

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

May 10, 2024

[REDACTED]
THE BETHLEN HOME OF HUNGARIAN REFORMED FEDERATION OF AMERIC
[REDACTED]

RE: LIGONIER GARDENS
2018 ROUTE 30 EAST
LIGONIER, PA, 15658
LICENSE/COC#: 42805

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/20/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *LIGONIER GARDENS* License #: *42805* License Expiration: *11/10/2024*
 Address: *2018 ROUTE 30 EAST, LIGONIER, PA 15658*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *THE BETHLEN HOME OF HUNGARIAN REFORMED FEDERATION OF AMERIC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/22/1999* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *71* Waking Staff: *53*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *03/20/2024*

Inspection Dates and Department Representative

03/20/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *71* Residents Served: *58*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *8*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *13* Have Physical Disability: *4*

Inspections / Reviews

03/20/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/02/2024*

03/29/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/10/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/12/2024*

Inspections / Reviews *(continued)*

05/10/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/10/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

An allegation of abuse was reported to staff person A, the Administrator, on [REDACTED] at approximately 7:30 p.m.; however, the home did not report the allegation of abuse to older adult protective services verbally until 3/1/24 at 8:28 p.m.. Additionally, the written mandatory abuse report was not submitted to Older Adult Protective Services until 3/3/24 at 4:41 p.m.

Plan of Correction

Accept [REDACTED] - 03/29/2024)

- 1. Facility now reporting allegations and other reportable timely. Administrator will review Pennsylvania's RCG and guidelines on reporting allegations of abuse as well as Concordia's abuse policy with all staff members by 4/5/24. Documentation of education to be kept by Administrator.*
- 2. Current patients have the potential to be affected. Grievance audits to be completed by Administrator to determine if other patients were affected by Friday 3/29/24. Corrective action will be taken for any identified issues. Outcome of audit documentation to be kept by Administrator.*
- 3. The administrator and/or designee will educate all staff on regulation 260 15a. by Friday 4/5/24. Documentation of education to be kept by administrator.*
- 4. Administrator and/or designee to review internal incident reports on a daily basis to determine if AAA will need to be contacted in accordance to regulation 260 15.a beginning on Monday 4/1/2024.*
- 5. Administrator and/or designee will conduct audits on filed grievances on a monthly basis. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 4/12/24. The monthly audits will begin on 4/12/2024 and continue thereafter. Documentation to be kept by Administrator.*

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented [REDACTED] - 05/10/2024)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

- 141.a. 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. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

Resident [redacted] medical evaluation, completed on [redacted], is blank in the weight section.

Plan of Correction

Accept [redacted] 03/29/2024)

1. Resident [redacted] was weighed on [redacted] by LPN, and DME addendum was completed by RCC with weight updated.
2. All residents have the potential to be affected. Audit to be completed by RCC of current residents, and their weight boxes by 4/12/24. Corrective action will be taken if any residents are identified of missing weight. Outcome of this audit will be kept by RCC.
3. Administrator and/or designee will educate RCC on regulation 141.a by 4/1/24. Documentation will be kept by Administrator.
4. RCC will conduct 10 DME audits a month for 3 months starting 4/12/24 to ensure that DME's are not missing weight boxes outlined in regulation 227.a. Outcomes to be kept by RCC and shared at QAA on 7/12/24. Documentation of meeting will be kept by Administrator.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented [redacted] - 05/10/2024)

225a - Assessment 15 Days

4. Requirements

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.

Description of Violation

The assessment for resident [redacted], dated [redacted], indicates the residents mobility needs are minimal mobile. The support plan indicates the resident requires staff assistance to push wheelchair when traveling long distance. However, the resident interview, as well as multiple staff interviews confirm the resident is unable to self-transfer out of bed and would require assistance evacuating in the event of an emergency.

Plan of Correction

Accept [redacted] - 03/29/2024)

1. Resident [redacted] was assessed by RCC and mobility was updated on 3/28/24.
2. All residents have the potential to be affected. Audit to be completed by RCC of 20 current residents, and their mobility status by 4/12/24. Corrective action will be taken if any residents are identified of inaccurate mobility status. Outcome of this audit will be kept by RCC.
3. Administrator and/or designee will educate RCC on regulation 141.a by 4/1/24. Documentation will be kept by Administrator.
4. RCC will conduct 10 RASP audits a month for 3 months starting 4/12/24 to ensure that RASPs are accurate with mobility status outlined in regulation 227.a. Outcomes to be kept by RCC and shared at QAA on 7/12/24. Documentation of meeting will be kept by Administrator.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented [redacted] - 05/10/2024)

227a - Support Plan 30 Days

5. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]; however, a support plan was not completed until [redacted]

Plan of Correction

Accept [redacted] - 03/29/2024)

- 1. Facility now completing all RASPs in the timeframe outlined per regulation 227.a
- 2. All residents have the potential to be affected. Audit of 20 current RASPs to be completed by 4/12/24 by RCC. Corrective action will be taken if any RASPs are identified as inaccurate. Outcome of this audit will be kept by RCC.
- 3. Administrator and/or designee will educate RCC on regulation 227.a by 4/1/24. Documentation will be kept by Administrator.
- 4. RCC will conduct 10 RASP audits a month for 3 months starting 4/12/24 to ensure that assessment plans are being completed within timeframe outlined per regulation 227.a. Outcomes to be kept by RCC and shared at QAA on 7/12/24. Documentation of meeting will be kept by Administrator.

Licensee's Proposed Overall Completion Date: 04/19/2024

Implemented [redacted] - 05/10/2024)