



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 21 2017

Ms. Tracy A. Leja, Assistant Executive 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. Leja:

As a result of the Department of Human Services' annual licensing inspection on August 24, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING		License Number: 44439
Address: 1000 MASONIC DRIVE, SEWICKLEY, PA 15143		County: Allegheny
Administrator: Kathy Hoffman		Region: WEST
Legal Entity Name: MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA		
Legal Entity Address: 1000 MASONIC DRIVE, SEWICKLEY, PA 15143		RECEIVED
Certificate(s) of Occupancy C-2 LP 12/14/2001 L & I		NOV 17 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0	Total Daily Staff: 55	Waking Staff: 41
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/24/2016: Bedford, Katie; Knee, Donald		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:		
Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 64 Number of Residents Served: 55 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: 0		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 53 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0

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Violation Report: 44439 - 08/24/2016 - Bedford, Katie
PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1 dated 6/10/16, was not signed by the administrator.

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 contract for Resident #1 has been signed by the administrator/designee.
All future contracts will be reviewed by the administrator or administrative assistant to verify that appropriate signatures have been obtained. Upon review the administrator or administrative assistant will initial the lower corner of the signature page validating that the contract has been reviewed and appropriate signatures are in place.
Administrator has educated the administrative assistant.
Implementation completed on 11-15-16

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cynthia L. Steff, NHA, Director of Resident Services Date 11-15-16

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The above plan of correction is approved as of 11/23/16
(Date)

Plan of correction implementation status as of 11/23/16
(Date)

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

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

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Violation Report: 44439 - 08/24/2016 - Bedford, Katie		WEST REGION FIELD OFFICE	
PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING		Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.			
2a. DESCRIPTION OF VIOLATION Staff person A has not successfully completed a Department-approved medications administration course or passed the Department's performance-based competency test. However, staff person A 8 a.m. medications to multiple residents on the following dates: 8/1/16, 8/5/16, 8/12/16, 8/13/16 and 8/14/16.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>Upon completion of survey and error was found, employee no longer administered medications. Employee took the approved medication administration course and passed.</p> <p>The plan was implemented immediately and course was completed and passed on 9-6-16.</p> <p>When hiring staff, their medication administration course completion and expiration dates will be reviewed by 2 Medication Administration Train the Trainers of the facility to validate that it is current. A copy will be retained with the Trainer's initials and kept in their medication administration file.</p> <p>IMMEDIATELY - The administrator will develop and implement a tracking system to ensure all staff training, including medication training is kept current.</p> <p><i>[Signature]</i></p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cynthia L. Stefl, NHA, Director of Resident Services		Date 11-17-16	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>11/23/16</u> (Date)		Plan of correction implementation status as of <u>11/23/16</u> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (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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Violation Report: 44439 - 08/24/2016 - Bedford, Kalle
PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 7/30/16, for resident #2, does not include the diagnosis of cerebral palsey, as indicated on the resident's medical evaluation, dated 7/27/16.

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 RASP for resident #2 has had the diagnosis added to their RASP addendum.

The facility RASP Log has been modified to include "All diagnoses are listed". When RASP is being completed and reviewed by staff they will verify that all diagnoses are included on the RASP.

Staff will be educated by personal care nurse manager of RASP log modifications and correct completion of RASP.

Implementation began on 11-16-16 with education complete by 11-30-16.

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, NHA, Director of Resident Services Date 11-17-16

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

The above plan of correction is approved as of 11/23/16 (Date) Plan of correction implementation status as of 11/23/16 (Date)

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