



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

MAILING DATE: October 18, 2016

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

RE: Masonic Village of Elizabethtown
Certificate #: 330080

Dear Ms. Hershey:

As a result of the Department of Human Services' licensing inspection on September 21, 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 "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

330080

Violation Report: 33008 - 08/21/2016 - McCloskey, Jason
PCH Name: MASONIC VILLAGE AT ELIZABETHTOWN

1. REGULATION 55 Pa.Code §2600

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

The support plan for Resident 1 was not signed by the resident and the home did not make a notation regarding the resident's inability or refusal to sign.

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 support plan was signed by the resident's POA however the box indicating resident participation was inadvertently/accidentally not checked. To avoid further occurrences the following was completed:

1. The Preadmission Screening, Medical Evaluation, and Assessment-Support Plan: Best Practices Information found in Part 2 of the RCG was reviewed with the staff who routinely complete this paperwork to ensure an understanding of the process.
2. The attached spread sheet was refined to track key dates. When reviewing, staff will review dates as well as the specific residents's RASP to assure all blocks are checked/completed.
3. The supervisory staff will review on a regular basis to assure accurate completion.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 17 Oct 16

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

The above plan of correction is approved as of 10/10/16
(Date)

Plan of correction implementation status as of 10/16/16
(Date)

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

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