



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 2, 2017

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 February 27, 2017, 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 that reads "Brent Sutherland".

Brent Sutherland
Acting Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Page 1 of 7

PCH Name: LIGONIER GARDENS		License Number: 42805
Address: 2018 ROUTE 30 EAST, LIGONIER, PA 15658		County: Westmoreland
Administrator: CYNTHIA WOLFE		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 12/22/1999 Dept of L and I		
Staffing Hours Resident Support: 0 Total Daily Staff: 77 Waking Staff: 58		
Type of Inspection: Partial BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 02/27/2017: Grace, Desmond; Mulick, Cindy		
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: 65 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: 9 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 12 Have a Physical Disability: 0	

MAY 17 2017

Page 2 of 7

Violation Report: 42805 - 02/27/2017 - Grace, Desmond
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

At 9:30 AM and 9:45 AM, medication administration records and narcotics count books for first and second floor residents were unlocked and accessible on top of the first and second floor medication carts in the first floor dining room.

At 9:45 AM, an empty medication card for resident #1's oxycodone 1mg was unlocked and accessible on the medication cart in the first floor dining room.

At 10:55 AM, resident #2's and resident #3's medication records were unlocked and accessible in the second floor 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.

Please see attached plan of correction related to this cited violation. Page 2A

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cynthia Wolf R/NNA/PCHA - Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cynthia Wolf R/NNA/PCHA* Date *5/16/2017*

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

The above plan of correction is approved as of 5/25/17
(Date)

Plan of correction implementation status as of 5/25/17
(Date)

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

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Ligonier Gardens

Plan of Correction For Violations Received During Complaint Survey on 02/27/2017

Regulation 55 PA. Code 2600

2600.17 – All medication Administration records and Narcotic count books for residents on the first and second floors were locked and placed away from public view immediately following Department notification of this violation.

_ Immediately following Department notification of the violation, the medications and Medical records for residents #1, #2 and #3 were properly locked and not accessible to anyone other than those responsible for providing services and/or agents of the Department, Ombudsman, those who received written consent from the resident/responsible party, Healthcare Power of Attorney, proxy or designated person.

Processed implemented to correct the above violation and prevent future instances include:

- On 02/27/2017, Staff members received in-service education on the above department Regulation regarding the confidentiality of resident's medical records, prescription medications and personal information.
- Compliance with the above code is being monitored via the utilization of a newly developed auditing tool. The Medication carts and nursing stations for both the first and second floors are assessed weekly to ensure that all personal and medical information and drugs/biologicals are stored away from public accessibility. Audits will be performed weekly on both floors for three months or until one hundred percent compliance is achieved.
- On May 8th, the Electronic Medication Administration Records were implemented.
- The above plan of correction was completed on May 8th, 2017.

Please see all attached information pertaining to the violation within 2600-17.

Cynthia Wolf, RN/NHA/PCHA - Administrator - 05/16/2017
 Cynthia Wolf, RN/NHA/PCHA- Administrator - 05/16/2017

BB 5/25/17

MAY 17 2017

Violation Report: 42805 - 02/27/2017 - Grace, Desmond
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Push plush and lemon furniture polish, with labels indicating to seek medical attention in case of ingestion, was unlocked and accessible on the first floor hallway across from bedrooms #207 and #208. Residents #4, #5, and #6 have been assessed as incapable of recognizing and using poisons safely.

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.

- All potentially poisonous materials were removed from the Housekeeping Cleaning cart and placed in a secured area away from resident reach immediately following Department notification.
- Residents #4, #5 and #6 were not affected by this violation. (Please see attached plan of correction). Page 3A
- All audits completed by [redacted] R.O. order designer
During the next quality management plan review and evaluation - The administrator will ensure the home places an increased awareness on these plans of correction. BB 5/25/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/25/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Carthia Wolf, RN/WHARMAA - Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carthia Wolf-RN/WHARMAA* Date *05/16/2017*

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

The above plan of correction is approved as of 5/25/17 (Date)

Plan of correction implementation status as of 5/25/17 (Date)

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

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Ligonier Gardens

Plan of Correction For Violations Received During Complaint Survey on 02/27/2017

Regulation 55 PA Code 2600

2600.82(c) – The potentially Poisonous materials were removed from the Housekeeping cart and place in a secured area away from resident reach immediately following Department notification of the above violation.

