

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 03/10/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews with staff as well as facility investigation documents, it was determined that the facility failed to provide care and services in accordance with professional standards of practice related to the call bell system being unplugged at the nursing station on one nursing unit (100 unit) placing the residents at risk for potential harm. Findings include: Review of the facility policy Call Bells: Accessibility and Timely Response dated [DATE], indicated that staff will report problems with a call light or the call system immediately to the supervisor and/or maintenance director and will provide immediate or alternative solutions until the problem can be remedied, and the facility will ensure the call system alerts staff members directly or goes to a centralized staff work area. Review of witness statement from Licensed Practical Nurse 1 dated [DATE], at 1:15 p.m., revealed that Licensed Practical Nurse 2 told her on two separate occasions that when she worked 6-10, she did unplug the call bell system during her shift and plug it back in before she left. There was no evidence that this information was reported to a supervisor. Review of witness statement from Maintenance employee 3 dated [DATE], revealed that he heard Licensed Practical Nurse 2 state that the call bell system was driving her nuts and he witnessed her unplug it from the wall on [DATE], at 8:00 a.m. There was no evidence that he reported this observation to a supervisor. Review of a witness statement from Licensed Practical Nurse 4 dated [DATE], at 3:07 p.m. indicated that Licensed Practical Nurse 4 received report from Licensed Practical Nurse 2 on [DATE], at 10:00 p.m. then went to another unit. When Licensed Practical Nurse 4 returned to the 100 unit at midnight, she observed that the call bell monitor was not in its usual place and was found to be unplugged on the desk. She plugged the call bell monitor back in and reported the observation to the Assistant Director of Nursing. Review of witness statement from Licensed Practical Nurse 2 dated [DATE], at 12:42 p.m. revealed that she did unplug the call bell monitor from the wall on the morning of Tuesday [DATE], because it was super loud, long enough to get report, and then plugged it back in. The call bell system was working the entire time she was sitting at the desk other than during morning report. She was sorry if it was moved and it unplugged by itself. Interview with the Nursing Home Administrator on [DATE], at 2:30 p.m. confirmed that Licensed Practical Nurse 2 did unplug the call bell system at the nurse's station on 100 hall on the above-mentioned date and should not have, and that the above identified staff were aware of the nurse's actions and failed to report it to a supervisor. 28 Pa. Code 211.12(d)(1)(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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