



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 18 2017

Ms. Cynthia Wolf,
Administrator
The Bethlen Home of Hungarian Reformed Federation of America
2018 Route 30 East
Ligonier, Pennsylvania 15658

RE: Ligonier Gardens
License #: 428050

Dear Ms. Wolf:

As a result of the Department of Human Services' annual licensing inspections on April 7, 2017 and August 18, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License 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: Cyndie Wolf		Region: WEST
Legal Entity Name: THE BETHLEN HOME OF HUNGARIAN REFORMED FEDERATION OF AMERIC		RECEIVED JUL 18 2017 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 2018 ROUTE 30 EAST, LIGONIER, PA 15658		
Certificate(s) of Occupancy C-2 LP 01/26/1999 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 77	Waking Staff: 58
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/07/2017: Roser, Ashley; Culler, Jan; Tillerington, Janie		
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: 68	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 66	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, If Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served In Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 9	
Number of Current Hospice Residents: 6	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 12		

Cyndie Wolf R/UNHA PCHA
7/17/17

Violation Report: 42805 - 04/07/2017 - Roser, Ashley
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

The licensing inspection summary, dated 10/2/15, with the attached resident privacy coding document including residents #6 and #7, was posted at the 2nd floor nurses 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.

- The privacy coding document was removed immediately upon notification. (During licensure inspection) - 4/17/2017
 - In order to ensure that this violation does not occur, inservice education was provided to staff members on 4/20/2017. The topic of protected and confidential resident information was reviewed (please see attached).
 - The above plan of correction will be monitored via the utilization of an auditing tool.
 - The Administrator, or her designee will monitor the licensing inspection summary binder monthly for 6 months to ensure that the facility remains compliant with the above regulation: 2600-17 (please see attached documents)
 - Results will be discussed during the next Quality Assurance meeting.
- This plan of correction is completed as of 7/14/2017.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Cynthia Wolf R/W/HA/PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cynthia Wolf R/W/HA/PCHA Date 7/14/2017

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

The above plan of correction is approved as of 9/1/17
(Date)

Plan of correction implementation status as of 9/1/17
(Date)

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

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

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JUL 18 2017

Violation Report: 42806 - 04/07/2017 - Roser, Ashley
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 2/14/17, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

Direct care staff person B, hired 1/4/09, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

See Page 3A of 13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cynthia Wolf, R-1004A/PCHA-Administrator</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Cynthia Wolf, R-1004A/PCHA-Administrator</i>	<i>7/14/2017</i>

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

The above plan of correction is approved as of 9/11/17
(Date)

Plan of correction implementation status as of 9/11/17
(Date)

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

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

Page 3A of B
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JUL 18 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Ligonier Gardens

Plan of Correction for DHS Survey date, 4/7/2017

Regulation – 2600.54(a)

Violation – Direct care staff person A, hired 2/14/2017, does not have a High-school diploma, or active registration status on the PA Nurse aide Registry.

- Direct care staff person B, hired 1/4/09, does not have a High-school diploma, or active registration status on the PA Nurse aide Registry.

Plan of Correction:

- The High-school Diploma for Direct care staff person A has been obtained and is attached with this document. (Please see attached).
- The High-school Diploma for Direct care staff person B has been obtained and is attached with this document. (Please see attached).

In order to prevent future instances of this violation, all of the Employee files were reviewed to ensure compliance with the above code. (Please see attached audit form).

Compliance Audits were performed by [REDACTED], RN, on all current employee files to ensure that the required documentation is present. (Please see attached).

All newly hired staff members will be added to the current employee list as appropriate to ensure that compliance with the above regulation continues to be monitored. *Copies of all high school diplomas, GED diplomas or Active Registrations on the PA Nurse aide Registry shall be kept in each employee file.*
The above Plan of Correction is completed as of 7/14/2017.

[Signature]
9/11/17

*Cynthia Woy, RN/NA/ACNA
7/14/2017*

Violation Report: 42805 - 04/07/2017 - Roser, Ashley
 PCH Name: LIGONIER GARDENS

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 2/14/17, did not receive training in the following topics until 4/6/17:

- * Evacuation procedures
- * Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at the emergency location if applicable
- * The designated meeting place outside the building or within the fire safe area in the event of an actual fire
- * Smoking safety procedures, the home's smoking policy and location of smoking areas
- * The location and use of fire extinguishers
- * Smoke detectors and fire alarms
- * Telephone use and notification of emergency services

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.

