



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 23 2015

Ms. Donna N. Hershey, MSN, CRNP, NHA
Director of Personal Care and Outpatient Services
Masonic Villages of the Grand Lodge of Pennsylvania
One Masonic Drive
Elizabethtown, Pennsylvania 17022

RE: Masonic Village at Elizabethtown
License #: 330080

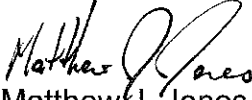
Dear Ms. Hershey:

As a result of the Department of Human Services' licensing inspection on November 12, 2014 and November 13, 2014 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, 2015 to January 1, 2016 was issued on September 18, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director
/s/

Enclosure
License Inspection Summary

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

PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN		License Number: 33008
Address: ONE MASONIC DRIVE, ELIZABETHTOWN, PA 17022		County: Lancaster
Administrator: Donna Hershey <i>DH</i>		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: 122 Waking Staff: 92		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/12/2014: OPake, Hope, Riel, Becky 11/13/2014: OPake, Hope, Riel, Becky		
Off-Site Inspection Dates and Inspectors, if Applicable <p align="center">RECEIVED DEC 19 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 who:	
Number of Residents Served: 119	Receive Supplemental Security Income: 14	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 115	
Area:	Have Mental Illness: 4	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 5	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 3	
Number of Current Hospice Residents: 2	Have a Physical Disability: 4	
Number of Hospice Residents in past year: 7		

Violation Report: 33008 - 11/12/2014 - OPake, Hope
 PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN

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 Members A, B, C and D did not receive orientation regarding the emergency medical plan and reportable incidents.

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 Supervisor of the above listed staff will review the policy concerning the emergency medical plan. The above staff will be provided with a copy of the list of reportable incidents as listed in 2600.16 along with education concerning to whom they should report should they witness or become aware of a potential reportable incident. These actions will be completed by 12/31/14.

In the future any new employees, to include part time dietary staff, will be provided with a copy of the list of reportable incidents as well as the policy concerning the emergency medical plan.

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) <i>Donna Hershey, Director</i>	Date <i>11 Dec 14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-2-15
 (Date)

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

Plan of correction implementation status as of 1-2-15
 (Date)

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

Violation Report: 33008 - 11/12/2014 - OPake, Hope
 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 E, F, G and H did not receive training in resident rights and the Older Adult Protective Services Act (OAPSA) during training year 2013.

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 above staff attended annual in-service in 2013 where residents rights were reviewed along with mandated reporting requirements. To assure compliance the above staff will be provided a copy of the Resident Rights specific to Personal Care Homes as well as the Older Adults Protective Services Act. This will be completed by 12/31/14. Additionally, these items are currently posted on the bulletin board in the Personal Care.

In the future a copy of the Resident Rights specific to Personal Care as well as the Older Adult Protective Services Act will continue to be readily accessible, posted on the bulletin board, and will be reviewed with employees during annual in-service 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*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Donna Herzhey, Director</i>	Date <i>19 Dec 14</i>
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The above plan of correction is approved as of 1-2-15
 (Date)

Plan of correction implementation status as of 1-2-15
 (Date)

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

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

Violation Report: 33008 - 11/12/2014 - OPaka, Hope
 PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's 2014 staff training plan does not include dates and times of each scheduled training.

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 2014 educational plan was edited to include appropriate dates. Many of the required training activities have flexibility with completion dates, such as the annual fire safety review, on-line in-service training.

We are currently developing the 2015 training schedule. Dates, time, and locations of the scheduled training for each staff person will be included.

Repeat Violation: NO 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, Director* Date *19 Dec 14*

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 (Date)

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

Plan of correction implementation status as of 1-2-15
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 33008 - 11/12/2014 - OPake, Hope
 PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN

1. REGULATION 55 Pa.Code §2800
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's last medical evaluation was completed on November 3, 2014. Prior to that, the most recent medical evaluation was completed on September 30, 2013.

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.

While the most recent medical evaluation form was dated 30 September, the resident was seen by his PCP on the following dates during which care needs were addressed:

- 30 September 2013
- 15 October 2013
- 10 December 2013
- 13 January 2014
- 22 March 2014
- 19 May 2014
- 3 November 2014

Based on the above PCP visit dates, the intent of 2600.141(b)(1) "a resident shall have a medical evaluation at least annually" was met. The PCP makes rounds 2 to 3 times a month to address health care needs. The tracking spreadsheet was fine-tuned to assist in preventing future oversight of completion of the DME form.

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) <i>Donna Hershey, Director</i>	Date <i>19 Dec 14</i>
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The above plan of correction was approved by <u>GH</u> (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