

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

May 18, 2026

[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 11/13/2025, 11/17/2025, 12/04/2025 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: 11/10/2026  
 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: L&I

**Staffing Hours**

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

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 12/04/2025

**Inspection Dates and Department Representative**

11/13/2025 - On-Site: [REDACTED]  
 11/17/2025 - Off-Site: [REDACTED]  
 12/04/2025 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 71 Residents Served: 47  
 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: 46  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 13 Have Physical Disability: 1

**Inspections / Reviews**

11/13/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/02/2026

Inspections / Reviews (*continued*)

## 02/05/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/12/2026

## 04/07/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/11/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/14/2026

## 05/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42b - Abuse

## 1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

Resident [REDACTED]'s assessment, dated [REDACTED] indicates a diagnosis of [REDACTED], and the resident requires some physical assistance with transferring in/out of bed/chair. Resident [REDACTED] began receiving hospice services on [REDACTED]. The resident's [REDACTED] progress notes indicate [REDACTED] comes down for most meals and participates in bingo.

On [REDACTED] at approximately 4:30 p.m., resident [REDACTED] fell out of [REDACTED] recliner and onto the bedroom floor, struck [REDACTED] face on a table leg, had [REDACTED] on [REDACTED], [REDACTED] on [REDACTED] legs and arms, and was screaming and crying in pain. The resident's recliner was noted to be in the highest elevated position. Staff assisted the resident into bed and called the family and hospice. Hospice advised via phone not to transport the resident to the hospital; rather, the resident was ordered [REDACTED], give 0.5ml by mouth every hour as needed for severe pain, alternate with [REDACTED] every 4 hours for pain, shortness of breath, anxiety, and call hospice if ineffective. Between [REDACTED] at 4:30 p.m. and 5:30 a.m. on [REDACTED], resident [REDACTED] was administered 14 doses of [REDACTED], of which 10 administrations were noted as ineffective for severe pain. The resident was crying in pain and was inconsolable. Hospice was not notified.

On [REDACTED] at approximately 10:30 a.m., a hospice nurse evaluated resident [REDACTED]. On [REDACTED], the resident was administered [REDACTED] only four times from 5:30 a.m. to 8:15 p.m., not every hour as prescribed. The resident was still in severe pain and cried out when staff attempted to take vitals or reposition [REDACTED]. On [REDACTED] at 12:30 a.m., resident [REDACTED] was administered [REDACTED], and staff indicated that the resident "was foaming at the mouth, not responding, or opening eyes, and very pale." The resident's last dose of [REDACTED] was administered at 2:41 a.m. Resident [REDACTED] ceased to breathe on resident [REDACTED]'s date of death.

**Plan of Correction**

Accepted [REDACTED] 04/07/2026)

1. Pain Assessment/Management & Medication Education was completed on 12/18/25 by Hospice Clinical Nurse for all Med techs & LPN's.
2. Current residents have the potential to be affected. Resident Care Coordinator will audit residents who are prescribed pain medication for effectiveness of medication and proper follow up by 1/9/26. Documentation of these audits will be kept by the administrator. Immediate action will be taken for any resident whose medication was ineffective. These records will be kept by Administrator and reeducation will be completed to staff for any identified issues during audits.
3. The administrator and/or designee to educate all staff on regulation 42.b. by 1/9/2026. Documentation of education to all staff to be kept by administrator.
4. The Administrator and/or designee will conduct audits of residents that receive pain medications once a week for 4 weeks, then twice a month for 3 months to ensure residents are receiving medications properly and follow up with PCP/Hospice when PRN is ineffective. Documentation of the audits will be kept by the administrator and re-education will be completed with staff for any identified issues during audits performed by the RCC and or Administrator.
5. The following will be added to our current Emergency medical plan:  
If the resident and/or responsible party agree to a hospital transfer, the resident will be transferred to the hospital in a timely manner. The facility physician and hospice agency will be notified promptly.  
If the resident and/or responsible party decline hospital transfer, the facility will provide assessment, monitoring,

**42b Abuse (continued)**

and treatment on site. On site care may include, but not limited to, laboratory testing, mobile diagnostic services, further medical evaluation by the attending physician or physician extender, and/or hospice.

Proposed Overall Completion Date: 03/30/2026

Proposed Overall Completion Date: 03/03/2026

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented [REDACTED] - 05/18/2026)

**187d - Follow Prescriber's Orders****2. Requirements**

2600.

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

**Description of Violation**

Resident [REDACTED] assessment, dated [REDACTED], indicates a diagnosis of [REDACTED], and the resident requires some physical assistance with transferring in/out of bed/chair. Resident [REDACTED] began receiving hospice services on [REDACTED]. The resident's [REDACTED] progress notes indicate [REDACTED] comes down for most meals and participates in bingo.

On [REDACTED] at approximately 4:30 p.m., resident [REDACTED] fell out of [REDACTED] recliner and onto the bedroom floor, struck [REDACTED] face on a table leg, had [REDACTED] on [REDACTED] [REDACTED] on [REDACTED] legs and arms and was screaming and crying in pain. The resident's recliner was noted to be in the highest elevated position. Staff assisted the resident into bed and called the family and hospice. Hospice advised via phone not to transport the resident to the hospital; rather, the resident was ordered [REDACTED], give 0.5ml by mouth every hour as needed for severe pain, alternate with [REDACTED] every 4 hours for pain, shortness of breath, anxiety, and call hospice if ineffective. Between [REDACTED] at 4:30 p.m. and 5:30 a.m. on [REDACTED] resident [REDACTED] was administered 14 doses of [REDACTED] of which 10 administrations were noted as ineffective for severe pain. The resident was crying in pain and was inconsolable. Hospice was not notified.

On [REDACTED] at approximately 10:30 a.m., a hospice nurse evaluated resident [REDACTED]. On [REDACTED], the resident was administered [REDACTED] only four times from 5:30 a.m. to 8:15 p.m., not every hour as prescribed. The resident was still in severe pain and cried out when staff attempted to take vitals or reposition [REDACTED]. On [REDACTED] at 12:30 a.m., resident [REDACTED] was administered [REDACTED], and staff indicated that the resident "was foaming at the mouth, not responding, or opening eyes, and very pale." The resident's last dose of [REDACTED] was administered at 2:41 a.m. Resident [REDACTED] ceased to breathe on resident [REDACTED]'s date of death.

Repeat Violation: [REDACTED]

**Plan of Correction**

Accept [REDACTED] 03/13/2026)

1. Pain Assessment/Management & Medication Education was completed on 12/18/25 by Hospice Clinical Nurse for all Med techs & LPN's.
2. Current residents have the potential to be affected. Resident Care Coordinator will audit residents who are prescribed pain medication to ensure orders are being followed accurately by 1/9/26. Reeducation to staff for any identified issues during audits performed by the RCC and or Administrator.
3. Resident Care Coordinator will educate all Med Techs and LPN's on regulation 2600.187d by 1/9/26.

**187d Follow Prescriber's Orders (continued)**

*Documentation of this Education will be kept by the Administrator.*

*4.The Administrator and or Designee will continue audits once a week for 4 weeks, then twice a month thereafter for 3 months to ensure the facility is complying with requirements and following physician orders. Documentation of the audits will be kept by the Administrator and re education will be completed with staff for any identified issues during audits performed by the RCC and or Administrator.*

**Licensee's Proposed Overall Completion Date: 03/03/2026**

**Implemented (05/18/2026)**