Residents #4, #5 and #6 were not affected by this violation.

Processes implemented to prevent future instances include:

- On 02/27/2017, staff members were provided with in-service education on the importance of proper storage of potentially hazardous materials (please see attached in-service educational material).
- Compliance with the above code is being monitored via the utilization of a newly developed auditing tool. The housekeeping carts and surrounding areas are being assessed weekly to ensure that no potentially hazardous/poisonous materials are within resident risk of exposure. Audits on the above areas will be performed weekly for three months, or until one hundred percent compliance is achieved.
- The above plan of correction was in compliance as of May, 16th, 2017.

Please see all attached information pertaining to the violation within 2600-82(c)

Cynthia Wolf, RN/NHA/PCHA - Administrator - 5/16/2017

Cynthia Wolf, RN/NHA/PCHA – Administrator – 05/16/2017

BB 5/16/17

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Violation Report: 42805 - 02/27/2017 - Grace, Desmond
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(b) - Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

2a. DESCRIPTION OF VIOLATION

The home's main entrance and the 2 first floor emergency stairwell exits are equipped with a roam alert wand/guard sensor and magnetic locking system. The system locks exit doors when a resident wearing a roam alert wrist transmitter is within 4 feet of the exit. The system unlocks when a resident with a roam alert wrist transmitter is no longer within 4 feet of the exit or after 60 seconds and by a coded keypad. The home does not have any written approval from the Department of Labor and Industry, Department of Health, or the local building authority for the locking devices.

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.

Please See attached Plan of Correction. Page 4A

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

Signature of Legal Entity Representative (Required on EVERY Page) Cynthia Wolf R/WHA/PAHA - Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cynthia Wolf R/WHA/PAHA Date 5/16/2017

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

The above plan of correction is approved as of 5/25/17 (Date)

Plan of correction implementation status as of 5/25/17 (Date)

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

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Ligonier Gardens

Plan of Correction For Violations Received During Complaint Survey on 2/27/2017

Regulation 55 PA Code 2600

2600 121 (b) – No residents were effected by the above violation.

- The magnetic doors to the Roam Alert system were inspected by the Company responsible for its installation and maintenance. The inspection by the JV Electronics representative was conducted on 3/24/2017. (Please review attached inspection report).
- The Roam Alert system was inspected by a Building Code Official on 4/7/2017. Ligonier Gardens was found to be within the required building code with utilization of the controlled access doors. (please see attached letter).
- The above violation is currently within regulatory compliance.

Please see all attached information pertaining to the above violation.

Cynthia Wolf, RN/NHA/PCHA 5/16/2017

Cynthia Wolf, RN/NHA/PCHA

Bb 5/16/17

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Violation Report: 42805 - 02/27/2017 - Grace, Desmond PCH Name: LIGONIER GARDENS	WEST REGION FIELD OFFICE Human Services Licensing
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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 preadmission screening form for resident #4, dated [redacted] 16, does not include a determination that the home can meet the service needs of the resident. This section is blank.

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.

Please see attached Plan of correction. Page 5A

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Cynthia Wally, R-NHA/PCHA - Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cynthia Wally, R-NHA/PCHA* Date *5/16/2017*

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

The above plan of correction is approved as of <u>5/25/17</u> (Date)	Plan of correction implementation status as of <u>5/25/17</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress BB <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Ligonier Gardens

Plan of Correction for Violations Received During Complaint Survey on 02/27/2017

Regulation 55 PA Code 2600

2600.224 (a) – The Pre-admission screening form for resident #4 has been amended as per Department recommendation (please see attached).

