



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 08 2017

Ms. Kelly Weaver, Assistant Executive Director
Masonic Villages of the Grand Lodge of Pennsylvania
801 Ridge Pike
Lafayette Hill, Pennsylvania 19444

RE: Masonic Village of Lafayette Hill
License #: 138700

Dear Ms. Weaver:

As a result of the Department of Human Services' annual licensing inspections on November 9, 2016 and December 8, 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 OF LAFAYETTE HILL		License Number: 13870
Address: 801 RIDGE PIKE, LAFAYETTE HILL, PA 19444		County: Montgomery
Administrator: Donna Hartnell		Region: SOUTHEAST
Legal Entity Name: MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA		
Legal Entity Address: 801 RIDGE PIKE, LAFAYETTE HILL, PA 19444		
Certificate(s) of Occupancy C-1 01/02/1976 L&I		
Staffing Hours Resident Support: 38 Total Daily Staff: 77 Waking Staff: 58		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/09/2016: Colon, Lissette; Parker, Shaym		
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: 51 Number of Residents Served: 39 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: 1 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 13870 - 11/09/2016 - Colon, Lisselle
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home's fire drill evacuation time was more than 8 minutes on 08/25/16 which exceeded the fire letter suggested time.

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 Personal Care Home Administrator/designee will re-educate residents & staff on fire safety procedure by December 9th, 2016.
 The Environmental Services Director will continue to have unannounced drills and record the amount of time needed to evacuate. Results of these drills will be reported at quarterly QAPI meetings by the Assistant Executive Director. Any drill exceeding the 8 minutes as indicated in the fire letter will be repeated until compliance is achieved for that month. Results of repeat drills will be reported at quarterly QAPI meetings by the Assistant Executive Director.

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

Signature of Legal Entity Representative (Required on EVERY Page): *Kelly Weaver*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Kelly Weaver, Assistant Executive Director Date: 11-23-16

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

The above plan of correction is approved as of <i>12/9/16</i> (Date)	Plan of correction implementation status as of <i>12/9/16</i> (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

Violation Report: 13870 - 11/09/2016 - Colon, Lisselle
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

2a. DESCRIPTION OF VIOLATION
 Mucinex 600 mg tab prescribed for resident # 1 was discontinued on 10-08-16. During inspection 11-09-16 medication was still in the cart.

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 Personal Care Home Administrator will re-educate staff by December 9th, 2016 on regulation 2600.183(d). Random audits will be performed monthly by the Personal Care Home Administrator to ensure that all medications in the cart are current. Results of these audits will be reported at quarterly GAPI meeting until 3 consecutive months of compliance are achieved.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kelly Weaver*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kelly Weaver, Assistant Executive Director* Date *11-23-16*

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The above plan of correction is approved as of <i>12/9/16</i> (Date)	Plan of correction implementation status as of <i>12/8/16</i> (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

Violation Report: 13870 - 11/09/2016 - Colon, Lisette
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

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

2a. DESCRIPTION OF VIOLATION
 Resident # 1 supposed to receive accu-check 3 times a week on Monday, Wednesday, and Friday. Two accu-checks were performed outside of the prescribers orders. One on Saturday 11-05-16 and another on Tuesday 11-08-16

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.

Our medical director/attending physician will add "and prn" to accu-check orders by December 7th, 2016 to ensure that "extra" accu-checks for a resident does not result in non-compliance with regulation 2600.187(d).

We do not believe that we were deficient in following the directions of the prescriber. Our medical director supports nursing judgment in performing an accu-check as needed or by resident request.

The Personal Care Home Administrator will perform monthly audits to ensure that any accu-check orders contain "and prn" and report the results at the quarterly QAPI meeting until 3 consecutive months of compliance are achieved.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kelly Weaver*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kelly Weaver, Assistant Executive Director* Date *11-23-16*

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 (Date)

Plan of correction implementation status as of *12/9/16*
 (Date)

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

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