



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 30 2014

Ms. Donna N. Hershey, MSN, Director
Masonic Villages of the Grand Lodge of Pennsylvania
One Masonic Drive
Elizabethtown, Pennsylvania 17022

RE: Masonic Village at Elizabethtown
License #: 330080

Ms. Hershey:

As a result of the Department of Public Welfare's licensing inspection on December 4, 2013 and December 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 20, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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

PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN		License Number: 330080
Address: ONE MASONIC DRIVE, ELIZABETHTOWN, PA 17022		County: Lancaster
Administrator: Donna Hershey		Region: CENTRAL
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-2 LP 11/14/1995 Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 120 Waking Staff: 90		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/04/2013: Gensil, Lori; Riel, Becky 12/05/2013: Gensil, Lori; Riel, Becky		
Off-Site Inspection Dates and Inspectors, if Applicable <p align="center">RECEIVED JAN 17 2014 CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 127 Number of Residents Served: 117 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: 11	Number of Residents who: Receive Supplemental Security Income: 15 Are 60 Years of Age or Older: 115 Have Mental Illness: 5 Have an Intellectual Disability: 4 Have a Mobility Need: 3 Have a Physical Disability: 5	

Violation Report: 33008 - 12/04/2013 - Gensil, Lori
 PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN

1. REGULATION 55 Pa. Code §2600

2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION

On 11/18/13, there were 117 residents in the home, including 3 residents with mobility needs, requiring a total minimum of 120 hours of direct care. On this date, only 114.75 hours of direct care staffing were provided.

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.

Census is updated on admission and discharge and when residents leave the facility overnight, i.e. to be with family or when admitted to the hospital or to a SNF.

Staffing and census were reviewed for January 4-5 and January 11-12 to assure direct care staffing hours were in compliance.

	4-Jan-14	5-Jan-14	11-Jan-14	12-Jan-14
Census	125	125	125	125
(-) Bed Hold	10	10	9	8
(-) Empty Units	4	4	4	4
+ Mobility Needs	1	1	1	1
Total Care Hours Needed	112	112	113	114
Staff Hours	128	128	128	128
(-) Meal time	-8	8	8	8
Total Staff Hours Present	120	120	120	120

Census and staffing will continue to be monitored to assure staffing hours are in compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Donna N. Hershey

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

DONNA N. HERSHEY RN MSN Director

Date

15 Jan 14

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The above plan of correction is approved as of

1-17-14
 (Date)

Plan of correction implementation status as of

1-17-14
 (Date)

The above plan of correction was approved by

DE
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 33008 - 12/04/2013 - Gensil, Lori
 PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care staff person A in training year 2012 did not include medication self-administration, care for residents with dementia and cognitive impairments, or personal care service needs of the resident.

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.

Follow-up training for staff person A was conducted on the following topics:

1. Self-administration of medication

This employee is a CNA and in our facility does not handle medications; however the following topics were reviewed:

- * Self-medication policy/regulation
- * Role of the CNA
- * Ensure the resident either locks his/her door, or locks up medication
- * If resident is not to self-administer, report to the LPN if you observe OTC medications in the resident's room

2. Care of resident's with Dementia

This employee attended our Masonic Village 8 hour training in-service on dementia, and we reviewed the following:

- * General guidelines for dementia care
- * Types of dementia, including Alzheimer's disease, Lewy Body dementia and frontal lobe dementia
- * Techniques for handling resident behaviors including Validation Therapy

3. Personal Care service needs of the resident

This employee has worked in this Personal Care setting for over 10 years, and is very familiar with the service needs of the PC residents. We reviewed the following:

- * Use of the Support Plan to identify resident's specific and individualized care needs
- * Types of care needs as identified as ADLs and IADLs
- * Role of the CNA with providing resident care

See attached sheet documenting the above training.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Donna Herzhey RN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Donna Herzhey RN MSN, Director Date 15 Jan 14

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The above plan of correction is approved as of 1-17-14
(Date)

The above plan of correction was approved by BE
(Initials)

Plan of correction implementation status as of 1-17-14
(Date)

- Fully Implemented
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Violation Report: 33008 - 12/04/2013 - Gensil, Lori
 PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff members A and B did not receive training in reportable incidents or falls and accident prevention during training year 2012.

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.

Follow-up Training for Employee A and B was conducted on the following topics:

1. Reportable Incidents

The DPW regulation for Reportable Incidents was reviewed, and a copy of the policy provided. We reviewed the following:

- Role of each employee to observe, monitor and report any incidents that fit the guidelines of Reportable Incidents
- Importance of notification of the Nurse Manager and/or Administrator immediately if an incident occurs that may require notification to DPW

2. Falls and accident prevention

The Personal Care staff review every fall and assess the situation for interventions to prevent future falls with the individual resident.

We reviewed the following:

- Safety procedures in the rooms, including removal of clutter, providing safe pathways, keeping cords out of walking areas, and removal of throw rugs.
- Evaluating the resident' physical ability and making referrals to PT and OT as appropriate
This includes need for assistive devices, such as cane/walkers, and adaptive equipment
- Evaluating the resident for possible medical reasons for falls such as low blood sugar, hypotension, particularly postural hypotension, etc.
- Notification of family and also Primary Care Physician
- Neuro-assessment x24hrs. when there is any fall where the resident strikes their head, and/or is on a blood thinner

See attached sheets documenting completion of the above training.

