



DEC 20 2013

Ms. Kelly Weaver, Assistant Executive Director
Masonic Villages of the Grand Lodge of Pennsylvania
One Masonic Drive
Elizabethtown, Pennsylvania 17022

RE: Masonic Village of Lafayette Hill
801 Ridge Pike
Lafayette Hill, Pennsylvania 19444
License #: 138700

Dear Ms. Weaver:

As a result of the Department of Public Welfare's licensing inspection on November 5, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period January 1, 2014 to January 1, 2015 was issued on September 26, 2013. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PGH Name: MASONIC VILLAGE OF LAFAYETTE HILL		License Number: 13870
Address: 801 RIDGE PIKE, LAFAYETTE HILL, PA 19444		County: Montgomery
Administrator: Donna Hartnett		Region: SOUTHEAST
Legal Entity Name: MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA		
Legal Entity Address: ONE MASONIC DRIVE, ELIZABETHTOWN, PA 17022		
Certificate(s) of Occupancy C-1 01/02/1976 PA L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 37 Working Staff: 28		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/05/2013: McHale, Christine; Miller, Chevon		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 51 Number of Residents Served: 37 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 2		Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 13870 - 11/05/2013 - McHale, Christine
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The side door on the large dumpster in the rear of the home was open leaving the trash exposed to infestation.

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 side door on the large dumpster in the rear of the home was closed immediately. Signs to be posted on the dumpster by our trash company reminding everyone that the dumpster doors must be closed. Kitchen staff and housekeeping staff were inserviced and reminded of this during stand-up meetings (kitchen staff) and a training session (housekeeping staff). The director of food services periodically checks the dumpster area for compliance and will continue with monthly checks to ensure that the dumpster door is closed. Results of these checks will be reported at our quarterly performance improvement meeting until there is 100% compliance after 3 months of checks.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kelly Weaver MS, NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kelly Weaver, Assistant Executive Director</i>	Date <i>11-26-13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>12/6/13</i> (Date)	Plan of correction implementation status as of <i>12/6/13</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13870 - 11/05/2013 - McHale, Christine
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600
 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
 The ventilation fan in the bathroom in resident room 2110 was not operable.

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 rooftop fan that serves the bathroom of resident room 2110 was repaired. Maintenance staff will continue to randomly check bathroom ventilation fans for compliance as part of its' preventative maintenance plan. Results of these checks will be reported at our quarterly performance improvement meeting until there is 100% compliance after 3 months of checks.

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 (Required on EVERY Page) *Kelly Weaver MS, NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kelly Weaver, Assistant Executive Director</i>	Date <i>11-26-13</i>
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 (Date)

Plan of correction implementation status as of *[Signature]*
 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 13870 - 11/05/2013 - McHale, Christine
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2800

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.


2a. DESCRIPTION OF VIOLATION

The telephone in the kitchen on the personal care unit does not have emergency service number posted nearby.

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 telephone in the kitchen on the personal care unit was restricted to in-house use only. Personal care staff will continue to check staff and resident phones for emergency service numbers as part of their protocol. Results of these checks will be reported at our quarterly performance improvement meeting until there is 100% compliance after 3 months of checks.

The home will place the emergency phone numbers near the phone and will check this phone on a weekly basis to ensure that the postings are maintained, starting 1/15/14 


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kelly Weaver MS, NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kelly Weaver, Assistant Executive Director* Date *11-26-13*

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Violation Report: 13870 - 11/05/2013 - McHale, Christine
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 85 Pa.Code §2600
 2600.261(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

The home used an outdated version of the Department's preadmission screening form from 12/09 for resident #1 and resident #2. The Department has an updated version available that contains different information.

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.

Staff was inserviced on the need to use the current preadmission screening form dated 7-1-11 and they understand how to complete them. An audit was conducted to determine how many residents' preadmission screening forms were completed on the outdated form from 12/09. Staff indicated on those residents' outdated preadmission screening forms that in response to a survey deficiency and subsequent audit we are aware the preadmission screening form is outdated and that moving forward we are utilizing the current preadmission screening form. Staff will audit all new admissions for the current preadmission screening form and results will be reported at our quarterly performance improvement meeting until there is 100% compliance after 3 months of checks. Administrator will periodically peruse the website to ensure we are utilizing the most current DPW forms.

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