

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *LIGONIER GARDENS* License #: *42805* License Expiration Date: *11/10/2021*
Address: *2018 ROUTE 30 EAST, LIGONIER, PA 15658*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7242383517* Email: [REDACTED]

Legal Entity

Name: *THE BETHLEN HOME OF HUNGARIAN REFORMED FEDERATION OF AMERIC*
Address: *2018 ROUTE 30 EAST, LIGONIER, PA, 15658*
Phone: *7242383517* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/22/1999* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *N/A* Total Daily Staff: *NaN* Waking Staff: *NaN*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/11/2021*

Inspection Dates and Department Representative

08/10/2021 - On-Site: [REDACTED]
08/11/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *71* Residents Served: *41*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *3*

Inspections / Reviews

08/10/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/08/2021*

9/8/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/14/2021*

9/17/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/24/2021*

9/24/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 06/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. If the unit operates by battery, the battery shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner. On 8/10/21, the batteries in the following carbon monoxide detectors have not been replaced in the last year:

- * Carbon monoxide detector located outside of the kitchen, with a battery dated 1/30/20.
- * Carbon monoxide detector located in the back of the dining room, with a battery dated 2/19/19
- * Carbon monoxide detector located at front entrance, with a battery dated 2/25/20
- * Carbon monoxide detector near the furnace area, with a battery dated 2/19/19

Plan of Correction

Accept

Batteries were replaced. Maintenance staff was educated on annual battery replacement for carbon monoxide detectors. The carbon monoxide detector units were labeled with the date of the battery replacement. Replacement of batteries annually in August was added to the maintenance department carbon monoxide inspection list.

Completion Date: 09/16/2021

Document Submission

Implemented

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's resident-home contract, dated [REDACTED], is not signed by the resident.

Plan of Correction

Directed

Resident #1 refused to sign the contract. A meeting has been scheduled on 9/21/21 at 2 pm with the resident's POA to review in the presence of the resident for the resident to sign/mark. If the resident refuses to sign, then the refusal will be noted on the signature line that the resident refused to sign. This refusal will be witnessed by two staff members.

All future admissions will be encouraged to sign the contract. If the resident refuses to sign, the refusal will be noted on the signature line and witnessed by two staff members.

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall review all current resident-home contracts to ensure all required signatures are present in accordance with 2600.25b. [REDACTED] 9/17/21

Completion Date: 09/21/2021

25b - Contract Signatures (continued)

Document Submission

Implemented

Audit form completed and attached

51 - Criminal Background Check

1. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on [REDACTED]; however, a Pennsylvania criminal background check was not completed until [REDACTED]

Plan of Correction

Directed

Human Resources was unable to provide documentation of the criminal background check that was done on hire. A background check was run during inspection and provided to the inspector on site. Human Resources will upload the criminal history check to Paycom. The Administrator or their designee will ensure that documentation is present in Paycom prior to the employee's first day of work. If the criminal background check is not present in the uploaded file, Human Resources will be notified immediately. The employee will not start until the background check is uploaded. (DIRECTED: A designated staff person shall develop and implement a system to ensure a Pennsylvania criminal background check is completed within 30 days of hire for all newly-hired staff persons. Documentation of the system shall be kept. All staff persons involved in the hiring process shall be educated on the new system. [REDACTED] 9/17/21)

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall review all current staff person records to ensure a Pennsylvania criminal background check has been completed. Documentation of the background checks shall be kept in each staff person's record. [REDACTED] 9/17/21

Completion Date: 09/08/2021

Document Submission

Implemented

Audit form completed and attached

81b - Resident Personal Equipment

1. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 8/11/21, an approximate 6" opening was present on resident #3's uncovered bed enabler, which poses a risk of limb entanglement.

81b - Resident Personal Equipment *(continued)***Plan of Correction****Accept**

Bed enablers were immediately covered. Staff was educated on keeping the cover on the bed enabler for safety. Occupational Therapy will be contacted to perform a screen for a bed cane if a resident is requiring an assistive device.

Staff is documenting three times a day on EMAR that bed enabler is covered.

Completion Date: 09/08/2021

Document Submission**Implemented**

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - 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.

Description of Violation

On 8/11/21, no emergency telephone numbers were posted on or near resident #2's telephone.

Plan of Correction**Accept**

Phone tags immediately replaced. All rooms checked for phone tags. Environmental services staff educated on regulation. Phone tag checks were added to environmental services staff daily check list.

Completion Date: 09/08/2021

Document Submission**Implemented**

162c - Menus Posted

1. Requirements

2600.

- 162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 8/10/21, the only posted menu in the home was labeled "week 4".

Plan of Correction**Accept**

Menu's were immediately posted with dates. Dietary Supervisor was educated on regulation. The Administrator or their designee will conduct a weekly audit for 2 months to assure posted menu's meet regulatory compliance.

Completion Date: 10/08/2021

Document Submission**Implemented**

171b5 - First Aid Kit

1. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On 8/11/21 at 10:50 am, no first aid kit was present in the home's white dodge caravan, which is used to transport residents.

Plan of Correction

Accept

First aid kit was immediately placed in van. The Director of Property Management educated on regulation. A weekly audit will be completed for two months to ensure that the first aid kit is present in vehicles used for transportation of residents.

Completion Date: 10/22/2021

Document Submission

Implemented

191 - Resident Right to Refuse

1. Requirements

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 on [REDACTED], has not been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.

REPEAT VIOLATION: 4/15/2019, et. al.

191 - Resident Right to Refuse (*continued*)**Plan of Correction****Directed**

Resident education on the right to refuse medication is listed in the contract under resident rights. In the event that a resident refuses the sign, the resident will be given verbal education on their right to refuse medications. Resident will verbalize understanding and the refusal will be noted on the signature line and witnessed by two staff members.

Resident given verbal education on 9-7-21 and documented in contract. If resident refuses to sign the contract on 9/21/21 during the appointment scheduled with their POA, the refusal will be documented by two staff members.

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall review all current resident-home contracts to ensure each resident was notified in writing of their right to refuse or question a medication if the resident believes there may be a medication error. ■ 9/17/21

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall develop and implement a system to ensure all newly-admitted residents are notified in writing, at the time of admission, of their right to refuse or question a medication if the resident believes there may be a medication error. Documentation of the system shall be kept. All staff persons involved in the admission process shall be educated on the new system. ■ 9/17/21

Completion Date: 09/21/2021

Document Submission**Implemented**

Audit form completed and attached

Right to refuse is under resident rights in contract. Residents get a copy of their signed contract on admission. Copy of resident rights from contract attached.