



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 17 2018

Ms. Terrie Gulliver
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. Gulliver:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 21, 2018 and May 23, 2018 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.

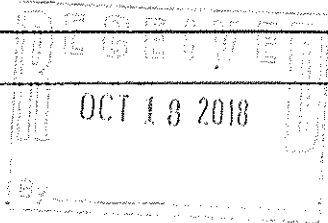
Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PGH Name: MASONIC VILLAGE OF LAFAYETTE HILL		License Number: 13870
Address: 801 RIDGE PIKE, LAFAYETTE HILL, PA 19444		County: Montgomery
Administrator: Donna Harnett		Region: SCOUTHEAST
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-2 LP 04/10/1989 Commonwealth of PA		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 37	Working Staff: 28
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
05/21/2018: Freeman, Sabrina		
05/23/2018: Freeman, Sabrina; Thomas, Tahesia		
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: 37 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: 37 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 13870 - 05/21/2018 - Freeman, Sabrina
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 3/6/18, an allegation of abuse was made against staff person B regarding resident's #4, #5 and #6.

The residents' stated to Administration that they were afraid of Staff Person B.

The home did not develop and implement a plan of supervision or suspend staff person B.

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.

Regulation 55 Pa code 2600. 15 (b)

All staff have been instructed to notify the PC administrator of any resident concerns or allegations. The PC administrator will develop a plan of supervision or suspend any staff with an allegation. All allegations will rise to the level of the PC administrator and Assistant Executive Director. A formal written complaint will be compiled with the resident and followed up through our formal complaint process. The Department of Human Services will be alerted immediately of the concern. Suspension or supervision will continue until alerted by the Department of Human Services that it may stop.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Teenie G. Miller, NHA, NRE

Date
10/12/18

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

The above plan of correction is approved as of *10/18/18*
 (Date)

Plan of correction implementation status as of *10/11/18*
 (Date)

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

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

Violation Report: 13870 - 05/21/2018 - Freeman, Sabrina
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 3/6/18, the home was made aware of suspected resident abuse involving residents #4, #5 and #6.

The residents' stated to Administration that they were afraid of Staff Person B.

The home failed to notify the Department regarding the allegation.

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.

Regulation 55 Pa code 2600. 16 (c)

The Department of Human Services was not alerted that a resident had made an allegation regarding a staff member. All allegations will involve the PC administrator and the Assistant Executive Director and will follow our formal complaint process and will include an immediate notification to the Department of Human Services for any allegation. A copy of the report to the Department of Human Services will be kept in the PC Administrator office.

*Staff will be trained on the importance of reporting requirements and timely reporting in 30 days receipt of the approved POC
 JW 11/13/18*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *TERRIE SULLIVAN NHA, MSW* Date *10-12-18*

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

The above plan of correction is approved as of *10/18/18* (Date)

Plan of correction implementation status as of *12/11/18* (Date)

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

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

Violation Report: 13870 - 06/21/2018 - Freeman, Sabrina
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 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 residents #1 and #2 were not signed by the residents.

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.

Regulation 55 Pa code 2600. 25 (b)

The resident contract was signed by the responsible party and not by the resident. The two residents involved have signed their resident contracts. The social service department has been educated on the need to have residents sign and understand their own agreements. An audit has been completed of the resident agreements and all have been signed by the resident. The audit and ongoing compliance of resident contracts will be the responsibility of the PC social worker.

The audit to be maintained for Department memo 12/11/18

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Terrie Gilliver NHA, MHA* Date *10/18/18*

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The above plan of correction is approved as of *12/18/18*
 (Date)

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 (Date)

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 (Initials)

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Violation Report: 13870 - 05/21/2018 - Freeman, Sabrina
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1 and #2 records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

Regulation 55 Pa code 2600. 41(e)

Two Personal Care residents did not sign the resident rights form which also listed the complaint procedure. The form was revised to create a defined signature line and the social worker was educated on the need for residents to sign and understand their resident rights. The residents listed have signed the revised resident rights form. An audit was completed to identify any other residents that had not signed and signatures were obtained. An ongoing audit and continued compliance will be the responsibility of the PC social worker. Results will be reported to the quarterly QAPI meeting.