See Pages 4A and 4B of 13

Report Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cynthia Wolf, RN/WHA/RCHA - Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cynthia Wolf, RN/WHA/RCHA* Date *9/14/2017*

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

The above plan of correction is approved as of 9/11/17
 (Date)

Plan of correction implementation status as of 9/11/17
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Ligonier Gardens

Plan of Correction for DHS Survey date, 4/7/2017

Regulation – 2600.65(a)

Violation Direct care staff person A, hired on 2/14/2017, did not receive training in the following topics until 4/6/2017:

- Evacuation Procedures
- Staff duties and responsibilities during Fire Drills, as well as Emergency Evacuation, transportation and at the Emergency location if applicable.
- The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
- Smoking safety procedures, the home's smoking policy and location of smoking areas.
- The location and use of fire extinguishers.
- Smoke detectors and fire alarms.
- Telephone use and notification of emergency services.

Plan of Correction:

- Direct care staff person A, hired on 2/14/2017, did receive his orientation on 2/17/2017 (see attached), and then again on, 4/6/2017. The second orientation was provided due to the fact that Direct care staff person A, transferred to Companion Care Services for the entire Month of March and returned to Ligonier Gardens at the start of April. The original orientation, dated, 2/17/17, (attached) was located in a second employee file, following the DHS Survey exit, by [REDACTED] RN/Resident Care Coordinator.

The following corrective measures were implemented to ensure that future compliance with the above regulation is maintained:

- In-service education related to the above deficiency and corrective actions was provided to all current staff members on 4/20/2017.
- The above plan of correction is being monitored via the utilization of a newly developed auditing tool. All of the employee files were audited for compliance with the above regulation by [REDACTED] RN/Resident Care Coordinator. All current employee files are at 100% compliance with this regulation.
- The employee checklist/audit tool is updated with all newly hired staff members from the start of employment. New audits will be performed on the new employee files as the orientation process is completed.

Cynthia Wolf RN/Resident Care Coordinator - 7/17/17

Please note the following:

Direct care staff person A was not present at the In-service educational session related to the Inspection review due to the fact that he resigned prior to this meeting. (see attached letter of resignation) Although the original orientation packet for Direct care staff person A was located, his name does not appear on the audit, as these are current staff members in house as of 7/14/2017.

The above Plan of correction is complete as of 7/14/2017

On the way R/WHA/MCHA - 7/17/17

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JUL 18 2017

Violation Report: 42805 - 04/07/2017 - Roser, Ashley
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.6102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A hired on 2/14/17, did not receive training in the following trainings until 4/6/17:

- * Resident rights
- * Emergency medical plan
- * Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act
- * Reporting of reportable incidents and conditions

This staff person completed their 40th hour working on 2/25/17.

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 all attached

Violation Withdrawn
f

See Pages 5A and 5B of 13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Julia Wolf, R/W/HA/PCHA - Administrator</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Julia Wolf, R/W/HA/PCHA</i>	<i>7/14/2017</i>

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Ligonier Gardens

Plan of Correction for DHS Survey date, 4/7/2017

Regulation – 2600.65(b)

Violation – Direct care staff person A, hired on 2/14/2017, did not receive training in the following areas until 4/6/2017

Resident Rights

Emergency Medical Plan

Mandatory Reporting of Abuse and Neglect under the older Adult Protective Services Act

Reporting of Reportable Incidents and Conditions.

Plan of Correction:

- Direct care staff person A, hired on 2/14/2017, did receive his orientation related to the above areas on 2/17/2017 (Please see attached). Direct care staff person A received orientation again on 4/6/2017, because he transferred to Companion Care Services for one month and then returned to Ligonier Gardens at the beginning of April.
- The original orientation packet (dated 2/17/2017) was located in a second employee file, following the DHS Survey exit, by Dyanna Miller, RN/Resident Care Coordinator.

The following corrective measures were implemented to ensure that future compliance with the above regulation is maintained:

- In-service education related to the above deficiency and corrective actions was provided to all current staff members on 4/20/2017.
- The above plan of correction is being monitored via the utilization of a newly developed auditing tool. All employee files were audited for compliance with the above regulation by Dyanna Miller, RN/Resident Care Coordinator. All current employee files are at 100% compliance with this regulation.
- The employee checklist/auditing tool is updated with all newly hired staff members from the start of employment. New audits will be performed on the new employee files as the orientation process is completed.

Cynthia Way, RN/HA/PCA
7/14/2017

Violation w/4/6/2017

Please not the following:

Direct care staff person A was not present at the in-service educational session related to the inspection review due to the fact that he resigned prior to this meeting. (see attached letter of resignation). Although the original orientation packet for Direct care staff person A was located, his name does not appear on the audit, as these are current staff members in house as of 7/14/2017.

