



July 25, 2019

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 annual inspection on April 15, 2019 and April 22, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 "Carolyn K. Ellison". The signature is written in a cursive style.

Carolyn K. Ellison,
Deputy Secretary, Office of Administration
Shared Services for Health and Human Services

Enclosure
Violation Report

Violation Report

Facility Information

Name: *LIGONIER GARDENS*

License Number: *428050*

Address: *2018 ROUTE 30 EAST, LIGONIER, PA 15658*

County: *WESTMORELAND*

Region: *WESTERN*

Administrator

Name: *Jana Garland*

Phone: *7242383517*

Email: *jgarland@BETHLEN.COM*

Legal Entity

Name: *THE BETHLEN HOME OF HUNGARIAN REFORMED FEDERATION OF AMERIC*

Address: *2018 ROUTE 30 EAST, PA, 15658*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *12/22/1999*

Issued By: *J & J*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *69*

Waking Staff: *52*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

04/15/2019 - On-Site: Belinda Graziano

04/22/2019 - On-Site: Belinda Graziano

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *71*

Residents Served: *65*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *65*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *64*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *4*

Have Physical Disability: *7*

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 4/15/19, a copy of the 55 Pa. code Chapter 2600 was not posted in a conspicuous and public place in the home.

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.)

Regulations were posted immediately upon notification during the licensure inspection survey on 4/15/19.

In order to ensure compliance with this regulation a daily audit has been put into place.

The audit will be completed by the administrator and/or her designee. This audit started on 4/29 and will continue daily with no set end date at this time

Legal Entity Representative

Signature *Jana Garland*

Printed Name and Title *Jana Garland
PCA*

Date *6/19/19*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of *7/9/19*
(Date)

Plan of correction implementation status as of *7/9/19*
(Date)

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

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

25c8 - Smoking

Regulations

2600.

25.c.8. The home's rules related to home services, including whether the home permits smoking.

Description of Violation

Resident #1's contract, dated 11/20/14, indicates that the home is "smoke free" and the section for outside smoking is crossed out; however, the home has two designated smoking areas outside for the residents.

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.)

Family was given a written notification of areas where smoking is permissible. The change that was dated for May of 2015 did not occur. Smoking is allowed outside of the facility.

Legal Entity Representative

Signature *Jana Garland*

Printed Name and Title *Jana Garland PCHA*

Date *6/19/19*

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42d - Home Rules

Regulations

2600.

42.d. A resident shall be informed of the rules of the home and given 30 days' written notice prior to the effective date of a new home rule.

Description of Violation

The home rules indicate that the home is "a smoke-free facility. No smoking is allowed in the building or in the courtyards, on porches or patios." However, the home has a designated smoking area for residents in the courtyard and a designated smoking area on the second floor deck.

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.)

A written notice for a change in house rules was provided to residents / families that were admitted in November of 2014 to May of 2015.

Ligonier Gardens has allowed smoking in designated areas. The planned change did not occur in May of 2015

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title *Jana Garland PCHA*

Date *6/19/19*

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82c - Locking Poisonous Materials

Regulations

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.

Description of Violation

On 4/15/19 at 10:48 a.m. and 4:23 p.m. the following materials were unlocked, unattended, and accessible to resident #1 in room #121:

A 500 ml full bottle of Listerine mouth wash with a manufacture's label indicating "If more than used for rinsing is accidentally swallowed, get medical help or contact a Poison Control Center right away."

A 4 ounce full tube of A&D ointment with a manufacture's label indicating "If swallowed, get medical help or contact a Poison Control Center right away."

A 12.5 ounce full spray bottle of Lysol disinfectant spray with a manufacture's label indicating "Hazardous to humans and domestic animals. Call Poison Control Center or doctor for treatment advice."

A 3.8 ounce full spray bottle of Febreze air refresher with a manufacture's label indicating "Intentional misuse by deliberately concentrating and inhaling the contents can be harmful or fatal."

A 11.25 fluid ounce full bottle of Antibacterial hand soap with a manufacture's label indicating "If swallowed, get medical help or contact Poison Control Center right away."

In addition, on 4/15/19 at 4:07 p.m. the following materials were unlocked, unattended, and accessible to resident #7 in room #110:

A 8 ounce 1/2 full tube of Aloe Vesta protectant ointment with a manufacture's label indicating "If swallowed, get medical help or consult a Poison Control Center right away."

A 14.2 fluid ounce 3/4 full bottle of TopCare 2 in 1 dandruff shampoo with a manufacture's label indicating "In case of accidental ingestion, get medical help or contact Poison Control Center immediately."

Also, on 4/15/19 at approximately 4:15 p.m. the following materials were unlocked, unattended, and accessible to resident #5 in room #116:

A 4 ounce 1/2 full tube of Renew periprotect cream with a manufacture's label indicating "In case of accidental ingestion contact a physician or Poison Control Center right away."

A 4 ounce 1/2 full tube of A&D ointment with a manufacture's label indicating "If swallowed, get medical help or contact a Poison Control Center right away."

A 2.7 ounce full stick of Mitchum deodorant with a manufacture's label indicating "If swallowed, get medical help or contact Poison Control Center right away."

Not all residents of the home, including residents #1, #5 and #7, have been assessed capable of recognizing and using poisons safely.

Jana Garland
Jana Garland PCHA
6/19/19

82c - Locking Poisonous Materials (continued)

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.)

Items labeled as hazardous were immediately removed from rooms. An additional assessment was made to determine the safe use of hygiene items. The support plan was documented in 2 separate areas.

