



JUN 13 2014

Ms. Cindy Stefl, Director
Masonic Village of the Grand Lodge of Pennsylvania
1000 Masonic Drive
Sewickley, Pennsylvania 15143

RE: Masonic Village at Sewickley – Star Points Building
License #: 444390

Dear Ms. Stefl:

As a result of the Department of Public Welfare's licensing inspection on December 30, 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, 2104 to January 1, 2015 was issued on September 16, 2013. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

MAY 27 2014

Violation Report: 44439 - 12/30/2013 - Pfaff, Vicki

PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences). The home is currently using the term as follows:

* The bulletin board located on the ground floor by the nurse's office has a packet posted that is entitled, Masonic Village at Sewickley "Assisted Living Manual."

* There was a paper posted on the bulletin board outside of the first floor nursing office that reads " Assisted Living Meal Times . . ."

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 items noted in the deficiency have been replaced with the "Personal Care Resident Information Guide" and the "Personal Care Meal Times" and were changed by administration. Please see attached pictures.

All new documents are labeled Personal Care.

Administration has reviewed our brochures, documents, files, policies and procedures to make sure that we do not "advertise" as an assisted living facility.

Staff are receiving reminder education, from Administration, through June 15, 2014 informing them that Personal Care is the correct term and to notify us if they see something that says Assisted Living so that it can be corrected immediately. The reminder education notice is included in this packet.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cynthia L. Stefl

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

Cynthia L. Stefl

Date 5-23-14

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

The above plan of correction is approved as of 5-29-14
(Date)

Plan of correction implementation status as of 5-29-14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress 5-29-14

Partially Implemented - Inadequate Progress

Not Implemented

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

Violation Report: 44439 - 12/30/2013 - Pfaff, Vicki
 PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

MAY 27 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A started work on 9/16/13. Staff person did not receive orientation on on emergency medical plan and reporting of reportable incidents and conditions.

Staff person B started work on 11/15/13. Staff person did not receive orientation on on emergency medical plan and reporting of reportable incidents and conditions.

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 Human Resources Department has revised our central orientation checklist to include the resident's rights, emergency medical plan, mandatory reporting of abuse and neglect and the reporting of reportable incident. All appropriate teaching materials have been gathered to use to teach this part of central orientation. (Samples of forms and education materials are included in the POC packet) This will be implemented as of May 23, 2014.

Employee #1 is on leave until fall, before he returns to work we will be updating his orientation to include the areas deficient in his original orientation. Education will be completed by administration upon his return. His department is aware and has noted needed education before he returns to work. Documentation of education will be included in his HR file upon completion.

Employee #2 will be working again on May 23, 2014. He is coming in and before his shift on May 23rd for education with Administrator. Documentation will be sent to HR to be included in his file.

6-15-14 - The Administrator or designated staff person will review all current staff training records to ensure all staff have completed the required training in accordance with regulation 2600.65(b). 5-29-14

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cynthia L. Hoff*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cynthia L. Hoff* Date *5-23-14*

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The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>5-29-14</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44439 - 12/30/2013 - Pfaff, Vicki
PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

MAY 27 2014

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

WEST PHILADELPHIA FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There are two weeks of menus posted on the bulletin boards outside of the nursing offices on the ground floor, first floor, and the second floor. These menus indicate they are for Week 1 (indicated to be for the time periods 12/8-12/14/13 and 1/12-1/18/14) and Week 5 (indicated to be for the time periods 12/1-12/7/13, 1/5-1/11/14 and 2/9-2/15/14).

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.

Administration and Dietary management are putting together a more substantial system of posting menus. The new menus will be complete and posted on June 1, 2014. There has been a monitoring system that has been put into place to assure that correct menus are posted that runs daily times 3 months, two x a week times 2 months and 1 x a week x 2 months. Monitor will be completed by Dietary Management or their designee, management or their designee will change the menu posting if it appears incorrect when monitoring. Monitor begins 05/25/14 and runs until the end of the year.

