STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395552	A. Building B. Wing	05/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethlen Hm of the Hungarian Rf of America	66 Carey School Road Ligonier, PA 15658

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47819 Based on review of the facility's policies and residents' clinical records, as well as staff interviews, it was determined that the facility failed to ensure that the resident's code status was clarified for one of seven residents reviewed (Resident 5). Findings include: The facility's policy regarding Physician Orders for Life Sustaining Treatment (POLST), dated [DATE], revealed that residents would be questioned upon admission about their preferences for resuscitation in the event of cardiac or respiratory arrest. The nurse will clarify physician discussions regarding the residents' diagnoses and prognosis with the resident and/or responsible party, as well as resuscitation status, existence of Advance Directives and/or Durable Power of Attorney. A stated desire to not have resuscitation instituted in the presence of a deteriorating, irreversible medical condition will be referred to the physician for discussion of the consequences of a DNR order. An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated [DATE], revealed that the resident had severe cognitive impairment. Physician's orders, dated [DATE], included an order for the resident to be a DNR (no attempt to revive in the event of cardiac arrest) and a POLST located in the resident's hard chart at the nurse's station, dated [DATE], for the resident to be a full code (to be provided CPR in the event of cardiac arrest). Interview with Registered Nurse 1 on [DATE], at 11:30 a.m. revealed that she was not certain which code status Resident 5 was to be, a full code or a DNR, since both were listed on the resident's chart as his code status. Interview with the Director of Nursing on [DATE], at 1:02 p.m. revealed that Resident 5's code status should have been clarified so that only one code status would remain on his medical chart and staff would know what to do in the case of an emergency. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395552	A. Building B. Wing	05/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethlen Hm of the Hungarian Rf of America	66 Carey School Road Ligonier, PA 15658

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. 47819 Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a peripherally-inserted central catheter (PICC - a long, thin tube that is inserted through a vein in the arm and passed through to the larger veins near the heart) was flushed according to facility policy for one of seven residents reviewed (Resident 6). Findings include: The facility's policy regarding Intravenous Administration, dated December 1, 2023, revealed that the PICC line was to be flushed before and after each administration with 10 milliliters of normal saline. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated April 25, 2024, revealed that the resident was cognitively intact, required assistance for daily care needs, and diagnoses that included osteomyelitis of the left foot (an infection in the foot) requiring intravenous medications. Physician's orders for Resident 6, dated May 7, 2024, included an order for the resident to receive 50 milligrams of Tigecycline solution (intravenous antibiotic medication) for osteomyelitis two times a day. Review of the May 2024 Medication Administration Record (MAR) for Resident 6 revealed no documented evidence that the resident's PICC line was flushed before and after each administration of intravenous antibiotic medication, per the facility policy. An interview with the Director of Nursing on May 13, 2024, at 1:27 p.m. confirmed that there was no documented evidence that Resident 6's PICC line was flushed before and after each administration of intravenous antibiotic medication, per the facility policy. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395552	A. Building B. Wing	05/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethlen Hm of the Hungarian Rf of America	66 Carey School Road Ligonier, PA 15658

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 47819 Based on review of facility policies and manufacturer's guidelines, as well as observations and staff interviews, it was determined that the facility failed to monitor medication refrigerator temperatures on one of two nursing units (300/400/500 unit). Findings include: The facility's policy regarding medication storage, dated December 1, 2023, indicated that all medications housed on the premises will be stored in the medication room according to manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation and security. All medications requiring refrigeration will be stored within 36-46 degrees Fahrenheit. Charts are kept on each refrigerator, and temperature levels are recorded daily by the charge nurse or other designee. Observations of the first refrigerator in the 300/400/500 medication room on May 13, 2024, at 1:39 p.m. revealed three vials of Humalog insulin, three vials of Aplisol (tuberculosis skin testing solution), one vial of Lantus insulin, two Ozempic pens (medication used for diabetes), 1 vial of Prevnar (pneumonia vaccination), one bottle of Protonix (liquid), seven Aspart insulin pens, three Trulicity insulin pens, and two Humira pens (medication used for arthritis). Observations of the second refrigerator revealed two tubes of Latanoprost eye drops, one bottle of Protonix (liquid), one Ozempic pen, six Aspart insulin pens, one glargine insulin vial, two Humulin R insulin pens, one Levemir pen, four Basaglar insulin pens, four Lantus insulin pens, one Prolia pen (medication used for bone loss), and two Daptomycin intravenous bags (antibiotic medication). There was no documented evidence that temperatures were monitored daily to ensure the medications were stored within 36 to 46 degrees Fahrenheit per the manufacturer's recommendations for these two refrigerators from July 2022 to May 13, 2024. Interview with Registered Nurse 1 on May 13, 2024, at 1:39 p.m. confirmed that there was no evidence to indicate that temperatures were monitored daily for the two refrigerators in the 300/400/500 medication room, per manufacturer's recommendations since July 2022. Interviews with the Director of Nursing on May 13, 2024, a 2:20 p.m. confirmed there was no documentation that the 300/400/500 medication refrigerators were being monitored daily to maintain temperatures between 36 and 46 degrees Fahrenheit. 28 Pa. Code 211.9(a)(1) Pharmacy Services. 28 Pa. Code 211.12(d)(1) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395552	A. Building B. Wing	05/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethlen Hm of the Hungarian Rf of America	66 Carey School Road Ligonier, PA 15658

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 47819 Based on review of facility policies, as well as observations and staff interviews, it was determined that the facility failed to ensure that food was served under sanitary conditions. Findings include: The facility's policy regarding personal hygiene, dated December 1, 2023, revealed that all dietary staff must wear hair restraints (e.g., hairnet, hat and /or beard restraint) to prevent hair from contacting food and to prevent contamination of food by food service employees. Observations in the main kitchen during service for the lunch meal on May 13, 2024, at 11:33 a.m. revealed that Dietary Aide 2 was placing meal tickets and silverware on the trays and Dietary Aide 3 was placing the food on the plates in the tray line. Dietary Aides 2 and 3 had hair nets on but they were not covering all their hair and there were strands of hair touching the backs of their necks. Interview with the Dietary Manager on May 13, 2024, at 1:24 p.m. confirmed that dietary staff should have their hair covered when working in the kitchen. 28 Pa. Code 211.6(f) Dietary Services.