

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

June 5, 2025

[REDACTED], CEO  
THE BETHLEN HOME OF HUNGARIAN REFORMED FEDERATION OF AMERIC  
2018 ROUTE 30 EAST  
LIGONIER, PA, 15658

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/28/2025 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: *11/10/2025*  
 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: *2018 ROUTE 30 EAST, LIGONIER, PA, 15658*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *56* Waking Staff: *42*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *03/28/2025*

**Inspection Dates and Department Representative**

*03/28/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *71* Residents Served: *46*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *10* Have Physical Disability: *0*

**Inspections / Reviews**

**03/28/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/20/2025*

**05/01/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *06/04/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/08/2025*

Inspections / Reviews *(continued)*

05/15/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/04/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/06/2025

06/05/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/04/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

53a - Qualifications

1. Requirements

2600.

53.a. The administrator shall have one of the following qualifications:

1. A license as a registered nurse from the Department of State.
2. An associate’s degree or 60 credit hours from an accredited college or university.
3. A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
4. A license as a nursing home administrator from the Department of State.
5. For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

Description of Violation

On 3/28/25, the home served 46 residents. [REDACTED], the administrator, did not have any of the following qualifications:

A license as a registered nurse from the Department of State.

An associate’s degree or 60 credit hours from an accredited college or university.

A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.

A license as a nursing home administrator from the Department of State.

Plan of Correction

Accept ( [REDACTED] - 05/15/2025)

1.As of 4/5/25 the Administrator is now enrolled in [REDACTED] College to earn [REDACTED] Associate’s degree to satisfy regulation 2600.53.A.

2.Residents have the potential to be affected, as they are all served by the Personal Care Home Administrator. A waiver was requested on 4/9/25 by [REDACTED] through the Department of Human Services requesting for the current Administrator to remain the active License Administrator of the facility while attending school to earn [REDACTED] degree. [REDACTED] has satisfied all other Regulations regarding Personal Care Home Administrator, including testing, orientation and training. If Waiver is not granted, Facility will have a new Administrator with Active License in the position by 5/27/25. All enrollment information and college credits will be managed and kept by HR Department.

3.The Executive Director and or Designee will educate both HR department and the current Personal Care Home Administrator on Regulation 2600. 53.A by 4/18/2025. Documentation of the education will be kept with the Executive Director.

4.The Executive Director and or Designee will complete an audit on transcripts once every 3 months to ensure completion of the semester. Audit will be ongoing until completion of [REDACTED] degree and or 60 hours of college credits have been achieved. Documentation of this audit will be kept by the Executive Director. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 5/27/25. Documentation of the meeting will be kept by The Executive Director.

Licensee's Proposed Overall Completion Date: 05/27/2025

Implemented ( [REDACTED] - 06/05/2025)

105g - Lint Removal and Duct Cleaning

2. Requirements

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.

105g - Lint Removal and Duct Cleaning (continued)

**Description of Violation**

*There was an approximate 1-inch accumulation of lint on top of and behind the lint trap of the commercial dryer. There were no clothes in the dryer at the time.*

**Plan of Correction**

Accept ( ) - 05/15/2025

- 1.Lint was immediately cleaned out of the lint trap and drum on 3/28/25 by housekeeping.*
- 2.All Residents have the potential to be affected. Housekeeping will audit all Facility dryers by 4/23/25 to ensure no lint build up. Dryers to be cleaned out immediately during each audit. Disciplinary action will be taken, if necessary, by the Environmental Services Manager. Documentation of this audit will be kept by the Administrator.*
- 3.Administrator and or designee will educate housekeeping and nursing staff on regulation 105g on 4/16/25. Administrator will keep a record of the education.*
- 4.The Administrator and or Designee will complete audits 1x week for 2 months and then 2x a month for 3 months to ensure the machines are clean and safe. Audits to begin on 4/16/25. Any issues will be addressed and cleaned immediately during the audits. Documentation of the audits will be held by the Administrator. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 5/27/25.*