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

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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

Fully Implemented
 Partially Implemented - Adequate Progress 5-29-14
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44439 - 12/30/2013 - Pfaff, Vicki
PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

MAY 27 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Glucagen 1mg Hypokit; inject 1mg intramuscularly as needed for unresponsive hypoglycemia **may repeat 1 dose in 15min**. The medication was not available in the home for administration on 12/30/13.

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.

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Resident #2's order for Glucagen 1 mg Hypokit – the kit was available and in the med cart for that floor. It was not kept in the resident's room as resident was not able to do self-injections at that time, it was kept where staff would have it available regardless of where resident was in building. Picture is included to verify that it was here on date of survey.

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date 5.23-14

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(Date)

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(Date)

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MAY 27 2014

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WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

On 12/30/13, there was a container of Abreva 10% cream labeled for resident #1 directing medication to be applied to cold sore on lip as needed. The medication was not included on resident's electronic medication administration record (eMAR).

Diagnoses for the following medications were not included on the following residents' eMARs:

- Resident #2: Deva Vegan Cludo/MSM/CMO CA; take one capsule by mouth daily
Novolog Mix 70/30 vial, inject 10 units sub-q twice daily
Ocusoft Lid Scrub, cleanse both eye lids as directed daily.
Nyamyc 100,000 units/gm powder, apply once daily to breast folds as needed.
- Resident #3: Omeprazole DR 20 mg capsule, take 1 capsule orally once daily as needed.
- Resident #4: Polyethylene Glycol 3350 225g BR, mix 17 grams in 8 oz of liquid and drink by mouth once daily.
Sertraline HCL 100 mg tablet, take 1 tablet by mouth at bedtime (family provides)
Spiriva Handihaler 18 mcg, inhale one puff via inhalation daily.
- Resident #5: Losartan Potassium 25mg tab, take one tablet by mouth once daily
Meclizine 25mg tablet, take 2 tablets (50mg) by mouth 3 times a day
Novolin 70/30 100u/ml vl, inject 70 units sub-q daily in the morning.
Novolin 70/30 100u/ml vl, if resident eats less than 50%, reduce to 32 units twice daily. If BG less than 100, hold 70/30 insulin.
Novolin 70/30 100u/ml vl, inject 50 units sub-q every evening
Pravastatin Sodium 20 mg tab, take one tablet by mouth once daily
- Resident #6 Cyanocobalamin 1000 mcg/ml, inject 1 ml (1000mcg) intramuscularly every 3 months.

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.

All personal care resident medications will have diagnoses associated with them as regulated on E-Mar.
Assuring that this will happen involves the work of nursing staff and pharmacy staff. - see back - Page 6A

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

Cynthia L. Steff

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Cynthia L. Steff	5-23-14

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Page 6A

MAY 27 2014

WEST VIRGINIA UNIVERSITY
HUMAN SERVICES OFFICE

Effective immediately nursing will include a diagnosis on all medication orders faxed to the pharmacy for inclusion on the E-Mar. (sample included)

Administration and nursing management are meeting with the pharmacy two times a month to discuss problems/issues that are not being resolved timely or as facility wants them resolved. The pharmacy is coming in monthly and doing chart and E-Mar audits to verify that all meds have a diagnosis associated with them. Nursing staff is checking order entry when they appear on e-mar for diagnoses and accuracy. A consistent representative of the pharmacy has been established to take issues to for quick resolution.

Resident #1 – per telephone conversation with pharmacy there was no Abreva sent to facility for resident #1. Chart was checked there is no order for Abreva for resident. Her room has been checked and there is no Abreva at this time in her room for use. Systems that have been put into place that will prevent orders from not appearing on the E-Mar.

Resident #2 – no longer a resident

Resident #3 – no longer a resident

Resident #4 – no longer a resident

Resident #5 – copies of E-Mars included verifying that there are diagnoses associated with all medications

Resident #6 – copies of E-Mars included verifying that there are diagnoses associated with all medications

6-15-14 - A designated staff person qualified to administer medications will conduct a monthly audit of the E-MAR to ensure a purpose or diagnosis is indicated for each prescribed medication.

5-29-14
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