

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

October 31, 2023

[REDACTED]
MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA
801 RIDGE PIKE
LAFAYETTE HILL, PA, 19444

RE: MASONIC VILLAGE OF LAFAYETTE
HILL
801 RIDGE PIKE
LAFAYETTE HILL, PA, 19444
LICENSE/COC#: 13870

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/03/2023 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 OF LAFAYETTE HILL License #: 13870 License Expiration: 01/01/2024
Address: 801 RIDGE PIKE, LAFAYETTE HILL, PA 19444
County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA
Address: 801 RIDGE PIKE, LAFAYETTE HILL, PA, 19444
Phone: [REDACTED] [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 01/02/1976 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 34 Waking Staff: 26

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 07/03/2023

Inspection Dates and Department Representative

07/03/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 51	Residents Served: 34		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 1	Are 60 Years of Age or Older: 34		
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 0	Have Physical Disability: 0		

Inspections / Reviews

07/03/2023 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/07/2023

09/07/2023 - POC Submission
Submitted By: [REDACTED] Date Submitted: 10/20/2023
Reviewer: [REDACTED] [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/12/2023

Inspections / Reviews *(continued)*

09/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/30/2023

10/31/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

91 - Telephone Numbers

1. 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 telephone in Resident Bedroom 2131.

Plan of Correction

Accept (████) - 09/14/2023)

An emergency phone sticker was applied on the phone the day of inspection. The ID team will ensure new admissions have emergency phone stickers applied the day of admission. Emergency phone sticker audits will be done weekly times four weeks, then monthly time four months. Audits started 7/10/23. Audits will be completed by PC administrator or designee and reviewed at QAPI meetings.

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented (████) - 10/31/2023)

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Resident Bedroom 2111 has an enabler that does not have a cover present over the opening at the top of the bar. The opening of the enabler bar is 5" in height and 27" in width. This puts the resident at risk of potential strangulation, suffocation, entrapment, or other serious injury.

Plan of Correction

Accept (████) - 09/14/2023)

A pillowcase was put over the bed enabler at the time of the inspection. Every bed enabler was covered with a sheet or pillowcase at the time of the inspection. Therapy evaluated each resident that had an enabler and determined which residents need to have in place. New enablers, and covers were ordered for those residents in need. New admissions will be evaluated by the therapy department if a bed enabler is needed. If needed nursing will ensure enabler is covered appropriately. Bed enabler audits will be done weekly times four weeks, then monthly times four months. Audits were started 7/10/23 and will be completed by PC administrator or designee. Audits will be reviewed at QAPI meetings quarterly.

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented (████) - 10/31/2023)