



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 28 2018

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

RE: Ligonier Gardens
Certificate #: 428050

Dear Ms. Wolf:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 6, 2018, 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 that reads "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: Dyanna Miller | | Region: WEST |
| Legal Entity Name: THE BETHLEN HOME OF HUNGARIAN REFORMED FEDERATION OF AMERIC | | |
| Legal Entity Address: 2018 ROUTE 30 EAST, LIGONIER, PA 15658 | | RECEIVED |
| Certificate(s) of Occupancy C-2 LP 12/22/1999 L & I | | MAY 25 2018 WESTMORELAND COUNTY HUMAN SERVICES DEPARTMENT |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 82 | Waking Staff: 62 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site 04/06/2018: McConnell, Deb, Grace, Desmond | | |
| 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: 68 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: 8 Number of Hospice Residents in past year: 24 | | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 66 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 14 Have a Physical Disability: 1 |

Dyanna Miller R.N., B.S.W., PCHA

Violation Report: 42805 - 04/06/2018 - McConnell, Deb
PCH Name: LIGONIER GARDENS

MAY 25 2018

PA Department of 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 4/6/18, at 10:29 a m., the resident privacy code was attached to the 5/25/16 licensing investigation summary (LIS) in a binder on the desk at the second floor nurse 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.

See Page 2 A

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/07/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Dyanna Miller RN BSN PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dyanna Miller RN BSN PCHA* Date *5/24/18*

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

The above plan of correction is approved as of 5/29/18 (Date)

The above plan of correction was approved by *DM* (Initials)

Plan of correction implementation status as of 5/29/18 (Date)

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

RECEIVED
MAY 25 2018
DEPT. OF HEALTH & HUMAN SERVICES
Florida Department of Health

Ligonier Gardens

Plan Of Correction for DHS Survey , 4/6/2018

Regulation: 2600.17

Violation: On 4/6/2018, The resident privacy code was attached to the 5/25/2016 licensing investigation summary (LIS) in a binder on the desk at the second floor nurses' station.

Plan of Correction:

The primary coding document was immediately removed upon notification during the licensure inspection survey 4/6/2018.

All survey binders were purged of surveys greater than a year old.

Inservice Education was provided to staff on 4/12/2018 and again on 5/25/2018 concerning protected and confidential resident information..

Above plan of corrections will be monitored via the utilization of an audit tool. This audit will be conducted by the administrator or her designee monthly for 12 months to insure the facility remains compliant and then will be done quarterly.

Results will be reviewed at monthly QA meetings

[Handwritten signature]
5/29/18

Dyanna Miller RN BSN RCHA
5724118

Violation Report: 42805 - 04/06/2018 - McConnell, Deb

PCH Name: LIGONIER GARDENS

ASSISTANT COUNTY CLERK
Municipal Code Enforcement

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

Emergency telephone numbers were not posted nearby the telephone for bed A in bedroom #229.

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 3A

Repeat Violation: Yes

Date(s) of Previous Violation(s):

04/07/2017

Signature of Legal Entity Representative
(Required on EVERY Page)

Dyanna Miller RN BSN PCHA

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

Dyanna Miller RN BSN PCHA

Date

5/24/18

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5/29/18
(Date)

Plan of correction implementation status as of

5/29/18
(Date)

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

The above plan of correction was approved by


(Initials)

RECEIVED
MAY 25 2018
WEST VIRGINIA DEPARTMENT OF
HUMAN SERVICES LICENSING

Ligonier Gardens

Plan of Corrections for DHs Survey 4/6/2018

Regulation: 2600.91

Violation: Emergency Telephone numbers were not posted nearby the telephone for Bed A in bedroom #229

Plan of Correction:

The emergency numbers were posted immediately upon notification during the licensure inspection survey 4/6/2018.

In order to insure compliance with this regulation rooms and common areas will be audited for emergency number tags by the administrator and or her designee.

These audits will be done weekly after initial inspection and continue monthly for six months

Results of this audit will be discussed at monthly QA meetings.

Dyanne Miller RN BSN PCITA
5/24/18

D
5/29/18

MAY 25 2018

Violation Report: 42805 - 04/06/2018 - McConnell, Deb

PCH Name: LIGONIER GARDENS

TEST REPORT # 10-07-18
Human Services Division

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last inspection of the three gas furnaces in the attic was conducted on 2/2016.

