

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395552	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2025
NAME OF PROVIDER OR SUPPLIER Bethlen Hm of the Hungarian Rf of America		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a resident with pressure ulcers received the necessary treatment and services consistent with professional standards of practice for one of eight residents reviewed (Resident 3).</p> <p>Findings include:</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated March 31, 2025, revealed that the resident was admitted to the facility on [DATE], was cognitively intact, required maximum staff assistance for care, and had a Stage 1 pressure ulcer.</p> <p>A wound care note, dated April 7, 2025, revealed that Resident 3 had a Stage 2 pressure wound on the left buttock.</p> <p>A care plan for Resident 3, dated March 24, 2025, revealed that the resident was to have barrier cream applied to her buttocks three times a day to prevent skin breakdown. A review of Resident 3's clinical record revealed that there was no documented evidence that the barrier cream was applied to the resident's buttock on March 24, 2025, during the evening shift; March 25, 2025, during the evening and night shift; March 26, 2025, during the day, evening, and night shift; March 27, 2025, during the day and night shift; March 28, 2025, during the day shift; March 29, 2025, during the day and night shift; March 30, 2025, during the evening shift; March 31, 2025, during the night shift; April 2, 2025, during the evening shift; April 3, 2025, during the day shift; and April 6, 2025, during the evening shift.</p> <p>An interview with the Director of Nursing on June 18, 2025, at 11:15 a.m. confirmed that there was no documented evidence that the barrier cream was applied to Resident 3's buttock on the above dates and times and should have been to prevent further skin breakdown to her buttock.</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing Services.</p>

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to ensure that physician's orders were followed for one of eight residents reviewed (Resident 1) who had an indwelling urinary catheter.</p> <p>Findings include:</p> <p>The facility's policy regarding indwelling urinary catheter's revealed that the nursing staff were to review the physician's orders prior to inserting an indwelling urinary catheter (a tube inserted into the bladder to continuously drain urine) or a straight catheter (a tube inserted into the bladder to obtain a sample of urine and then removed) for a urine sample.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated April 30, 2025, revealed that the resident was cognitively intact and required assistance from staff for her daily care needs.</p> <p>A nursing note for Resident 1, dated February 19, 2025, revealed that an indwelling urinary catheter was inserted for urinary retention; however, there was no documented evidence that a physician's order was obtained prior to inserting the indwelling urinary catheter.</p> <p>A nursing note for Resident 1, dated April 13, 2025, revealed that staff obtained a urine sample via straight catheter; however, there was no documented evidence that staff obtained a physician's order for the procedure.</p> <p>A nursing note for Resident 1, dated May 7, 2025, revealed that staff obtained a urine sample via straight catheter; however, there was no documented evidence that staff obtained a physician's order for the procedure.</p> <p>Interview with the Director of Nursing on June 18, 2025, at 11:14 a.m. confirmed that staff failed to obtain a physician's order prior to inserting an indwelling urinary catheter or performing a straight catheter to obtain a urine sample for Resident 1.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>