Additionally, the 2014 educational plan for LPNs and CNAs was reviewed and will continue to be monitored to assure compliance with regulations.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **DONNA HERSEY RN MSN, Director** Date **15 Jan 14**

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 (Initials)

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Violation Report: 33008 - 12/04/2013 - Gensil, Lori
 PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 The home uses a "house glucometer" where residents on each floor share the same glucometer.

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.

Revised Plan of Correction

We currently have 21 residents for whom PC staff performs glucose testing.

The Administrator and Nurse Manager will review the frequency of glucometer testing for each resident and then notify each resident's PCP of the need to write a new prescription for glucometer testing strips, glucometer, and lancets along with outlining any new testing parameters.

The Administrator and Nurse Manager will gather resident insurance information for pharmacy billing purposes.

The Administrator will find and work with approved DME Pharmacies which, based on the resident's insurance plan, will determine what glucometer and test strips will be covered by the resident's plan.

Residents will be educated concerning the need for this change as mandated by DPW regulation and will be responsible for any costs not covered by insurance.

If Medicare is the payor, PC staff will go to the specific pharmacies to obtain the supplies as Federal regulations prohibit a pharmacy from delivering this type of DME.

When obtained, glucometer and testing supplies will be marked with the resident's name and stored in their living area.

Staff will be educated on the various types of meters and test strips. If available by the meter manufacturer, staff will be educated on how to do quality controls to assure accurate test results are obtained. A quality testing schedule will be developed per manufacturer guidelines as individual glucometers do not force quality testing like professional institutional models do.

Staff will be educated on disinfection, using manufacturer guidelines for each specific glucometer.

Given the number of individuals needing to be consulted, i.e. PCPs and pharmacies, the time line for completion is 31 March 2014.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DONNA HERSHEY RN MSN Director* Date *24 Feb 14*

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The above plan of correction is approved as of 2-24-14
 (Date)

The above plan of correction was approved by DE
 (Initials)

Plan of correction implementation status as of 2-24-14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 33008 - 12/04/2013 - Gensil, Lori
 PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 There were no thermometers in the freezers of the terrace kitchenette and the 1st floor kitchenette.

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.

Thermometers were installed in all kitchenette refrigerators and freezers.

Staff will check on a regular basis to assure thermometers are in the each of the refrigerators and freezers in the kitchenettes.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Donna HERSHEY RN MSN Director* Date *15 Jan 14*

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Violation Report: 33008 - 12/04/2013 - Gansil, Lori
 PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

All drills held from January-November 2013 are rounded to the nearest minute. The home does not record the exact amount of time of each evacuation on the fire drill log.

The home documents the census for the number of residents evacuated during the fire drills. The home does not complete a count of the number of residents in the home and evacuated at the time of each drill.

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 Administrator reviewed 2600.132(c) documentation requirements with the Safety and Security Director.

Staff conducting fire drills were instructed to document evacuation times to include minutes and seconds. The December fire drill, conducted on December 11, 2013 included seconds and is attached.

Census will be checked against the actual number of residents present in the home at the time of the fire drill as well as the number of residents evacuated during the fire drill.

The fire drill log will be completed in accordance with DPW's suggested model fire drill record. See attached revision for the 2014 Fire Drill Log for DPW's review and concurrence.

The Administrator will review fire drill logs on a monthly basis for compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DONNA HERSHEY RN MSW Director* Date *15 Jan 14*

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 (Initials)

Plan of correction implementation status as of 1-17-14
 (Date)

- Fully implemented
- Partially implemented - Adequate Progress
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- Not implemented

Violation Report: 33008 - 12/04/2013 - Gensl, Lori
 PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 On 7/9/13, one resident did not evacuate during the 8 pm fire drill.

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 resident who did not evacuate was sick with gastro-intestinal symptoms and did not want to risk exposing other residents to the illness.

Staff and residents will be instructed that they must evacuate during fire drills regardless of any illness they may have.

The Personal Care building is fully sprinklered and equipped with smoke/heat detectors. All resident room doors are self-closing and fire rated for no less than one hour.

The Administrator will monitor the monthly fire drill logs to assure compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DONNA HERSHKOV RN MSN Director	Date 15 Jan 14
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 (Date)

The above plan of correction was approved by DL
 (Initials)

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Violation Report: 33008 - 12/04/2013 - Gansll, Lori
 PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION
 There were no exit signs above the exit door leading from the terrace lounge to the terrace porch or the door leading from the terrace porch to the outside.

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.

Work order placed with Maintenance to have an exit signed placed. Sign has been ordered and installation is expected to be completed by January 24, 2014.

Administrator will monitor by completion of the work order and presence of sign.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Donna Hershey*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DONNA HERSHEY PATRONS Director* Date *15 Jan 14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-17-14
 (Date)

The above plan of correction was approved by DE
 (Initials)

Plan of correction implementation status as of 1-17-14
 (Date)

- Fully Implemented
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Violation Report: 33008 - 12/04/2013 - Gensil, Lori
 PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN

1. REGULATION 55 Pa. Code §2600
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION
 The home's smoking area is located outside of the terrace level. There is a bench in front of the entrance with a receptacle beside it. The receptacle is less than 8 feet from the entrance.

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.

There is currently only one resident who is a smoker and he has been educated to use the centrally located smoking area which is not located near the entrance to the Personal Care building. He has been compliant with this change.

The smoking receptacle has been moved from the terrace level to the centrally located smoking area.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SONNIA HERSHEY RN MSN Director* Date *15 Jan 14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-17-14
 (Date)

The above plan of correction was approved by *B.S.*
 (Initials)

Plan of correction implementation status as of 1-17-14
 (Date)

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- Not Implemented