



MAILING DATE: May 7, 2019

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's Bureau of Human Services Licensing inspection on September 7, 2018, of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Suzy Quinn", with a stylized flourish at the end.

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Violation Report

**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: Cindy Steff | | Region: WEST |
| Legal Entity Name: MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA | | |
| Legal Entity Address: 1000 MASONIC DRIVE, SEWICKLEY, PA 15143 | | |
| Certificate(s) of Occupancy C-2 LP 12/14/2001 Labor and Industry | | <p>JAN 24 2019</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p> |
| Staffing Hours | | |
| Resident Support: | Total Daily Staff: 59 | Working Staff: 44 |
| Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Complaint, Incident | | |
| On-Site Inspections Dates and Department Representatives On-Site 09/07/2018: Barone, Barbara; Spagna, Lauren | | |
| Off-Site Inspection Dates and Inspectors, if Applicable 09/10/2018: Barone, Barbara; Barone, Barbara | | |
| Other Details | | |
| Partial or Full Triggers: | | Random Indicators: |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 64 Number of Residents Served: 59 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: 1 Are 60 Years of Age or Older: 53 Have Mental Illness: 2 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0 | |

RECEIVED

JAN 24 2019

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Violation Report: 44439 - 09/07/2018 - Barone, Barbara

PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
On 8/22/18, resident #1 reported an allegation of abuse to staff person A and the allegation was unreported to the Area Agency on Aging until 9/7/18.

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.

9-7-18 - call was placed to Protective Services. Report of incident was made to Wendy in the Allegheny County office. Letter confirming report faxed to DHS on 9-7-18.

October 23 & 29, November 4 2018
All staff were educated on Mandatory Abuse Reporting regulations and facility policy

Within 30 days of receipt of the plan of correction: All staff shall be re-trained on Suspected Resident Abuse Reporting and Investigation Requirements, to include:

- 1. Immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.101 - 10225.5102) and 6 Pa. Code Sections 15.21 - 15.27.
- 2. If the report involves a staff person, the home must immediately suspend the staff person involved in the alleged or place the staff person on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person.
- 3. Report the abuse allegation to the Department in accordance with § 2600.16, including the plan to supervise or suspend the alleged perpetrator.
- 4. Immediately report the allegation of abuse to the resident and the resident's designated person.
- 5. Begin an internal investigation of the abuse as required by the procedures at § 2600.41, unless otherwise directed by the Department.

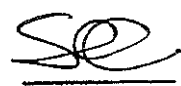
 4/29/19

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

Signature of Legal Entity Representative (Required on EVERY Page)
 NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
Cindy Stoff NHA Date 1-24-19

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

The above plan of correction is approved as of 4/29/19 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 4/29/19 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented