



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 21 2018

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' annual licensing inspection on October 2, 2017, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 44439 - 10/02/2017 - Barone, Barbara
 PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

DEC 11 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
 Human Services Licensing

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 3/2/2017 at 10:47 PM does not include the amount of time to evacuate and the exit route used.

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.

Administrator educated Director of Maintenance and Security and the Security Supervisors on proper completion of the fire drill log.
 After each fire drill or evacuation the Director will fax the updated log to the administrator to review for 6 months to verify proper completion.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cindy Stefl	Date 12-8-17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/22/18
 (Date)

Plan of correction implementation status as of 1/22/18
 (Date)

The above plan of correction was approved by BS
 (Initials)

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

Violation Report: 44439 - 10/02/2017 - Barone, Barbara
PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on [redacted] 2017 and the initial medical evaluation was not completed until [redacted] 2017.

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.

Residents admitted within last 30 days will be reviewed for completion of evaluation.

Nursing staff will be educated on procedure for completion of medical evaluation.

Nurse manager/designee will audit new admissions for completion of evaluation monthly x 3 months quarterly x 2.

Initial review and education will be complete by 12-31-17.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Candy Steff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Candy Steff* Date *12-3-17*

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The above plan of correction is approved as of 1/22/18 (Date)

Plan of correction Implementation status as of 1/22/18 (Date)

- Fully Implemented
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The above plan of correction was approved by BS (Initials)

Violation Report: 44439 - 10/02/2017 - Barone, Barbara
PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

DEC 31 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 6/23/2017, did not include the printed name of the medical professional or the medical professional license number. These sections are blank.

Resident's #2's medical evaluation, dated 1/4/2017, did not include the printed name of the medical professional or the medical professional license number. These sections are blank.

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.

House review of all medical evaluations was completed.
Medical professional license numbers have been included on all evaluations
Printed name of medical professional was completed.
Nursing staff will be educated on medical process
Nurse manager or designee will audit recent medical evaluations for printed names and medical license numbers monthly x 3 months then quarterly x 2.
Education will be completed by 12-31-17.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lindy Stipe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lindy Stipe* Date *12-3-17*

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Violation Report: 44439 - 10/02/2017 - Barone, Barbara
 PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

DEC 28 2017

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The most recent medical evaluation for resident #3 was completed on 9/27/2017; however, the previous medical evaluation was completed on 8/30/2016.

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.

House review of medical evaluations has been completed.
 Medical evaluation will be reviewed on last 30 days admissions for completion dates.
 A list of evaluations will be printed from EMR and added to the calendar. Calendars will be reviewed to ensure MD appts are set and evaluations completed per regulatory time frames.
 Nursing staff will be educated on medical evaluation completion.
 Nurse manager/designee will audit medical evaluations for completion monthly x 3 months and then quarterly x 2.
 Education will be completed by 12/31/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cindy Steff</i>	Date <i>12-8-17</i>
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