Staff will be trained by outside agency (AHA) on resident rights. Resident rights to be addressed monthly for the next 6 months. @ 12/11/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Terrie Golliver

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

TERRIE GOLLIVER NHA, MSW

Date

10-12-18

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

The above plan of correction is approved as of

10/18/18
 (Date)

Plan of correction implementation status as of

12/11/18
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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- Not Implemented

Violation Report: 13870 - 05/21/2018 - Freeman, Sabrina
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 On 3/6/18, resident # 5 reported to Administration that staff person B "comes in without knocking."

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.

Regulation 55 Pa code 2600. 42(s)

A resident reported that a staff person did not knock on the door prior to entering the room. The staff person was educated and disciplined on the need to knock prior to entering a resident room. All staff were inserviced on customer service which includes topics on courtesy and privacy. Staff will be inserviced yearly on resident rights and privacy. Any infractions of resident rights will be brought immediately to the PC Administrator for resolution.

*Staff to be trained by outside agency (HAA) on resident rights. Resident rights to be reviewed monthly for the next six months - effective within 30 day receipt of approved plan of correction. Documentation to be maintained for department review
 JW 12/18/18*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Terdie Golliver*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Terdie Golliver NHA Manager* Date *10-12-18*

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

The above plan of correction is approved as of *12/18/18*
 (Date)

Plan of correction implementation status as of *12/11/18*
 (Date)

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

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Violation Report: 13870 - 05/21/2018 - Freeman, Sabrina
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A received only 7 hours of annual training in training year 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.

Regulation 55 Pa code 2600. 65 (e)

A staff member did not complete the 12 hour training required under pa code 2600. The staff member has now completed all of the required training. The PC Administrator will keep an updated log of each staff member and the trainings that are due and will report staff progress toward training at the quarterly QAPI meeting. Any staff member missing 2 or more trainings will be reported directly to the Healthcare Administrator for resolution.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Terrie Golliver, LHA, RN</i>	Date <i>10-12-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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 (Date)

Plan of correction implementation status as of 12/11/18
 (Date)

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 (Initials)

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Violation Report: 13870 - 06/21/2018 - Freeman, Sabrina
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons C and D did not receive training in fire safety and Older Adult Protective Services during the 2017 training year.

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.

Regulation 55 Pa code 2600. 65 (g)

Two staff members were missing fire safety and older adult Protective Services trainings which are required under PA code 2600. The staff have completed the required trainings. The PC Administrator will keep an updated log of each staff member and the trainings that are due and will report staff progress toward training at the quarterly QAPI meeting. Any staff member missing 2 or more trainings will be reported directly to the Healthcare Administrator for resolution.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Denise O'Neil*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Torrie Gulliver NHA MEd</i>	Date <i>10-12-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/18/18
 (Date)

Plan of correction implementation status as of 12/11/18
 (Date)

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- Not Implemented

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

Violation Report: 13870 - 05/21/2018 - Freeman, Sabrina
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 65 Pa.Code §2600
 2600.69(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 5/21/18, at approximately 1:30PM, the water temperature in bedroom 2112 measured 123.4 degrees Fahrenheit.

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.

Regulation 55 Pa code 2600. 89 (b)

The water temperature in a resident bathroom exceeded the regulation. The water temperature was adjusted upon notification during the survey. Standard operating procedure is to sample water temperature daily. Mixing valve adjustments are made if a daily temperature exceeds the specification. This practice continues. - *logs to be maintained for Department review @ 11/15/18*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Teddie Sullivan, NHA, MEd* Date *10-12-18*

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

The above plan of correction is approved as of *10/18/18*
 (Date)

Plan of correction implementation status as of *10/11/18*
 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 13870 - 05/21/2018 - Freeman, Sabrina
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 5/21/18, the temperature in the following areas were not in compliance:

- The produce refrigerator was 50 degrees fahrenheit.
- The walk-in freezer was 40 degrees fahrenheit.
- The bakery freezer was 10 degrees fahrenheit.