Residents that are assessed as being unable to safely avoid poisonous materials will have an additional assessment to determine if they can safely use personal hygiene items. If it is determined that they can it is documented on the RASP as well as the addendum page.

Assessments will be ongoing.

Legal Entity Representative

Signature *Jana Garland*

Printed Name and Title *Jana Garland* Date *6/19/19*
PCHA

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103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 4/15/19 at 11:15 a.m. the temperature in the Victory stainless steel refrigerator in the kitchen was 44 degrees Fahrenheit and at 4:27 p.m. it was 44 degrees Fahrenheit.

In addition, at 12:00 p.m. the temperature in the Victory stainless steel freezer in the laundry room was 10 degrees Fahrenheit and at 4:30 p.m. it was 10 degrees Fahrenheit.

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.)

~~error~~ ~~NEW~~ The refrigerator and freezer listed above were serviced by F+D Central Refrigeration on 4/16 & 4/17. New thermometers were purchased on 4/18. All old thermometers were replaced.

Additionally dietary staff was in-serviced on 4/24. Temps are monitored twice daily and the Dietary Manager audits the recorded temps to ensure regulatory compliance

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title *Jana Garland PCMA*

Date ~~4/17~~ *6/19/19*

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105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 4/15/19, there was an approximate 1/8 inch accumulation of lint in the lint trap of both commercial front loading dryers in the home's laundry room.

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 lint traps on the dryers listed above were immediately cleaned using a broom and Shop-vac.
A sign off sheet was put into place along with signage to clean after each use.

The administrator and/or her designee will check sign off sheet to ensure compliance. The administrator and/or her designee will also spot check the lint traps. The steps listed above will be ongoing

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title *Jana Garland PCHA*

Date *6/19/19*

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191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted 11/20/14, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.)

Resident #1 was educated on the right to refuse medication if they believe an error was made. Resident signed a new resident rights list.

The current residents rights list attached is signed by all in-house residents. All new admissions will be educated on their right to refuse medication upon admission

Legal Entity Representative

Signature *Jana Garland*

Printed Name and Title *Jana Garland PCMA*

Date *6/19/19*

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225a - Assessment 15 Days

Regulations

2000.

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.

Description of Violation

Resident #2's assessment, dated 2/18/19, does not include the medical diagnoses of sinus bradycardia, Barrett esophagus, COPD, vitamin d deficiency, tobacco use, neuropathy, h/o TIA, h/o left hip replacement, h/o bilateral cataract removal, and h/o hernia repair as indicated on medical evaluation dated 2/4/19.

Resident #3's assessment, dated 1/20/19, does not indicate the medical diagnoses of h/o stroke with left sided hemiplegia, thrombocytopenia, spinal stenosis, h/o colitis, gait disturbance, anemia, asterixis, h/o cardiac cath with stents, h/o cataract removal bilateral, h/o uti, h/o cholecystectomy, h/o hysterectomy, h/o tonsillectomy, h/o adenoidectomy, h/o appendectomy, h/o ercp with biliary stents removal/placement, and h/o c-diff as indicated on medical evaluation dated 2/1/19.

Repeat Violation: 8/6/18

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 above violations have been corrected. An audit tool that addresses diagnosis and any new orders was implemented and will be completed daily until all charts have been audited (7/18/19) then 5 weekly ongoing. Audits will be completed by the administrator and/or her designee. The RPS nurse will receive education on updating/completing support plans as determined by the outcome of the audits

*See Below

Signature *Jana Galar*

Printed Name and Title *Jana Galar*
PCHA

Date 6/19/19

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- Not Implemented

04/15/2019

*Within 15 days of receipt of the plan of correction: All staff persons responsible for completing or editing resident assessments will be educated on the required content of the assessment, including all current diagnoses. Documentation of the education shall be kept.

10 of 12

JG 7/9/19

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #1's assessment, dated 10/23/18, does not include the medical diagnoses of hx UTI and Spinal Stenosis as indicated on medical evaluation dated 9/20/18

Resident #4's assessment, dated 12/10/18, does not include his/her need for a recliner in lieu of a bed for sleeping purposes as approved by medical provider on 1/2/19.

Resident #5's assessment, dated 8/29/18, does not include the medical diagnosis of osteoarthritis as indicated on medical evaluation dated 8/9/18.

Repeat Violation: 8/6/18, 4/6/18

Plan of Correction (POC)

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The above violations have been corrected. An audit tool that addresses diagnosis and any new orders was implemented and will be completed daily until arc charts have been audited (7/18/19) then 5 weekly ongoing. Audits will be completed by the administrator and/or her designee. The RASP nurse will received education on updating/completing support plans as determined by the outcome of the audits

Legal Entity Representative

*See Below

Signature *Jane Gull*

Printed Name and Title *Jane Gulland PCHP*

Date *6/19/19*

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04/15/2019

Within 15 days of receipt of the plan of correction: All staff persons responsible for completing or editing resident assessments will be educated on the required content of the assessment, including all current diagnoses. Documentation of the education shall be kept.

11 of 12

JG 7/9/19

252 - Record Content

Regulations

2600.

252.18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.

Description of Violation

Residents #2, #3, and #6 records do not include an inventory of the residents' personal property.

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.)

Personal property 2-part slips were given to families to complete. Inventory slips were placed into admission packets. An audit tool was put into place to ensure ~~at~~ ^{error in} regulatory compliance. The audit will be completed by the administrator and/or her designee within 1 week of the residents admission. The audits will continue for a 6 month period.

Legal Entity Representative

Signature *[Handwritten Signature]*

Printed Name and Title *Jana Garland PCNA*

Date *6/19/19*

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