



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 23 2016

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 of Elizabethtown
License #: 330080

Dear Ms. Hershey:

As a result of the Department of Human Services' annual licensing inspections on November 23, 2015 and November 24, 2015 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.

Sincerely,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 33008 - 11/23/2015 - Hoover, Douglas
 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 shared glucometer for emergency purposes which puts residents at risk for communicable diseases. The glucometer blood sugar readings were as follows:

10/1/15 - 117; 10/2/15 - 118; 10/9/15 - 204; 10/14/15 - 274; 10/19/15 - 110; 10/27/15 - 103; 10/31/15 - 161; 11/8/15 - 201; 11/6/15 - 128; 11/12/15 - 153 and 132 on 11/21/15. The blood sugar readings for 10/31/15, 11/12/15 and 11/21/15 matched with documentation in the medical record for Resident #1. The remaining dates and readings could not be correlated to other residents.

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 residents have their own glucometer and testing supplies marked with their name and stored in their living area, *to ensure that equipment is not shared. The home has instructed staff through education regarding use and sanitary conditions, to monitor.* Moving forward, when the provider has written a prescription for glucometer testing to include, strips, glucometer, lancets and testing parameters, the Administrator and/or Nurse Manager will gather resident insurance information for pharmacy billing purposes.

The Administrator/Nurse Manager 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.

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 *8/7/16*

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The above plan of correction is approved as of 4-5-16
 (Date)

The above plan of correction was approved by *bc*
 (Initials)

Plan of correction implementation status as of 4-5-16
 (Date)

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

Violation Report: 33008 - 11/23/2015 - Hoover, Douglas
 PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The last fire drill conducted during sleeping hours was on 9/16/15 at 12:32 am. The previous fire drill conducted during sleeping hours was on 9/9/14 at 12:32 am.

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.

A fire drill was held on 24 March 2015 at 2151h. Given that 69% of the residents in this facility are age 85 and over, the large majority of them were in their room sleeping at the time of this fire drill.

However, moving forward the nighttime unannounced fire drills will be conducted between 2230 and 0630 on an every six month basis.

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) *DONNA HERSHEX, RN/MSN Director* Date *8 Mar 16*

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The above plan of correction is approved as of <u>4-5-16</u> (Date)	Plan of correction implementation status as of <u>4-5-16</u> (Date)
The above plan of correction was approved by <u>BE</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

Violation Report: 33008 - 11/23/2015 - Hoover, Douglas
 PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #2 did not receive *Tamsulosin HCL, 0.4 mg.* on 11/8/15 at 7:00 am because the medication was not available in the home.

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 nurse who noted the medication in question was not available notified the pharmacy immediately. Unfortunately, the pharmacy that was contacted was not open on Sunday, November 8, 2015 at 0700. The pharmacy provided and the nurse administered the medication on Monday, November 9, 2015.

In the future, the staff will continue to notify the pharmacy immediately if a medication is not available and will request the pharmacy provide the medication as soon as possible.

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) *Sonja Hershey RN Men Director* Date *8 Mar 16*

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

The above plan of correction is approved as of <u>4-5-16</u> (Date)	Plan of correction implementation status as of <u>4-5-16</u> (Date)
The above plan of correction was approved by <u>SE</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