

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

March 31, 2023

[REDACTED]
MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA
ONE MASONIC DRIVE
ELIZABETHTOWN, PA, 17022

RE: MASONIC VILLAGE AT
ELIZABETHTOWN
ONE MASONIC DRIVE
ELIZABETHTOWN, PA, 17022
LICENSE/COC#: 33008

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/14/2023, 03/15/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MASONIC VILLAGE AT ELIZABETHTOWN License #: 33008 License Expiration: 01/01/2024
Address: ONE MASONIC DRIVE, ELIZABETHTOWN, PA 17022
County: LANCASTER Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED] 1 Email: [REDACTED]

Legal Entity

Name: MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA
Address: ONE MASONIC DRIVE, ELIZABETHTOWN, PA, 17022
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 10/03/2016 Issued By: West Donegal Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 115 Waking Staff: 86

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 03/15/2023

Inspection Dates and Department Representative

03/14/2023 - On-Site: [REDACTED]
03/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 135 Residents Served: 106
Secured Dementia Care Unit
In Home: No Area: Capacity: Residents Served:
Hospice
Current Residents: 1
Number of Residents Who:
Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 106
Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 5
Have Mobility Need: 9 Have Physical Disability: 1

Inspections / Reviews

03/14/2023 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/30/2023

03/22/2023 - POC Submission
Submitted By: [REDACTED] Date Submitted: 03/31/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/29/2023

Inspections / Reviews *(continued)*

03/23/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/29/2023

03/31/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 3/14/23, a copy of the 2600 regulations was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (JM - 03/21/2023)

On 3/14/2023 the PCHA posted the 2600 regulations on all bulletin boards in the PC. This includes Terrace level and floors 1-3. Beginning 4/3/2023 the PC Administrative Assistant will check all bulletin boards monthly on the first Monday of the month to ensure all required documents are posted.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented (JM - 03/31/2023)

19 - Review Waiver

2. Requirements

2600.

19.e. The home shall notify the affected resident and designated person of the approval or denial of the waiver. A copy of the waiver request and the Department's written decision shall be posted in a conspicuous and public place within the home.

Description of Violation

On 2/4/20, the home received a regulatory waiver of 2600.22 (relating to admission), 2600.141 (relating to medical evaluations), and 2600.224 (relating to pre-admission screening). A copy of the waiver was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (JM - 03/21/2023)

On 3/14/2023 the PCHA posted the regulatory waiver relating to admission, medical evaluation and pre-admission screening on all bulletin boards in the PC. This includes terrace level and floors 1-3. Beginning 4/3/23 the PC administrative assistant will check all bulletin boards on the first Monday of the month to ensure all required documents are posted.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented (JM - 03/31/2023)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The bathrooms in bedrooms [redacted], [redacted], and [redacted] have decorative mats which lack a non-skid backing material. The mats move easily when stepped on and are a fall hazard.

Plan of Correction

Accept (JM - 03/21/2023)

As of 3/15/23 the decorative mats in rooms [redacted], [redacted] and [redacted] have been replaced with a non-skid mat. Beginning 4/3/2023 the PC housekeepers will check bathroom mats weekly when cleaning residents rooms to ensure mats in use are non-skid. Housekeepers will replace any mats with non-skid mats as needed.

88a - Surfaces (continued)

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented (JM - 03/31/2023)

91 - Telephone Numbers

4. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephones in bedroom [redacted] or the second and third floor common areas.

Plan of Correction

Accept (JM - 03/21/2023)

On 3/14/2023 the unit assistant replaced the emergency numbers on the telephones in the common areas on 2nd and 3rd floor. The emergency numbers were replaced in resident room [redacted] Beginning 4/3/2023, the PC housekeepers will ensure emergency numbers are posted on the door in all resident rooms when cleaning weekly. PC housekeepers will ensure emergency numbers are posted on phones in common areas weekly when cleaning. If the numbers need to be replaced they will notify the PC unit assistant and the PC unit assistant will replace emergency numbers where needed.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented (JM - 03/31/2023)

105g - Lint Removal and Duct Cleaning

5. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 3/14/23, there was an approximate 1/8 inch accumulation of lint in the lint traps of the large dryers on the first and third floors. There were no clothes in the dryers at the time.

Plan of Correction

Accept (JM - 03/21/2023)

On 3/14/2023 the PC social worker removed the lint from the dryers on first and third floor. Signs were posted on the front of each dryer on floors 1-3 "Please remove lint from lint trap after each use" on 3/21/23. Beginning 4/3/2023 the PC C.N.A.'s will check the lint traps every shift for lint and initial log to ensure traps are free of lint. Logs will be reviewed by Manager of Nursing Services at the end of each month.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented (JM - 03/31/2023)

132e - Fire Drill Sleeping Hours

6. Requirements

2600.

132e - Fire Drill Sleeping Hours (continued)

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 10/14/22. The previous sleeping hours fire drill was conducted on 3/29/22.

Plan of Correction

Accept (JM - 03/23/2023)

The scheduling of the PC fire drills will be set up by the Director of Safety and Security. Fire drill schedules will be developed annually(for the next calendar year) in December. The director of Safety and Security will ensure that fire drills are conducted monthly and that night time drills are conducted every 6 months (April & October). To help facilitate this process, the fire drill scheduling template used for PC drills each year will contain a foot note on the form indicating night drills are due April and October each year. The template will also include that night drills are to be conducted after 11pm. Our next Personal Care night time fire drill is scheduled to be conducted in April 2023.

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented (JM - 03/31/2023)

162c - Menus Posted

7. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home had only the menu for the current week, 3/12 through 3/18, posted.

Plan of Correction

Accept (JM - 03/21/2023)

On 3/14/23, the Assistant Dining Room supervisor replaced the 2 weeks of menu's on first and second floor. Effective 4/3/23, the Lead Server will check bulletin boards weekly on Monday to ensure 2 weeks worth of menu's are posted on bulletin boards on every floor,

Licensee's Proposed Overall Completion Date: 04/03/2023

Implemented (JM - 03/31/2023)

185a - Implement Storage Procedures

8. Requirements

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 had a reading of 253 stored for 3/7/23 at 4:36 PM, however, the medication administration record (MAR) reflected a reading of 283 for this date.

Resident 2's MAR reflected a reading of 161 on 3/13/23 at 3:49 PM, however, this reading was not stored in the resident's glucometer.

Repeat Violation-3/1/22

185a - Implement Storage Procedures (continued)**Plan of Correction****Accept (JM - 03/23/2023)**

An audit of all glucometers was performed on 3/22/23 by the night shift LPN and med-tech. Moving forward, inspection/audit of all glucometers will be done weekly by the night shift LPN/Med-tech to ensure the result from the glucometer matches the result recorded in the MAR,

Licensee's Proposed Overall Completion Date: 03/23/2023

Implemented (JM - 03/31/2023)