

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

June 9, 2026

[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 03/18/2026 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: 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: 03/18/2026	

Inspection Dates and Department Representative	
03/18/2026 - On-Site: [REDACTED]	

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 71		Residents Served: 48	
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: 48	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 8		Have Physical Disability: 1	

Inspections / Reviews		
03/18/2026 Full		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 04/17/2026
04/28/2026 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 06/01/2026	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 05/05/2026

Inspections / Reviews *(continued)*

05/26/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/02/2026

06/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 3/18/26, there was a 2/3 full, uncovered, unattended trash can in the kitchen next to the dishwasher.

Plan of Correction

Accept ([redacted]) - 05/26/2026

- 1. Immediately, maintenance staff placed a new trash receptacle with a lid near the kitchen sink/dishwasher area.
- 2. The Kitchen Manager ensured all kitchen receptacles had proper lids, and all receptacles were properly covered on 3/18/2026.
- 2. Administrator or/designee completed staff training for regulation 2600.85d on 3/30/2026. Trainings will be kept in the Administrators office.
- 3. Kitchen Manager will complete 3 audits a week starting the week of 3/30/2026 for 2 months to ensure lids are being used on trash receptacles if the trash receptacle is not being utilized. Audits will be kept in the Kitchen Managers office.

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented ([redacted]) - 06/09/2026

103f - Refrigerator/Freezer Temps

2. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 3/18/26 at 10:22 am., the temperature in the #1 refrigerator was 42 degrees Fahrenheit and at 1:22 pm., it was 42 degrees Fahrenheit.

Plan of Correction

Accept ([redacted]) - 05/26/2026

- 1. Immediately, maintenance adjusted the temperature of the cooler and scheduled for the refrigeration company

103f - Refrigerator/Freezer Temps (continued)

- to come in to look at the unit reading high. Food was removed and placed in the other cooler in the kitchen.*
- 2. The Kitchen Manager ensured all kitchen coolers and freezers were at the proper temperature on 3/19/2026. Refrigeration company replaced a part on the cooler reading 42.*
- 2. Administrator or/designee completed staff training for regulation 2600.85d on 3/30/2026. Trainings will be kept in the Administrators office.*
- 3. Kitchen Manager will complete 3 audits a week starting the week of 3/30/2026 for 2 months to ensure freezer temperatures are at proper temperatures. Audits will be kept in the Kitchen Managers office.*

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented (█ - 06/09/2026)

184a - Resident's Meds Labeled**3. Requirements**

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident #1's Bumetanide, 1mg., did not include the prescribed dosage and instructions for administration.

Resident #1 is prescribed Carvedilol, 6.25mg., give 6.26mg by mouth in the evening. However, the pharmacy label indicates 1 tab twice daily with meals, hold for heart rate less than 55 BPM.

Plan of Correction

Accept (█ - 05/26/2026)

- 1. LPN immediately added a new change label to the medication to reflect the new orders.*
- 2. Resident Care Coordinator and LPN reviewed current medications to ensure all medications and orders match on 3/19/2026.*
- 3. Administrator and/or designee to educate med techs and nurses on regulation 184d by 3/30/2026. Administrator will keep documentation of education.*
- 4. The Resident Care Coordinator will conduct weekly audits beginning on 4/1/2026, for one month and then monthly for 3 months to ensure that all medications and orders match. Any deficiencies will be corrected immediately, and staff will be re-educated as needed. 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 7/17/26.*

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented (█ - 06/09/2026)

227d - Support Plan Medical/Dental**4. Requirements**

2600.

227d Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #2, dated [REDACTED] indicates the resident has a need for hospice services. The resident's support plan, dated [REDACTED] does not document the services hospice will provide and how this need will be met.

Plan of Correction**Accept ([REDACTED] - 05/26/2026)**

1. Administrator updated the Resident #2 Support Plan on 3/18/2026 to include what services Hospice will be providing.
2. Administrator and/or Resident Care Coordinator reviewed current hospice residents' Support Plans to ensure all hospice services were accurately documented.
3. Executive Director to educate Administrator and Resident Care Coordinator and nurses on regulation 227d by 3/30/2026. Administrator will keep documentation of education.
4. The Administrator and/or designee will conduct weekly audits beginning on 4/1/2026, for one month and then monthly for 3 months to ensure that all hospice services are being captured in the residents' Support Plan accurately. Any deficiencies will be corrected immediately, and staff will be re educated as needed. 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

Licensee's Proposed Overall Completion Date: 05/22/2026

Implemented ([REDACTED] - 06/09/2026)