

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

July 24, 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 06/10/2024 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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 06/10/2024

Inspection Dates and Department Representative

06/10/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 71 Residents Served: 51

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 12

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 9 Have Physical Disability: 0

Inspections / Reviews

06/10/2024 - Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 07/05/2024

06/25/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 07/23/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 07/02/2024

Inspections / Reviews *(continued)*

06/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/23/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/19/2024

07/24/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/23/2024

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

On or about [REDACTED], direct care staff A was witnessed by multiple staff calling resident [REDACTED] an [REDACTED] and stating [REDACTED]. However, direct care staff B, failed to notify the local Area Agency on Aging until [REDACTED]

Plan of Correction

Accept [REDACTED] - 06/25/2024)

- 1. Facility now reporting allegations and other reportable timely. Corporate Compliance Officer held in-service on Suspected Abuse of Resident Reporting on 6/10/2024. 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 Tuesday 7/9/2024. 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 2600 15a. and Concordia Abuse Policy by Tuesday 7/2/2024. 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 2600 15.a beginning on Tuesday 7/1/2024.
- 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 7/18/2024. The monthly audits will begin on 7/15/2024 and continue thereafter. Documentation to be kept by Administrator.

Licensee's Proposed Overall Completion Date: 07/22/2024

Implemented [REDACTED] - 07/24/2024)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On or about [REDACTED], direct care staff A was witnessed by multiple staff calling resident [REDACTED] an [REDACTED]" and stating [REDACTED]. However, direct care staff B, failed to notify The Department until 6/5/24.

Plan of Correction

Accept [REDACTED] - 06/25/2024)

- 1. Facility now reporting allegations and other reportable and incidents timely. Corporate Compliance Officer held in-service on Suspected Abuse of Resident Reporting on 6/10/2024. 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 Tuesday 7/9/2024. 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 2600 16.c. and Concordia Abuse Policy by [REDACTED]

16c - Written Incident Report (continued)

Tuesday 7/2/2024. 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 2600 16.c. beginning on Tuesday 7/1/2024.

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 7/18/2024. The monthly audits will begin on 7/15/2024 and continue thereafter. Documentation to be kept by Administrator.

Licensee's Proposed Overall Completion Date: 07/22/2024

Implemented [redacted] - 07/24/2024)

42c - Treatment of Residents

3. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On or about [redacted], direct care staff A was witnessed by multiple staff calling resident [redacted] an [redacted] and stating [redacted]

Plan of Correction

Accept [redacted] - 06/26/2024)

1. Staff member A was suspended immediately after report identified and termed by personal care home administrator, [redacted], on 6/10/2024 after investigation completed.

2. Current patients have the potential to be affected. The Administrator and/or designee will conduct 15 interviews with residents to determine if they feel that they are being treated with dignity and respect and to determine if any other patients are affected by 7/12/2024. Corrective action will be taken for any identified issues. Documentation of these interviews will be kept by the Administrator.

3. The administrator and/or designee to educate all staff on regulation 42.c. by 7/9/2024. Staff person A has been terminated. Documentation of education to all staff to be kept by Administrator.

4. The administrator and/or designee will conduct 3 resident interviews per week beginning 7/15/2024, for one month. After that month, the administrator and/or designee will conduct 3 resident interviews per month to ensure resident rights are protected and all residents are treated with dignity and respect. Documentation of the interviews will be kept by the Administrator. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 7/19/2024. Documentation of meetings will be kept by the Administrator.

Licensee's Proposed Overall Completion Date: 07/22/2024

Implemented [redacted] 07/24/2024)

202 - Prohibitions

4. Requirements

2600.

202. The following procedures are prohibited:

- 6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

**202 - Prohibitions (continued)****Description of Violation**

On [REDACTED], direct care staff C was providing direct care to resident [REDACTED] in the resident's bedroom. The resident had just received a shower and was agitated and physically aggressive, attempting to strike staff who were attempting to dry and dress the resident. Direct care staff C held the resident's forearms/wrists down to the arm rests of the resident's broda chair for approximately one minute.

**Plan of Correction****Accept [REDACTED] - 06/26/2024)**

1. Resident [REDACTED] is now restraint free. RCC educated Staff member C on definition of manual restraints. on 6/10/2024. Documentation of this education to be kept by administrator.
2. Current patients have the potential to be affected. RCC and/or designee to complete audit beginning on 7/8/2024 on all residents to determine if restraints are being used. If restraints are identified, corrective action to be taken. Documentation of these audits to be kept by administrator.
3. The administrator and/or designee to educate all staff on regulation 2600. 202. All staff attended Dementia Training on alternative forms of interventions on 6/14/2024, conducted by Certified Dementia Practitioner. Documentation of education and trainings to be kept by administrator.
4. The Administrator and/or designee to complete 3 audits weekly starting 7/15/2024 for 4 weeks then monthly thereafter, to ensure residents are restraint free. Documentation of these audits will be kept by the Administrator. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 7/19/2024. Documentation of QA meeting will be kept by the Administrator.

**Licensee's Proposed Overall Completion Date: 07/22/2024****Implemented [REDACTED] - 07/24/2024)**