The above Plan of Correction is complete as of 7/14/2017

Utaher with follow

*Christine Wood / ICE / WHA / PCHA
7/14/2017*

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Violation Report: 42805 - 04/07/2017 - Roser, Ashley
PCH Name: LIGONIER GARDENS

JUL 18 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Multiple residents are prescribed blood glucose monitoring. Resident #8's glucometer was used to measure blood glucose reading levels of the following residents:

- * Resident #2 on 4/5/17 at 8 am, which was 108 mg/dl
- * Resident #9 on 4/4/17 at 6 am, which was 103 mg/dl
- * Resident #9 on 4/5/17 at 6 am, which was 103 mg/dl

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.

See Page GA of 13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]
Cynthia Wolf, PCH - Administrator

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

Cynthia Wolf, PCH

Date *7/14/2017*

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

The above plan of correction is approved as of 9/11/17
(Date)

Plan of correction implementation status as of 9/11/17
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Ligonier Gardens

Plan of Correction for DHS Survey Date, 4/7/2-17

Regulation – 2600.85 (a)

Violation – Resident # 8's Glucometer was used to measure blood glucose reading levels on multiple residents.

Plan of correction:

- On 4/7/2017, during the DHS inspection process, all of the residents who are ordered blood glucose measurement were provided with brand new Glucometers purchased by the facility. All new Glucometers were delivered that same evening. In addition, a total of 4 backup Glucometers were purchased in the event of a malfunction or loss of any individual machine. All residents/responsible parties were notified of the potential issue with the Glucometers.

The Following corrective measures were implemented to ensure that future compliance with the above regulation is maintained:

- In-service education related to the importance of maintaining sanitary conditions by not sharing Glucometers between residents was provided on 4/7/2017, and again on 4/20/2017.
- A new policy on Prevention of blood born pathogen infection during finger-stick glucometer monitoring. The new policy was reviewed at each staff meeting.
- Name tags with resident photos were added to individual glucometer bags in order to ensure individual use only. The resident name is written on the bottom side of each glucometer.

The above corrective actions are being monitored as follows:

- A newly developed auditing tool is being utilized by [REDACTED] Charge LPN, to monitor the compliance of individual glucometer usage, and the prevention of blood born pathogen infection during blood glucose monitoring.
- The Glucometers of each resident are monitored weekly to ensure that only the individual ordered blood glucose monitoring is utilizing his/her machine.

Audits have been performed from the original survey exit date, and are continuing for one more month, provided these remain at 100% compliance.

The above plan of correction is complete as of 7/14/2017. – Please review all attached documents

Andrew Woy RCHHA RCHA
7/14/2017

Violation Report: 42805 - 04/07/2017 - Roser, Ashley
 PCH Name: LIGONIER GARDENS

1. REGULATION 55 Pa.Code §2800
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The lid was open on the left side of the 1/2 full dumpster.

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.

- the lid was replaced on 4/13/2017.
- In order to prevent another instance, Caplenco audits are being performed by [redacted] on her desktop to ensure that the dumpster lid is closed.
- the audits were performed weekly for 4 weeks, and will continue on a monthly basis for 3 months. Audits remain @ 100% Caplenco.
- In-service education will be provided during the monthly staff meeting. The staff will be instructed to report any problem with the dumpster lid not closing.
- the plan of correction for this deficiency is complete as of 7/17/17.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cynthia Lutz, R/WHA/PCHA Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cynthia Lutz, R/WHA/PCHA Administrator* Date *7/17/17*

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

The above plan of correction is approved as of 9/11/17
 (Date)

Plan of correction implementation status as of 9/11/17
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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JUL 18 2017

Page 8 of 13

Violation Report: 42805 - 04/07/2017 - Roser, Ashley
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

There were no emergency service numbers posted on or by the telephone in the activities solarium.

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.

- The Emergency Service numbers were posted to the phones in the Solarium on 4/11/2017.
- In order to ensure future compliance with this Regulation, Audits are being performed by [redacted] or her designee.
- Audits were performed weekly x 4 weeks and will continue monthly for 3 months. All audits have been 100% compliant.
- The plan of correction for this deficiency has been corrected as of 7/17/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carla Wold, LWHN PCHA Admin* Date *7/17/17*

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

The above plan of correction is approved as of 9/11/17
(Date)

Plan of correction implementation status as of 9/11/17
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42805 - 04/07/2017 - Roser, Ashley
PCH Name: LIGONIER GARDENS

JUL 18 2017

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

WEST REGION FIELD OFFICE
PHYSICIAN

2a. DESCRIPTION OF VIOLATION

The home did not have the emergency preparedness plan for the municipality of Ligonier posted in a conspicuous and public and place in the home.