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.

Regulation 55 Pa code 2600. 103 (f)

The produce refrigerator, walk in freezer and bakery freezer did not have temperatures that were in compliance with PA code 2600. All three refrigeration/ freezer areas were serviced by contractor Tru-temp immediately and resolved. A log is kept and the temperature is noted daily. Temperatures have been in compliance since the repair. The temperature log is audited by the Dietary Manager to ensure compliance. The Dietary Manager will be responsible for the ongoing compliance of temperatures.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Torrie Williams NAA, MSW</i>	Date <i>10-12-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/18/18</u> (Date)	Plan of correction implementation status as of <u>12/11/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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

Violation Report: 13870 - 05/21/2018 - Freeman, Sabrina
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 5/21/18, there was an accumulation of lint in the lint traps of the 3 commercial dryers.

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.

Regulation 55 Pa code 2600. 105 (g) (1)

Lint was noted in three commercial dryers. The lint was removed at the time of the inspection. A log was initiated for staff to sign to acknowledge that the lint was removed. The Housekeeping Director is responsible for ensuring completion and auditing the log along with periodic checks of the actual machines for lint. The Housekeeping Director has educated the staff on the importance and hazards of not removing lint from the dryers. - Training documentation to be maintained for Department review (see) 12/11/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Teresa Gillen RHA, MAW* Date *10-12-18*

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

The above plan of correction is approved as of *10/11/18*
 (Date)

Plan of correction implementation status as of *12/11/18*
 (Date)

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

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

Violation Report: 13870 - 05/21/2018 - Freeman, Sabrina
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The home failed to provide documentation of any maintenance or cleaning of the ductwork and that it was completed in accordance with the manufacturer's instructions.

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.

Regulation 55 Pa code 2600. 105 (g) (2)

The laundry exhaust duct work is cleaned every 6 months by an outside contractor. The facility has attached documentation of this practice.

Submitted documentation received 10/18/18

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *FERRIE CUBLINER NHA, MSW* Date *10-12-18*

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

The above plan of correction is approved as of 10/18/18 (Date) Plan of correction implementation status as of 10/18/18 (Date)

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

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

Violation Report: 13870 - 05/21/2018 - Freeman, Sabrina
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures was last updated on 11/9/18.

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.

Regulation 55 Pa code 2600. 107 (d)

The written emergency procedure will be reviewed and updated annually with the local emergency management agency. Please find enclosed the updated letter from Whitmarsh township that they have reviewed and have accepted our plan. The letter was received on 5/23 /2018 and we will request another letter prior to that date to ensure that our emergency plan is current. This will be the responsibility of the Assistance Executive Director.

Submitted documents received @ 12/11/18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Denise [Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Toppie Gulliver MHA* Date *10-12-18*

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

The above plan of correction is approved as of <u>10/18/18</u> (Date)	Plan of correction implementation status as of <u>11/13/18</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

Violation Report: 13870 - 05/21/2018 - Freeman, Sabrina
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa. Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The label for resident #1's Finasteride does not match the medication administration record (MAR) or physician order.

The label states: take one tablet by mouth in the morning

The MAR & physician order states: 5mgs by mouth every day at bedtime

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.

Regulation 55 Pa code 2600.184 (a)

Medication dosage did not match the Medication Administration Record for a resident. Staff has been educated on the importance of the medication administration record matching the physician order. Staff understands the importance of the information matching for the safety of the resident. A random monthly audit will be performed by the charge nurse to ensure that resident physician orders match the medication administration record. The PC Administrator will oversee the audits and report the results to the quarterly QAPI meeting.