**Licensee's Proposed Overall Completion Date: 05/27/2025**

Implemented ( ) - 06/05/2025

185a - Implement Storage Procedures

**3. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

*Resident #1 is ordered blood glucose checks 4 times daily; however, on the following dates/times, there were blood glucose readings indicated on the resident's March 2025 medication administration record (MAR) that were not on the resident's glucometer:*

- 3/14/25 at 9:00 p.m., the reading was 282*
- 3/9/25 at 12:00 p.m., the reading was 238*

*Resident #1 is ordered blood glucose checks 4 times daily; however, on the following dates/times, the resident's March 2025 MAR was documented incorrectly and did not match the readings on the resident's glucometer:*

- 3/26/25 at 8:00 a.m., glucometer reading was 393; however, the resident's MAR indicated 390*
- 3/17/25 at 9:00 p.m., glucometer reading was 197; however, the resident's MAR indicated 194*
- 3/17/25 at 12:00 p.m., glucometer reading was 311; however, the resident's MAR indicated 314*
- 3/12/25 at 9:00 p.m., glucometer reading was 208; however, the resident's MAR indicated 205*
- 3/11/25 at 5:00 p.m., glucometer reading was 137; however, the resident's MAR indicated 134*
- 3/5/25 at 8:00 a.m., glucometer reading was 123; however, the resident's MAR indicated 124*
- 3/3/25 at 8:00 a.m., glucometer reading was 141; however, the resident's MAR indicated 142*

**Plan of Correction**

Accept ( ) - 05/15/2025

- 1.Resident Care Coordinator immediately provided verbal and return demonstration education to nurses and med*

**185a - Implement Storage Procedures (continued)**

techs on duty on 3/28 regarding insulin, glucometers, and how to enter all orders accurately.

2. Residents have the potential to be affected. The Resident Care Coordinator will complete audit on current glucometers to ensure orders are being followed and readings are entered accurately. Disciplinary action/write ups will be taken for any identified issues during audits by the RCC and or Administrator. Audit will be completed by 4/25/25. Documentation of this audit will be kept by the Administrator.

3. Resident Care Coordinator will educate all Med Techs and LPN's on regulation 2600.185.a. by 4/25/25. Documentation of this Education will be kept by the Administrator.

4. The Administrator and or Designee will complete glucometer audits once a week for 4 weeks, then twice a month thereafter starting 4/25/25 to ensure the facility is complying with regulation 2600. 185.a. Documentation of the audits will be kept by the Administrator. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting 5/27/25. Documentation of the meeting will be kept by the administrator. Disciplinary action/write ups will be taken for any identified issues during audits by the RCC and or Administrator.

Licensee's Proposed Overall Completion Date: 05/27/2025

Implemented (█) - 06/05/2025

**187d - Follow Prescriber's Orders****4. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident #1 is ordered blood glucose checks 4 times daily at 8:00 a.m., 12:00 p.m., 5:00 p.m., and 9:00 p.m.; however, on the following dates/times, the resident did not receive blood glucose checks:

3/20/25 at 9:00 p.m.

3/19/25 at 12:00 p.m.

3/10/25 at 12:00 p.m.

Resident #1 is ordered Humalog Kwik Pen 100 UNIT/ML, inject before meals and at bedtime per sliding scale:

181 - 200 = 4 units

201 - 250 = 6 units

251 - 300 = 8 units

301 - 350 = 10 units

351 - 400 = 12 units

401 - 450 = 14 units

> than 451 call MD

On 3/8/25, resident #1's blood glucose reading was 181 on the resident's glucometer; however, the reading was documented as 179 on the resident's March 2025 MAR. According to the prescriber's order, the resident should have received 4 units of insulin; however, the resident received zero.

On 3/13/25, resident #1's blood glucose reading was 454 on the resident's glucometer; however, the reading was documented as 444 on the resident's March 2025 MAR. According to the prescriber's order, readings over 451 indicate to call MD (medical doctor); however, the home did not contact the doctor concerning this reading.

