



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 6, 2018**

Ms. Amanda M. Atkinson  
Executive Director  
The Bethlen Home of Hungarian Reformed Federation of America  
2018 Route 30 East  
Ligonier, Pennsylvania 15658

RE: Ligonier Gardens  
Certificate #: 428050

Dear Ms. Atkinson:

As a result of the Department's Bureau of Human Services Licensing inspection on August 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.

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 - 08/06/2018 - McConnell, Deb  
PGH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment, dated 6/25/18, for resident #1, does not address the resident's suicidal ideation discussed with staff on 7/19/18 and 7/25/18 and as indicated in caregiver notes. Also, the assessment is blank in the section of hallucinations.

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 2A OF 3

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Dyanna Miller RN BSN, PCHP*

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

*Dyanna Miller RN BSN PCHP*

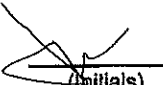
Date *9/26/2018*

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

The above plan of correction is approved as of 10/31/18  
(Date)

Plan of correction implementation status as of 10/31/18  
(Date)

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

The above plan of correction was approved by   
(Initials)

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OCT 02 2018

WEST REGION FIELD OFFICE  
Human Services Licensing


Ligonier Gardens

Plan of Correction for visit 08/06/2018

Regulation 2600.255(a)

Violation: The initial assessment, dated 6/25/18, for resident #1, does not address the resident's suicidal ideation discussed with staff on 07/19/2018 and 07/25/2018 and as indicated in caregiver notes. Also the assessment is blank in the section of hallucinations.

Plan of Correction: Resident #1 ceased to breathe [REDACTED] 2018. In the future all initial assessments will be reviewed upon completion and prior to being placed in the residents chart. This will be done according to the New Admission RASP Completion Tool. All RASPs will continue to be audited using the revised DME, RASP, Prescreen and Contract Completion tool by the administrator and/or the administrator's designees. There will be 5 audits completed weekly to insure thorough review of all documents.

 10/31/18

 BSW PCHA

Violation Report: 42805 - 08/06/2018 - McConnell, Deb  
PCH Name: LIGONIER GARDENS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 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 for resident #2, dated 9/11/17 indicates the resident is independent with transfers. However, caregiver notes and staff interviews indicate the resident required total assistance with all transfers due to multiple falls.

The assessment for resident #3, dated 11/1/17, is blank in the area of ability to use and avoid poisonous materials.

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 OF 3

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Dyanna Miller RN BSN PCHH*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dyanna Miller RN BSN PCHH* Date *9/26/2018*

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

The above plan of correction is approved as of 10/31/18 (Date)

Plan of correction implementation status as of 10/31/18 (Date)

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

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

RECEIVED  
OCT 02 2018  
WEST REGION FIELD OFFICE  
Human Services Licensing

Ligonier Gardens

Plan of Correction for visit 08/06/2018

Regulation 2600.225(c)


Violation: The assessment for resident #2 dated 09/11/2017 indicates the resident is independent with transfers. However, caregiver notes and staff interviews indicate the resident required total assistance with all transfers due to multiple falls

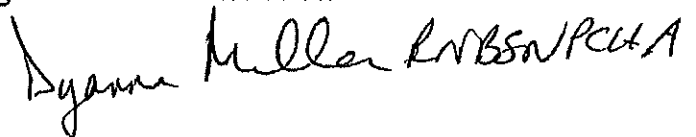
The assessment for resident #3, dated 11/1/2017, is blank in the area of ability to use and avoid poisonous materials.

Plan of Correction: Resident #2 ceased to breathe [REDACTED] 2018. The Change in Condition flow sheet was revised and it will be the responsibility of the daylight charge nurse to make sure the RASP nurse receives it. We will continue audits on the revised Change in Condition work sheet 5 weekly until all RASPs and Addendums sheets are completed. The administrator and/or her designee will meet with RASP nurse, Director of Nursing and Daylight charge nurse twice weekly to discuss changes in condition.

The RASP for Resident #3 was corrected immediately.

All annual and change in condition RASPs will be audited for completion prior to being placed in the chart using the new audit tool.

 10/31/18

 Dyanne Miller RNBSN/PCA