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 4A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Dyanne Miller RN BSN PCHA

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

Dyanne Miller RN BSN PCHA

Date

5/24/18

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(Date)

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5/29/18
(Date)

The above plan of correction was approved by


(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

MAY 25 2018

DEPARTMENT OF HUMAN SERVICES LICENSING

Ligonier Gardens

Plan of corrections for DHS survey 4/6/2018

Regulation: 2600.126(a)

Violation: The last inspection of the three gas furnaces in the attic was conducted 2/2016

Plan of Correction:

Upon notification during the licensing inspection surveyor on 4/6/2018 that the furnaces had not been inspected and cleaned, an appointment was made to have the furnaces serviced 4/12/2018, which was completed on that date. JRW 5/29/18
A new maintenance tracking log book was initiated to monitor maintenance schedules. This is to be signed off by the administrator and or her designee.

Contained in the log book will be copies of receipts for services by outside providers. The maintenance department will be responsible for maintaining equipment and will be monitored by the administrator and or her designee.

Audits will be done monthly to monitor compliance for 12 months.

Results will be discussed in monthly QA meetings

Dyanna Miller RN BSW RCHA
5/24/18

D 5/29/18

Violation Report: 42805 - 04/06/2018 - McConnell, Deb
 PCH Name: LIGONIER GARDENS

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 drill conducted on 2/28/18, at 10:58, does not include a.m. or p.m.

The fire drill record for the drill conducted on 3/28/18, at 5:45 a.m., does not include the number of residents evacuated.

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

| | | |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 04/07/2017 |
|-----------------------|-----------------------------------|------------|

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dyanna Miller RN BSW PCHTA*

| | |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dyanna Miller RN BSW PCHTA</i> | Date <i>5/24/18</i> |
|---|---------------------|

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

The above plan of correction is approved as of 5/29/18
 (Date)

The above plan of correction was approved by *DM*
 (Initials)

Plan of correction implementation status as of 5/29/18
 (Date)

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

Ligonier Gardens

Plan of Corrections for DHS survey 4/6/2018

Regulation 2600.132(c)

Violation: The fire drill record for the drill conducted on 2/26/18 at 10:56 does not include am or pm.

The fire drill record for the drill conducted on 3/28/18 at 5:45am does not include the number of residents evacuated.

Plan of Correction:

The fire drill log book was corrected upon notification by the licensing survey 4/6/2018

The fire drill log book will be audited for completeness indefinitely by the assistant administrator or her designee.

Results of the audit will be discussed in monthly QA.

05/29/18

Dyanna Miller RN BSN PCITA
May 24, 18

Violation Report: 42805 - 04/06/2018 - McConnell, Deb
 PCH Name: LIGONIER GARDENS

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

During the sleeping hours fire drill on 3/28/18, at 5.45 a.m., 6 staff people participated in the drill, and the sleeping hours fire drill conducted on 11/26/17 at 5:39 a.m., 7 staff persons participated in the drill. According to staff records, the average number of staff people on duty during this time is 4. The home has not had a sleeping hours fire drill in the past year.

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

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

Signature of Legal Entity Representative (Required on EVERY Page) Syanna Miller RN BSN PCH-A

| | |
|--|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Syanna Miller RN BSN PCH-A</u> | Date <u>5/24/18</u> |
|--|---------------------|

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

The above plan of correction is approved as of 5/25/18
 (Date)

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

Plan of correction implementation status as of 5/28/18
 (Date)

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

Ligonier Gardens

Regulation 2600.132(g)

Violation: During the sleeping hours fire drill on 3/28/2018 at 5:45am, 6 staff people participated in the drill, and the sleeping hours drill conducted on 11/26/2017, 7 staff people participated in the drill. According to staff records, the average number of staff people on duty during this time is 4. The home has not had a sleeping hours fire drill in the past year.

Plan of correction

The sleeping hour fire drills were held 11/26/2017 and 3/28/2018. In the future sleeping hour fire drills will be held between the recommended hours of 2am and 4am.

The number of people participating included ancillary staff as well as administration staff present. After removing ourselves from the count and adding the ancillary staff the count reflected the number of staff scheduled for that day.

Administrative staff will from this day forward no longer be counted as participating in the fire drill.

