



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 13, 2017

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 Human Services' licensing inspection on May 9, 2016, 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 "Jon Kimberland" with a stylized flourish at the end.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 44439 - 05/09/2016 - Bartlett, Patricia
 PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

DEC 09 2016

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.142(d) - The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

2a. DESCRIPTION OF VIOLATION

Resident #1's physician's order, dated 1/27/16, indicates resident #1 required follow up psychiatry within two months. However, the home did not make arrangements for the resident to receive follow up care. Resident #1's support plan, dated 7/19/15, indicates the resident is unable to manage or secure resident's own health care, and staff are to coordinate, track, and schedule all appointments.

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.

Resident seen by psychiatry services 5-11-16.

LPN manager or designee will check follow up appointment dates and include observation/assessment of resident's mental health status in chart's monthly note. If there is a change noted, a request for physician intervention will be made.

~~Nursing~~ LPN manager and designee will be educated and this will be implemented 12-8-16.

Immediately: The administrator or designee shall review all current resident records including discharge orders to ensure all residents requiring assistance to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified nurse practitioner receive the proper assistance in securing care. 12-13-16

Immediately: The administrator shall develop and implement a policy and procedures to review resident post medical or psychiatric appointment documentation or medical discharge information ensure all residents returning appointments from medical or psychiatric appointments or returning from a hospital or medical facility receive the proper follow-up care and services. 12-17-16

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) Cynthia L. Stefl, NHA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Cynthia L. Stefl, NHA Director of Resident Services Date 12-8-16

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

The above plan of correction is approved as of <u>12-13-16</u> (Date)	Plan of correction implementation status as of <u>12-7-16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

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WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 7/19/15, does not indicate the care and services the home will provide for the resident's needs for the diagnoses of dementia and anxiety identified in the resident's initial assessment dated [redacted] 15.

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.

LPN manager or designee will review resident's chart and document any physical health or mental health changes in their monthly note. Support plan will be amended with changes in condition and changes in doctor's orders.

LPN manager and designee will be educated with plan of correction.

Will be implemented 12-8-16.

Within 30 days of receipt of the plan of correction: The administrator or designee will review all current completed support plans for accuracy and completion including the care and services the home and any other agency will provide. 12-8-16/

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cynthia L. Stefl, NHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cynthia L. Stefl, NHA, Director of Resident Services* Date *12-8-16*

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The above plan of correction is approved as of 12-13-16
 (Date)

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

Plan of correction implementation status as of 12-13-16
 (Date)

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