



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 13 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 annual inspection on October 23, 2018, of the above facility, the violations 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.

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](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 that reads "Jacqueline L. Rowe".

Jacqueline L. Rowe  
Director

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 STEFL		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 & Industry		RECEIVED FEB 1 2019 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 58	Waking Staff: 44
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/23/2018: Flinner-Alman, Lisa; Bartlett, Patricia; Klein, Scott; Spagna, Lauren		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 64 ✓ Number of Residents Served: 58 ✓ 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: 1 ✓		<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 ✓ Are 60 Years of Age or Older: 55 ✓ Have Mental Illness: 2 ✓ Have an Intellectual Disability: 3 ✓ Have a Mobility Need: 0 ✓ Have a Physical Disability: 0 ✓

Violation Report: 44439 - 10/23/2018 - Flinner-Alman, Lisa  
 PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

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  
 Resident #1's contract, dated 12/14/17, was not signed by the resident.  
 Resident #2's contract, dated 8/13/18, was not signed by 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.

An audit was done of 2018 admissions.  
 Those without resident signatures were pulled.  
 Residents signed their agreements.  
 All new admissions will sign their agreements.  
 When admission paperwork is reviewed by administrator's office, administrator will initial signature page that resident signature is on signature page.


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>1-29-19</i>
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The above plan of correction is approved as of 2/15/19  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 2/15/19  
 (Date)

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

Violation Report: 44439 - 10/23/2018 - Flinner-Alman, Lisa  
 PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

**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 person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, and falls and accident prevention 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.*

Staff person A did a make up inservice for 2017 on fire safety.  
 A Fall and Accident inservice will be done with staff member A - completed by 2-8-19, for 2017.  
 Facility education tracking system has been redesigned to show date of completion and length of education session in order to provide more accurate and updated information.


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Violation Report: 44439 - 10/23/2018 - Flinner-Alman, Lisa  
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**1. REGULATION 55 Pa.Code §2600**  
 2800.65(j) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home's record of 2017 annual direct care staff training does not include the length of the course for several trainings to include the following:

- Medication self-administration training
- Care for residents with dementia and cognitive impairments
- Infection control and general principles of cleanliness and hygiene and areas associated with immobility such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- Care for residents with mental illness
- Fire safety evacuation
- Fire training
- The Older Protective Services Act

The home's record of 2017 annual direct care staff training for lifts and transfers does not include a complete date; May 2017 is indicated.

**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 administrator and nurse manager will initial all training records verifying and validating the length of the educational session. Length of session will be entered onto new tracking tool.


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Violation Report: 44439 - 10/23/2018 - Flinger-Alman, Lisa  
 PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

**1. REGULATION 55 Pa.Code §2600**  
 2600.101(a) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

**2a. DESCRIPTION OF VIOLATION**  
 In room 1221, there was damage to the ceiling and walls, to include the following:  
 - There was water damage approximately 3 1/2' by 3' by 2 1/2' on the ceiling adjacent to the window.  
 - To the left of the window, the drywall was shredded and torn away from the base of the windowsill to the ceiling. - The drywall above the window was completely removed, exposing a metal frame attached to the concrete support structure.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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After a significant rainstorm in October the above apartment developed a roof leak around the resident's bedroom window.  
 Per the resident's rights she made the choice to remain in her apartment during repair, she did not want to go to another room.  
 Room 1221 had all repairs completed the week of 12-10-18. The roofing company, Burns & Scallo, had a difficult time obtaining the correct supplies & roof had to be fixed before interior which prolonged completion.

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 PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

1. REGULATION 55 Pa.Code §2600  
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION  
 The first aid kit in bus #1 used for transporting residents, did not include tweezers.

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.

Tweezers were obtained and placed in Bus #1 first aid kit.  
 Monitor created. Monitor will be done by the bus driver 1 time per week for 4 weeks and then 1 time per month for 4 months.


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Violation Report: 44439 - 10/23/2018 - Flinner-Alman, Lisa  
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**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 is prescribed Novolog Flexpen syringe 100/ml 3 times daily (8:00 a.m., 11:30 a.m., 4:30 p.m.) according to a sliding scale as follows:  
 0-150= 0 units; 151-175= 2 units; 176-200= 3 units; 201-225= 4 units; 226-250= 5 units; 251-300= 7 units; 301-350= 9 units; 351-400= 12 units; >400= Call MD

On the following dates and times, resident #3's blood sugar readings were not recorded on the October 2018 medication administration record (MAR):

- 10/1/18 at 8:00 a.m.
- 10/6/18 at 8:00 a.m.
- 10/7/18 at 8:00 a.m.
- 10/ 13/18 at 8:00 a.m.
- 10/15/18 at 8:00 a.m.
- 10/19/18 at 4:30 p.m.
- 10/22/18 at 11:30 a.m.

**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.*

All staff have been educated on the correct way of entering blood glucose when they are outside of parameters.  
 Staff are entering information correctly.

Immediately and at least weekly thereafter - A designated staff person who is a nurse or is trained in medication administration in accordance with 190a and who has completed the diabetic training in accordance with 2600.190b, will monitor the medication administration record (MAR) to ensure all blood sugar readings are properly recorded. -- JRW 2/15/19

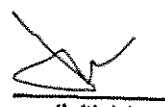
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**1. REGULATION 55 Pa.Code §2600**

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 preadmission screening, dated 4/13/18, for resident #5 does not indicate the following:

- Title of person completing screening
- Names of admitting personal care home
- Screening information sources
- Whether the resident can safely avoid poisons
- If the home can meet the resident's needs.

**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.*

Monitor has been created to review pre-admission screenings for completion.  
 When pre-admission screening has been completed nurse manager will review forms that all boxes are complete.  
 All pre-admission screenings will be monitored for 3 months

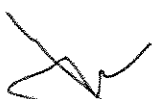
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**1. REGULATION 55 Pa.Code §2600**  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2 was admitted 8/13/18; however, the assessment was not completed until 9/10/18.  
 Resident #4 was admitted 5/25/18; however, the assessment was not completed until 6/22/18.  
 The assessment, dated 6/22/18, for resident #4 does not include the diagnosis of frequent falls as indicated on the medical evaluation, dated 5/30/18.  
 Resident #5 was admitted 5/9/18; however, the assessment was not completed until 5/27/18.

**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.*

The LPNs will receive education on proper/correct completion of resident assessments and support plans. Education will be conducted by nurse manager and lead LPN. Education will be completed by 2-28-19. The RASP log has been created and will be utilized to assure flow and timely completion.

Immediately - The administrator or designee will review all records for new admissions, 15 days after admission, to ensure an assessment is completed.  
 --JRW 2/15/19

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