Audits will be done monthly by the administrative assistant or her designee. These audits will be discussed in monthly QA meetings.

By 5/29/18

Dyanne Miller RN BSN PC-EHA
5/24/18

Violation Report: 42805 - 04/06/2018 - McConnell, Deb
 PCH Name: LIGONIER GARDENS

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 5/23/17, for resident #1, does not include the date the resident was evaluated and if immunization are current or unknown. These areas 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.

See Page 8A

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dyanna Miller RN BSN PCH*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Dyanna Miller RN BSN PCH* Date *5/24/18*

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

The above plan of correction is approved as of 5/29/18
 (Date)

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

Plan of correction implementation status as of 5/29/18
 (Date)

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

Ligonier Gardens

Plan of Corrections for DHS Survey 4/6/2017

Regulation 2600.141 (a) (1)

Violation: The medical evaluation dated 5/23/17, for resident #1 does not include the date the resident was evaluated and if the immunization are current or unknown. These areas are blank.

Plan of Correction:

The DME for resident #1 was amended upon notification of the licensing survey to include the date of evaluation and the immunization status.

All RASP, DME and Pre screen paperwork will be audited by the assistant administrator or her designee for completion and compliance. Seven charts a day will be audited initially until all charts have been reviewed. Audits will continue at 5 charts a month indefinitely.

Results will be reviewed at the monthly QA meetings.

On 5/24/18

*Dyanne Miller RN BSN PCHA
5/24/18*

Violation Report: 42805 - 04/06/2018 - McConnell, Deb
 PCH Name: LIGONIER GARDENS

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 The medical evaluation, dated 10/5/17, for resident #2, does not indicate if immunization are current or unknown. These areas 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.

See Page 9A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Dyanna Miller-RW BSD PCHA

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

Dyanna Miller-RW BSD PCHA

Date

5/24/18

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

The above plan of correction is approved as of

5/29/18
 (Date)

Plan of correction implementation status as of

5/29/18
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)

Ligonier Gardens

Page 94 of 13

Plan of Corrections for DHS Survey 4/6/2017

Regulation 2600.141 (a) (1)

Violation: The medical evaluation dated 5/23/17, for resident #2 does not include the date the resident was evaluated and if the immunization are current or unknown. These areas are blank.

Plan of Correction:

The DME for resident #1 was amended upon notification of the licensing survey to include the date of evaluation and the immunization status.

All RASP, DME and Pre screen paperwork will be audited by the assistant administrator or her designee for completion and compliance. Seven charts a day will be audited initially until all charts have been reviewed. Audits will continue at 5 charts a month indefinitely.

Results will be reviewed at the monthly QA meetings.

Diana Kuller BS/PCA
5/24/18

5/29/18

Violation Report: 42805 - 04/06/2018 - McConnell, Deb
 PCH Name: LIGONIER GARDENS

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Acetaminophen, 1000mg, 2 tablets every 6 hours for pain; however, the label indicates 2 tablets every 6 hours for fever.

Resident #4 is prescribed Clotrimazole 1% Cream, apply topically to abdominal folds twice daily; however, the label does not indicate apply to abdominal folds.

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 10A of 13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Dyanna Miller RN BSN PCHA

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

Dyanna Miller RN BSN PCHA

Date

5/24/18

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

The above plan of correction is approved as of

5/29/18
 (Date)

Plan of correction implementation status as of

5/29/18
 (Date)

The above plan of correction was approved by

(Signature)
 (Initials)

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

Ligonier Gardens

Page 10A of 13

Plan of Corrections for survey 4/6/2018

Regulation: 2600.184(a)

Violation: Resident #2 is prescribed Acetaminophen 1000mg, 2 tablets every 6 hours for pain; however, the label indicates 2 tablets every 6 hours for fever

Resident #4 is prescribed Clotrimazole 1% cream, apply topically to abdominal folds twice daily; however, the label does not indicate apply to abdominal folds.

Plan of correction:

Facility Medication Policy and Procedures reviewed and revised. Education provided concerning labeling of medication and steps to insure compliance.

Med cart audit sheets revised to include correct label on medications. Audits will be done weekly to both medication carts indefinitely by the Resident Care Coordinator and/or her designee.

