



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [cstefl@masonicvillages.org](mailto:cstefl@masonicvillages.org)

MAILING DATE: February 5, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 10, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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

Suzy Quinn  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

RECEIVED

DEC 09 2019

### Violation Report

WEST VIRGINIA FIELD OFFICE

Facility Information	
Name: <i>MASONIC VILLAGE AT SEWICKLEY-STAR POINTS BUILDING</i>	License Number: <i>44439</i>
Address: <i>1000 MASONIC DRIVE,, SEWICKLEY, PA 15143</i>	
County: <i>ALLEGHENY</i>	Region: <i>WESTERN</i>

Administrator		
Name: <i>Cindy Stefl</i>	Phone: <i>4127411400</i>	Email: <i>CSTEFL@MASONICVILLAGES.ORG</i>

Legal Entity	
Name: <i>MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA</i>	
Address: <i>1000 MASONIC DRIVE, SEWICKLEY, PA, 15143</i>	

Certificate(s) of Occupancy		
Type: <i>C-2 LP</i>	Date: <i>12/14/2001</i>	Issued By: <i>L&amp;I</i>

Staffing Hours		
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>55</i>	Waking Staff: <i>41</i>

Inspection		
Type: <i>Full</i>	BHA Docket #:	Notice: <i>Unannounced</i>
Reason: <i>Renewal</i>		

Inspection Dates and Department Representative	
<i>10/10/2019 - On-Site: Barb Barone, Jan Cutter, Ashley Roser</i>	

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: <i>64</i>	Residents Served: <i>55</i>		
Secured Dementia Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>0</i>			
Number of Residents Who			
Receive Supplemental Security Income: <i>2</i>	Are 60 Years of Age or Older: <i>55</i>		
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>3</i>		
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>		

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Influenza Awareness Act, effective July 2016, states "Each facility shall ensure that the required influenza information is posted in a public place in the facility year-round. However, the home did not have a copy of the influenza awareness poster posted in a public place.

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 flu poster was displayed on the front door on the day of survey 10-10-19. Picture included. Flu posters have been hung in locked boxes in each elevator of the personal care building. The administrator will monitor the front door and both locked box displays weekly for 1 month, 2 times a month for 2 months and 1 time a month for 1 month to ensure that poster has not been removed. Should poster be found to be missing a new one will be hung. Monitor began 11-1-19. Monitor results included in monthly QI reports.

Legal Entity Representative

*Cindy Stefl*  
Signature

Cindy Stefl  
Director of Resident Services 11-9-19  
Printed Name and Title Date

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The above plan of correction is approved as of 1/30/20  
(Date)

Plan of correction implementation status as of 1/30/20  
(Date)

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

Implemented

Not Implemented

103f Refrigerator/Freezer Temps

Regulations

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.

Description of Violation

There was no thermometer in the freezer in the recreation room.

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.)

On day of survey a thermometer was placed in the freezer. The recreation coordinator will check the freezer to verify that the thermometer is in the freezer. She will check weekly for two months, two times a month for two months and one time a month for one month. Coordinator will initial on day checked. Copy of ~~monitor~~ monitor and picture included. If it is found that the thermometer is not in freezer a new one will be placed in said freezer. Monitor results will be in the monthly QI report.

Legal Entity Representative

*Cindy Steff*  
Signature

Cindy Steff

Director of Resident Services 12-9-19  
Printed Name and Title Date

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The above plan of correction is approved as of

1/30/20  
(Date)

Plan of correction implementation status as of

1/30/20  
(Date)



Implemented

The above plan of correction was approved by

*SE*  
(Initials)



Not Implemented

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #1's glucometer was not calibrated to the current date and time.

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 glucometer cited has been calibrated correctly - picture included from day picture taken

The 11-7 staff will calibrated glucometers every Sunday night and when a new bottle of strips are open. Calibration will be entered onto Quality Log.

The 11-7 nurse will verify that glucometer has been calibrated and initial all Quality Control logs every Sunday night.

The nurse manager will initial log every Monday to verify that glucometers have been calibrated correctly and that nurse has Supervised.

This will be done for 3 months. Sample monitor included

All staff educated on violation, corrective measures and correct way to calibrate glucometers. Education with outline and attendees included. Monitor implemented 11-3-19. Monitor will be reported in monthly QI report.

Legal Entity Representative

*Lindy Stefl*  
Signature

Crndy Stefl

Director of Resident Services 12-9-19  
Printed Name and Title Date

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