Audits to be maintained for department review @ 11/13/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Terrie Colliver*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Terrie Colliver, RN* Date *10-12-18*

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

The above plan of correction is approved as of *10/18/18* (Date) Plan of correction implementation status as of *12/11/18* (Date)

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

Violation Report: 13870 - 05/21/2018 - Freeman, Sabrina
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
 (1) Resident's name.
 (2) Drug allergies.
 (3) Name of medication.
 (4) Strength.
 (5) Dosage form.
 (6) Dose.
 (7) Route of administration.
 (8) Frequency of administration.
 (9) Administration times.
 (10) Duration of therapy, if applicable.
 (11) Special precautions, if applicable.
 (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 (13) Date and time of medication administration.
 (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 The home confirmed the electronic medical record system was down on the morning of 5/4/18. The home failed to document that residents #1, #2, and #3 received their morning medications.
 The home failed to document resident #1 was administered Omeprazole. The morning medication administration record (MAR) for resident #1's Omeprazole was not initiated or signed off on 5/4/18. Nor was there any written documentation that resident #1 received the medication.
 The home failed to document resident #2 was administered Preservision Areds Softgel, Nexium 24hr, Nifedical, Vitamin D3, Sertraline, Fish Oil and Lisinopril. The morning MAR was not initiated or signed off on 5/4/18. Nor was there any written documentation that resident #2 received these medications.
 The home failed to document resident #3 was administered Metoprolol. The morning MAR for resident #3's Metoprolol was not initiated or signed off on 5/4/18. Nor was there any written documentation that resident #3 received these medications.

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.
 See Attached

Repeat Violation; No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Terrie Golliver*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TERRIE GOLLIVER, NHA, MBA</i>	Date <i>10-12-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>10/18/18</i> (Date)	Plan of correction implementation status as of <i>12/1/18</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 Masonic Village Lafayette Hill

6A

Regulation 55 Pa code 2600. 187 (a)

On 5/4 our electronic medical record was down and staff did not document the administering of three residents morning medications. Staff has been educated on the procedure to follow when the electronic medical record is down as well as the importance of accurate documentation of medication. The PC administrator will audit medication records during / following an outage to ensure that documentation has been completed.

Violation Report: 13870 - 05/21/2018 - Freeman, Sabrina
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1 and resident #2 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

Regulation 55 Pa code 2600. 191

Two Personal Care residents did not sign a form stating that they can refuse medications if they feel there is a medication error. The two residents in question did not sign the resident agreement which lists this right under section 10 letter C. The residents have now signed the agreement. All other agreements have been signed acknowledging their right to refuse medications. Social services has been educated on having residents sign all resident agreements. This process will be overseen by the PC Administrator and Assistant Executive Director.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TERRIE GULLIVER NHA MGR</i>	Date <i>10-12-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/18/18
 (Date)

Plan of correction implementation status as of 12/11/18
 (Date)

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

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

Violation Report: 13870 - 05/21/2018 - Freeman, Sabrina
 PCH Name: MASONIC VILLAGE OF LAFAYETTE HILL

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening form for resident #1 and resident #3 did not include a determination that the home can meet the service needs of the resident.

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.

Regulation 55 Pa code 2600. 224 (a)

Two residents did not have the level of care box checked in the completed pre-admission screening in their record. Both residents' pre-admission screening forms have been updated indicating the level of care. The PC administrator will conduct a complete audit of records to ensure that every resident has a complete pre-admission screening in their record. This will be completed monthly and reported quarterly at the QAPI meeting. The audits will continue until they are 100% for 6 months consecutively. This process will be the responsibility of the PC Administrator.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TERRIE SULLIVAN CHAIRMAN</i>	Date <i>10-12-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/18/18</u> (Date)	Plan of correction implementation status as of <u>12/11/18</u> (Date)
The above plan of correction was approved by <u><i>TS</i></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