Date 11/23/15

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The above plan of correction is approved as of


12/4/15  
(Date)

Plan of correction implementation status as of

12/4/15  
(Date)

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

The above plan of correction was approved by

  
(Initials)

Violation Report: 42805 - 10/20/2015 - Barry, Courtney  
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 10/13/15, at approximately 9 p.m., staff person A yelled and swore at resident #1, which was witnessed by staff person B. The home did not immediately develop and implement a plan of supervision or suspend the staff person involved in the incident until 10/14/15. Staff person A worked unsupervised in the home from approximately 9 p.m. until 11 p.m. on 10/13/15.

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.

Page 3: Regulation 2600.15(b)

Specific changes to be made:

The Administrator will be educated by the Director of Human resources on policy and procedures related to Abuse policy and procedures of staff

System in place:

Human resources policy and procedure

Who will make change:

Administrator and Director of Human Resources

When change will be made:

Immediately 11/20/2015 (Date received citations)

Documentation will be part of the investigation and charted as such

What training will be provided to staff:

Human Services Director will provide Education to Administrator on policy and procedure and notification of any changes/updates will be on-going. All reports of abuse will be discussed with the Human Resource Director as to the impact of staffing and Bethlen policies as well as Department of Human services regulations

See attachment page 3a

*Immediately - If there is an allegation of abuse against any staff person in the home, the administrator will ensure the staff person is suspended or supervised immediately.*

*12/4/15*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *x* *Rev. Anne A. Bitalan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rev. Anne Bitalan* Date *11/23/15*

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The above plan of correction is approved as of <u>12/4/15</u> (Date)	Plan of correction implementation status as of <u>12/4/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress

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NOV 24 2015

Violation Report: 42805 - 10/20/2015 - Barry, Courtney  
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 10/13/15, at approximately 9 p.m., staff person A yelled and swore at resident #1, which was witnessed by staff person B. The home did not report submit an incident report to the Department until 10/16/15.

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.

Page 4: Regulation 2600.16(c)

Specific changes to be made:  
System in place:

All reportable incidents will be reported within 24 hours  
RN/LPN will notify Administrator or designee immediately/24/7 of any reportable incident or alleged abuse so that the Department of Human service can receive the required incident report notification with completed investigation or pending investigation which will be indicated on the report  
The Administrator and or designee Immediately 11/19/2015 (Date received citations)  
Policy and procedure will be created to include reportable incident reporting process and completed by 11/24/2015.  
Administrator will share survey results and instruct designee on reporting process, time frame and investigation of incident with continued reporting which will be included on incident report of date reported to DHS

Who will make changes:  
When change will be made:

What training will be provided to staff:

See attachment page 4a

Immediately - The administrator will review all incidents in the home at least weekly, to ensure all reportable incidents as indicated in 2600.16b are reported to the Department.  
By 12/31/15, and at least quarterly thereafter - The administrator will review all reportable incidents as part of a quality management review, to ensure all reportable incidents are reported to the Department.

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*      Date *11/23/15*

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Violation Report: 42805 - 10/20/2015 - Barry, Courtney  
 PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**  
 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 10/20/15, at approximately 9:35 a.m., all resident records, including the assessment and support plan for resident #1, were unlocked, unattended and accessible in a closet across from the dietician's office near the reception 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.

Page 5: Regulation 2600.17

**Specific changes to be made:** Closet doors had locks added prior to 10:40 on 10/20/2015; Surveyor watched the installation and completion of the project - Key for doors are located in the DON's office

**System in place:** 10/20/2015 10:40 am

**Who will make changes:** Administrator

**When change will be made:** Made 10/20/2015 - see above

**What training will be provided to staff:** LPNs/RN/Home health provided education on closet across from DON's office in the nurses station area are to be locked at all time - location of key provided. Completed on a 1:1 education process (Kitchen Manager shares DON office) on an as needed basis related to staff changes.

Please see attached Page 5a

*By 2/28/16 - all staff persons will be reeducated on keeping all resident records confidential and in a locked area.*

*By 12/31/15 - a designated staff person, daily, will monitor the home to ensure all resident records are kept locked.*

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 *11/23/15*

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Violation Report: 42805 - 10/20/2015 - Barry, Courtney  
PCH Name: LIGONIER GARDENS

NOV 24 2015

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 10/13/15, at approximately 9 p.m., staff person A was assisting resident #1 with toileting. At this time, staff person B was in the hallway and heard staff person A yelling at resident #1. Staff person B entered the resident's room and observed staff person A slam the bathroom door while the resident was still in the bathroom, and heard staff person A scream that he/she didn't care if the resident fell on their ass.

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.

Staff person A terminated from employment at the home on [redacted] 15.

Page 6: Regulation 2600.42(c)

Specific changes to be made:

All staff will be re-in-serviced on resident rights specifically dignity and respect.

Who will make changes:

Administrator, Assistant Administrator, DON, and Lead LPN

When change will be made:

Immediately Start 11/19/2015 and to be completed 12/5/2015

What training will be provided to staff:

Staff will be in-serviced on resident rights, superficially dignity and respect with continuing in-services per DHS regulations.

See attachment page 6a

By 2/15/16 - The administrator will interview at least one resident per week, privately, to ensure residents are treated with dignity and respect.