## 187d - Follow Prescriber's Orders (continued)

**Plan of Correction**

Accept ( ) - 05/15/2025

1. Resident Care Coordinator immediately provided verbal and return demonstration education to nurses and med techs on duty on 3/28 regarding insulin, glucometers, and how to enter all orders accurately.
2. Residents have the potential to be affected. The Resident Care Coordinator will complete audit on current glucometers to ensure orders are being followed and readings are entered accurately. Disciplinary action/write ups will be taken for any identified issues during audits by the RCC and or Administrator. Audit will be completed by 4/25/25. Documentation of this audit will be kept by the Administrator.
3. Resident Care Coordinator will educate all Med Techs and LPN's on regulation 2600.187d by 4/25/25. Documentation of this Education will be kept by the Administrator.
4. The Administrator and or Designee will complete glucometer audits once a week for 4 weeks, then twice a month thereafter starting 4/25/25 to ensure the facility is complying with requirements and following physician orders. Documentation of the audits will be kept by the Administrator. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 5/27/25. Documentation of the meeting will be kept by the administrator. Disciplinary action/write ups will be taken for any identified issues during audits by the RCC and or Administrator.

Licensee's Proposed Overall Completion Date: 05/27/2025

Implemented ( ) - 06/05/2025

## 225a - Assessment 15 Days

**5. 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**

Resident 2's assessment, dated ( ) does not include assessments for irritability, judgement, agitation, aggression, hallucinations, communication of needs, understanding instructions, short-term memory, long-term memory, and ability to use and avoid poisonous materials. These areas were blank.

**Plan of Correction**

Accept ( ) - 05/15/2025

1. Administrator re-assessed resident on 3/29/25. Sections that were empty were completed by Administrator on that same date.
2. All Residents have the potential to be affected. The Administrator and or designee will complete an audit by 4/25/25 on 20 current residents to ensure completion in all sections of the RASPS. All errors will be fixed immediately during that audit on 4/25/25. The outcome of this audit will be kept by the Administrator.
3. Executive Director and or Designee will educate both Administrator and RCC on the regulation 225a by 4/25/25. Documentation of this education will be kept by Executive Director.
4. The Administrator and or Designee will complete 10 RASP audits a month for 3 months starting on 4/25/25 to ensure all sections are completed. Outcomes of the audit to be kept by Administrator. Results of the audit will be shared at the Quality Assessment and Assurance Committee Meeting on 5/27/25.

Licensee's Proposed Overall Completion Date: 05/27/2025

Implemented ( ) - 06/05/2025

## 227a - Support Plan 30 Days

**6. 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 2's initial support plan, dated [REDACTED] did not have completed documentation for irritability, judgement, agitation, aggression, hallucinations, communication of needs, understanding instructions, short-term memory, long-term memory, and ability to use and avoid poisonous materials. These areas were blank.*

**Plan of Correction****Accept ([REDACTED] - 05/15/2025)**

1. Administrator re-assessed resident on 3/29/25. Sections that were empty were completed by Administrator on that same date.
2. All Residents have the potential to be affected. The Administrator and or designee will complete an audit by 4/25/25 on 20 current residents to ensure completion in all sections of the RASPS. All errors will be fixed immediately during that audit on 4/25/25 by the Administrator and or designee. The outcome of this audit will be kept by the Administrator.
3. Executive Director and or Designee will educate both Administrator and RCC on the regulation 227a by 4/25/25. Documentation of this education will be kept by the Administrator in the buildings training binder.
4. The Administrator and or Designee will complete 10 RASP audits a month for 3 months starting on 4/25/25 to ensure all sections are completed. Outcomes of the audit to be kept by Administrator. Results of the audit will be shared at the Quality Assessment and Assurance Committee Meeting on 5/27/25.

**Licensee's Proposed Overall Completion Date: 05/27/2025**

**Implemented ([REDACTED] - 06/05/2025)**