Results of audits will be discussed in monthly QA meetings

Dyanna Butler, RN BSN PEHIA
5/24/18

Q
5/29/18

Violation Report: 42805 - 04/06/2018 - McConnell, Deb
 PCH Name: LIGONIER GARDENS

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 #3 is prescribed Phazyme 250mg, 1 tab twice daily. The March and April 2018, medication administration record (MAR) do not include the strength of the medication.

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 11A of 13

| | | |
|---|-----------------------------------|---------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | |
| Signature of Legal Entity Representative (Required on EVERY Page) | | |
| Dyanna Miller RN BSN PCHHA | | |
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | | Date |
| Dyanna Miller RN BSN PCHHA | | 5/29/18 |

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

| | |
|---|---|
| The above plan of correction is approved as of <u>5/29/18</u> (Date) | Plan of correction implementation status as of <u>5/29/18</u> (Date) |
| The above plan of correction was approved by <u>DM</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 |

Ligonier Gardens

Plan of Correction for DHS survey 4/6/2018

Regulation: 2600.187(a)

Violation: Resident #3 is prescribed Phazyme 250mg, 1 tablet twice daily. The March and April 2018, medication administration record (MAR) do not include the strength of the medication.

Plan of correction:

Upon notification during the licensing survey 4/6/2018 the dosage was added to the order.

Policy and procedures were reviewed and revised. Medication cart audits were reviewed and revised. Education was provided to the staff concerning the regulations on medication administration.

Audits will continue weekly indefinitely by the administrator or her designee(s).

Audit results will be discussed in the monthly QA meeting.

*Dyana Miller Rod BSN PCNA
5/24/18*

*D
7/29/18*

Violation Report: 42805 - 04/06/2018 - McConnell, Deb

PCH Name: LIGONIER GARDENS

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Ocusoft Lid Scrub, rinse eye daily. On 3/28/18 - 3/31/18, the medication was not available 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.

See Page 12A of 13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Dyanna Miller RN BSN PCITA

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

Dyanna Miller RN BSN PCITA

Date

5/24/18

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

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5/29/18
(Date)

Plan of correction implementation status as of

5/29/18
(Date)

The above plan of correction was approved by

(Signature)
(Initials)

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

Ligonier Gardens

Plan of Correction DHS survey 4/6/2018

Regulation 2600.187(d)

Violation: Resident #3 is prescribed Ocusoft Lid Scrub, rinse eye daily. On 3/28/18 – 3/31/18, the medication was not available in the home.

Plan of Correction:

Policy and Procedure for ordering medication was reviewed and revised. Staff received education concerning changes made to ordering procedure and regulations reviewed.

Facility is contracting with new preferred pharmacy to insure compliance with regulations.

Assistant administrator or her designee will audit missed medications through Quick Mar and record findings on an audit tool Monday through Friday indefinitely.

Results will be reviewed in monthly QA meetings.

Nyanna Miller RN BSN RCHA
5/24/18

J 5/29/18

Violation Report: 42805 - 04/06/2018 - McConnell, Deb
 PCH Name: LIGONIER GARDENS

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 7/13/17, for resident #4 indicates the resident is independent with transfers. However, the resident requires a hooyer and an assist of 2 staff persons for all transfers.

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 13A

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

Signature of Legal Entity Representative (Required on EVERY Page) Dyanna Miller RN BSN PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dyanna Miller RN BSN PCHA Date 5/24/18

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

The above plan of correction is approved as of 5/24/18
(Date)

Plan of correction implementation status as of 5/24/18
(Date)

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

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

Ligonier Gardens

Plan of Correction for Survey 4/6/2018

Regulation: 2600.225(c)

Violation: The assessment dated 7/13/17 for resident #4 indicates the resident is independent for transfers. However, the resident requires a hoyer and an assist of 2 staff persons for all transfers.

Plan of correction:

The RASP for Resident #4 was immediately updated during the licensing survey upon notification. A new Rasp was done for the resident 4/9/18 to update residents transfer status.

Rasps and addendums are being updated 4 per week in annual care plan conferences. A new form to communicate changes in condition has been developed by our RASP nurse. The change in condition form will then be audited by the Resident Care Coordinator or her designee twice weekly for compliance. The new form will be started upon education of the staff on 4/25/18.

[Handwritten signature]
5/25/18

[Handwritten signature]
Dyanna Muller RN BSN PCNA
5/24/18