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.

The Emergency Preparation plan for the municipality of Ligonier is posted at each nursing station and on the bulletin board in front of the building for public view.

In order to prevent another instance where by the information cannot be located; all staff will receive in service education on the location(s) of the Emergency Preparation Plan. In service Education will occur during the monthly staff meeting.

The above Plan of correction is complete as of 7/17/17.

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

Signature of Legal Entity Representative (Required on EVERY Page) Cynthia W. R. / PCH - Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cynthia W. R. / PCH Date 7/17/17

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

The above plan of correction is approved as of 9/11/17 (Date)

Plan of correction implementation status as of 9/11/17 (Date)

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

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

Violation Report: 42805 - 04/07/2017 - Roser, Ashley
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

According to the home's monthly fire drill records since April 2016, not all residents were evacuated to to a designated meeting place or a fire safe area designated in writing within the past year by a fire safety expert during each of the monthly fire drills, to include the following fire drills.

* 2/18/17 at 2:30 AM-64 residents participated; however, only 8 residents were evacuated

* 1/23/17 at 6:30 AM-62 residents participated; however, only 6 residents were evacuated

* 12/28/16 at 3:30 PM-63 residents participated; however, only 6 residents were evacuated

However, staff members indicated all residents are evacuated to a designated meeting place or a fire safe area designated in writing within the past year by a fire safety expert.

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.

- The Fire Drill Record has been changed according to Personal Care Home Regulation (Please see attached).

- In order to prevent future instances, Staff members received in-service education regarding the change in forms related to Fire drill documentation. The above Regulation was reviewed during the in-service as well. (Please see attached).

- The above Plan of Correction is complete as of 7/17/17.

Immediately: A designated staff person shall review the fire drill logs monthly to ensure all information specified in 2600.132c is documented on the log, to include the number of residents evacuated. 7/11/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cynthia Wolf, R/WHA/PCHA* Date *7/17/17*

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

The above plan of correction is approved as of 9/11/17 (Date)

Plan of correction implementation status as of 9/11/17 (Date)

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

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

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JUL 18 2017

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Violation Report: 42805 - 04/07/2017 - Roser, Ashley
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

The Travatan .004% eye drops, prescribed to resident #3, were not dated when opened. According to the manufacturer's instructions, the eye drops should be discarded 28 days after opening. The prescription was filled by the pharmacy on 12/6/16.

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.

The eye drop prescribed to Resident #3 were dated immediately upon notification, and, because these eye drops were expired, they were discarded.

Measures implemented so that the above violation does not occur include:

- In-service education was provided on the Regulation and medication Storage and Administration. - The facility policy has been revised according to Regulation, and was reviewed with appropriate staff members (see attached)
- All medications were assessed by [redacted] and the Administrator to ensure compliance with labeling and disposition.
- Audits will continue indefinitely. Every drawer on each medication cart will be assessed weekly by [redacted] as per design. Audits will ensure that any expired medication will be discarded immediately. Audits will continue until 100% compliance is attained - This POC will be complete by 8/30/2017

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cynthia Wolf, R/WHA/PCHA Date 7/17/17

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

The above plan of correction is approved as of 9/11/17
(Date)

Plan of correction implementation status as of 9/11/17
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
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JUL 18 2017

Violation Report: 42805 - 04/07/2017 - Roser, Ashley
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #2's preadmission screening form, dated [redacted] 16, does not include a determination that the needs of the resident can be met by the services provided by the home.

Resident #3, admitted [redacted] 17, does not have a preadmission screening form.

Resident #4's preadmission screening form, dated [redacted] 17, does not include a determination that the needs of the resident can be met by the services provided by the home.

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.

- The preadmission screening forms for Resident #3 and Resident #4 have been reviewed and corrected. (Please see attached).

- Caretree measures implemented to ensure future compliance include:

• In-service education was provided to ensure that appropriate staff members have the knowledge and ability to complete pre-admission screening forms accurately.

• As recommended by DHS Surveyor during inspection, the persons responsible for preadmission screening documentation received training through information provided by Temple University.

• Audits are being performed on the pre-admission screening forms on 3 residents weekly to ensure completion & accuracy.

[redacted] on her design will continue performing audits until the medical records for all residents are at 100% compliance. Completion for this plan of correction will occur by 8/30/2017.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christi Woy, R, WHA/PCHA - Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christi Woy, R, WHA/PCHA* Date *7/17/17*

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

The above plan of correction is approved as of 9/11/17 (Date)

Plan of correction implementation status as of 9/11/17 (Date)

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

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