- Measures implemented to ensure future compliance include:
 - Monitoring of resident pre-admission screening forms will occur via the utilization of a newly developed auditing tool. The pre-admission screening forms will be assessed for completion. Audits will be performed on the pre-assessment screening forms of three residents weekly until all resident pre-screen forms are in one hundred percent compliance with the above regulation. Audits will be completed by the Resident Care Coordinator or her designee.
 - Staff members responsible for completion of the pre-admission screening forms have received, as per department recommendation, educational material from Temple University on ensuring proper completion of the pre-admission screening and resident assessment forms.
 - The above plan of correction will be completed by 06/24/2017.

Please see all attached information pertaining to this plan of correction.

Cynthia Wolf, RN/NHA/PCHA - 5/16/2017

Cynthia Wolf, RN/NHA/PCHA – Administrator - 05/16/2017

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Violation Report: 42806 - 02/27/2017 - Grace, Desmond
PCH Name: LIGONIER GARDENS

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

Resident #5's assessment, dated 9-9-16, does not include supervision and medications. These sections are blank.

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.

Please see attached plan of correction related to the above violation. Page 6A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Cynthia Wolf, R/NHA/RHA Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cynthia Wolf, R/NHA/RHA* Date *5/16/2017*

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

The above plan of correction is approved as of <u>5/25/17</u> (Date)	Plan of correction implementation status as of <u>5/25/17</u> (Date)
---	---

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

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

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MAY 17 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Ligonier Gardens

Plan of Correction For Violations Received During Complaint Survey – 2/27/2017

Regulation 55 PA Code 2600

2600 225 (c) – The Supervision and Medication Assessment for resident #5 has been amended as per Department request (please see attached).

- Measures implemented to ensure future compliance include:
 - Monitoring of resident assessments to ensure completion will occur via the utilization of a newly developed auditing tool. The assessment forms of three residents will be audited weekly for completion until the forms of all residents are in one hundred percent compliance.
Monitoring of the Supervision and Medication assessments will be completed by the Resident Care Coordinator or her designee.
 - Staff members responsible for completion of the resident assessments have received, as per department request, educational material from, Temple University. The educational material provides instruction on the proper completion of resident assessments and rationale.
 - The above plan of correction will be completed by June 23rd, 2017

Please review all attached documentation pertaining to the above plan of correction.

Cynthia Wolf, RN/NHA/PCHA - Administrator
 Cynthia Wolf, RN/NHA/PCHA - Administrator
 5/16/2017

BB 5/25/17

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MAY 17 2017

Page 7 of 7

Violation Report: 42805 - 02/27/2017 - Grace, Desmond
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

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 #5's assessment, dated 9-9-16, does not include an assessment of the resident's mobility needs. This section of the assessment is blank.

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.

Please see attached Plan of Correction related to the cited violation. Page 7A

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cynthia Wolf, RDNHA/RCHA Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Cynthia Wolf, RDNHA/RCHA* Date *5/16/2017*

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

The above plan of correction is approved as of 5/25/17
(Date)

Plan of correction implementation status as of 5/25/17
(Date)

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

- Fully Implemented *BB*
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- Not Implemented

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MAY 17 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Ligonier Gardens

Plan of Correction For Violations Received During Complaint Survey on 02/27/2017

Regulation 55 PA Code 2600

2600.226(a) -- the mobility needs assessment for resident #5 has been amended as per Department request (please see attached).

- Measures implemented to ensure future compliance with the above violation include:
 - Monitoring of resident assessments for completion will occur via the utilization of a newly developed auditing tool. The resident mobility needs portion of the assessment will be audited for completion. The assessments of three residents per week will be monitored for completion by the Resident Care Coordinator or her designee. Audits will continue until the mobility needs of all residents have been assessed and documented.
 - Staff members responsible for completion of the resident mobility assessment documentation have received, as per department recommendation, educational material from Temple University on procedures for proper documentation related to resident assessment form completion.

The above plan of correction will be completed by 6/23/2017.

Cynthia Wolf, RN/NHA/PCHA - Administrator
5/16/2017

Cynthia Wolf, RN/NHA/PCHA - Administrator - 05/16/2017

BB 5/25/17