9/24/15

12/15

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*      Date *11/23/15*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42805 - 10/20/2015 - Barry, Courtney

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

Staff person D, hired on [redacted] 02, did not receive training in the following topics during training year 2014:

- \*Medication self-administration
- \*Care for residents with dementia and cognitive impairments
- \*Safe management techniques
- \*Care for residents with mental illness and mental retardation. The home currently serves 1 resident with mental illness and 1 resident with an intellectual disability.

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.

Page 7: Regulation 2600.65

*Staff person D received 2600.65f training in 2015. 12/4/15*

Specific changes to be made:

Annual training for all staff members is now being tracked and monitored. A spreadsheet is being kept by department. The spreadsheet consists of all active employees for that department and columns for each mandatory in-service. Then the date the in-service was completed is put under the column for each employee. If an employee is approaching the expiration of an annual training, they are informed started two months prior to the expiration and are then scheduled to complete the training. August 2015

System in place:

Who will make the Change:

When change will be made:

What training will be provided to staff:

The Assistant Administrator

August 2015

All in house staff was trained in August on all the required annual trainings. In addition, all new hires are trained upon hire.

*The administrator will review all staff training at least quarterly, as part of a quality management review, to ensure annual training is completed. See attachment page 7a - timely. Documentation will be kept. 12/4/15*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/27/2015	
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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 *11/23/15*

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NOV 24 2015

Violation Report: 42805 - 10/20/2015 - Barry, Courtney

PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person D, hired on [redacted] 02, did not receive training in the following emergency preparedness and falls and accident prevention during training year 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.

Page 8: Regulation 55 2600.65

*Staff person D trained in fall and accident prevention in 2015.*

Specific changes to be made:

Annual training for all staff members is now being tracked and monitored. A spreadsheet is being kept by department. The spreadsheet consists of all active employees for that department and columns for each mandatory in-service. Then the date the in-service was completed is put under the column for each employee. If an employee is approaching the expiration of an annual training, they are informed started two months prior to the expiration and are then scheduled to complete the training.

System in place:

August 2015

Who will make the Change:

The Assistant Administrator

When change will be made:

August 2015

What training will be provided to staff:

All in house staff was trained in August on all the required annual trainings. In addition, all new hires are trained upon hire.

See attachment page 8a

*The administrator will review all staff training at least quarterly, as part of a quality management review, to ensure annual training topics under 2600.65g are completed. Documentation will be kept.*

*12/4/15*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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* Date *11/23/15*

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The above plan of correction was approved by <u>D</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42805 - 10/20/2015 - Barry, Courtney

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 for the drills conducted on 5/28/15, 6/26/15, 7/29/15, 8/21/15 and 9/11/15, do not indicate that all residents present during the drill evacuated to a fire safe area or to a designated meeting place. According to staff interviews, the number only indicates residents who were moved to a fire safe area, not the residents who were already in a fire safe area.

The fire drill record for the drills conducted on 1/16/15, 2/7/15, 3/15/15, 4/13/15, 5/28/15, 6/26/15, 7/29/15, 8/21/15, and 9/11/15, do not indicate the exit routes used during the fire drills.

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.

Page 9: Regulation 2600.132(c)

Specific changes to be made:

Form previously use to track fire drills was update to include regulatory guidelines per regulation and surveyor's input 10/21/2015 and put into use 10/28/2015

System in place:

New form to record and include relation requirements  
Administrator - Assistant Administrator  
10/28/2015

Who will make the Change:

When change will be made:

What training will be provided to staff:

Assistant Administrator was educated on new forms and Information needed to complete a proper assessment.  
Forms are located on tracking manual for fire drills.

See attached Page 9a

*Immediately and at least monthly thereafter - the administrator will review the fire drill logs to ensure all required information is documented properly.*

*12/4/15*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 42805 - 10/20/2015 - Barry, Courtney PCH Name: LIGONIER GARDENS	WEST REGION FIELD OFFICE Human Services Licensing
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**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 assessment, dated 4/3/15, for resident #1 indicates the resident is mobile and has only limited mobility needs. However, according to staff and resident interviews and observation of the resident, resident #1 needs total physical assistance to ambulate with the assistance of 2-3 persons and the use of a gait belt.

**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.*

Page 10: Regulation 2600.225 9 (c) *The assessment for resident #1 updated to reflect the resident's current mobility needs.*

**Specific changes to be made:** Resident will have new RASP assessments and or Addendums as needed per DHS regulations.

**System in place:** A Director of Nursing (DON) was hired and will be working on updating and putting into place a consistent monitoring system which will reflect an accurate personalized assessment for each resident

**Who will make the Change:** Administrator, DON, Charge LPN, and the Assistant Administrator

**When change will be made:** Education was provided to DON on need for individualizing RASP assessments and addendums, (Recent hire of 11/18/2015). Will start process under the supervision of DON 12/1/2015 and to be completed by 2/1/2016. (57 residents)


**What training will be provided to staff:** DON was provided Personal care Home regulation Title 55 Public Welfare Code Department of Public Welfare Chapter 2600 11/20/2015. Education has been provided on Need or assessment to be update to reflect resident specific needs to be indicated on assessment 11/20/2015.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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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) <i>Rev. Imre Bertalan</i>	Date <i>11/23/15</i>
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