



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: OCT 12 2013**

Mr. Joseph E. Murphy, CEO  
Masonic Villages of the Grand Lodge of Pennsylvania  
One Masonic Drive  
Elizabethtown, Pennsylvania 17022

RE: Masonic Village at Sewickley  
Star Points Building  
1000 Masonic Drive  
Sewickley, Pennsylvania 15143

Dear Mr. Murphy:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 9, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig".

Janine Wenzig  
Regional Licensing Administrator

Enclosure(s)



Violation Report: 44439 - 08/09/2013 - Whitney, Diane  
 PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

SEP 8 2013

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The annual medical evaluation for resident #1 is not dated and does not include height, weight, pulse rate, blood pressure, temperature, and medical information pertinent to the diagnosis and treatment of hypertension, diabetes and hypercholestermia.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- \* The medical evaluation in question has been corrected.
- \* A full house chart audit will be completed to verify that all medical evaluations are complete. Audit will be completed by nurse manager and nurse supervisors.
- \* An education session will be held for all nurses to educate on correct completion by nurse manager.
- \* A column has been added to the tracking form to verify that date of completion has been correctly entered and that form is complete.
- \* All to be completed by 9.25.13.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Cindy Steff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cindy Steff, Director of Resident Services</i>	Date <i>8.30.13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9/18/13</u> (Date)	Plan of correction implementation status as of <u>9/18/13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44439 - 08/09/2013 - Whitney, Diane  
 PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

**RECEIVED**

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

SEP 3 2013

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**WEST REGION FIELD OFFICE  
 Human Services Licensing**

**2a. DESCRIPTION OF VIOLATION**

The 2013 assessment for resident #2 does not include a date the assessment was finalized.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

- \* The support plan has had the date of completion entered.
- \* A full house chart audit will be completed to verify that all medical evaluations/support plans are complete. Audit will be completed by nurse manager and nurse supervisors
- \* An education session will be held for all nurses to educate on correct completion by nurse manager.
- \* A column has been added to the tracking form to verify that date of completion has been correctly entered and that form is complete.
- \* All to be completed by 9-25-13.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lindy Steff*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Lindy Steff, Director of Resident Services* Date *8-30-13*

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The above plan of correction is approved as of 9/18/13  
 (Date)

Plan of correction implementation status as of 9/18/13  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented