

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

February 13, 2024

[REDACTED], ADMINISTRATOR
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 01/24/2024, 01/25/2024 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: 01/01/2025
 Address: ONE MASONIC DRIVE, ELIZABETHTOWN, PA 17022
 County: LANCASTER Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED] 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: 135 Waking Staff: 101

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 01/25/2024

Inspection Dates and Department Representative

01/24/2024 - On-Site: [REDACTED]
 01/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 135 Residents Served: 124

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 124
 Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 5
 Have Mobility Need: 11 Have Physical Disability: 0

Inspections / Reviews

01/24/2024 Full
 Lead Inspector: Deirdre Mojica Follow-Up Type: POC Submission Follow-Up Date: 02/08/2024

02/07/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/12/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/14/2024

Inspections / Reviews *(continued)*

02/09/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/12/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/16/2024

02/13/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/12/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 1/25/2024 at 2:05 PM, there were two half-full, uncovered, unattended trash cans in the kitchen by the handwash stations.

Plan of Correction

Accept [redacted] - 02/09/2024)

On 1/30/2024, staff were educated by the Dining Room Supervisor on the importance of trash receptacles being covered to prevent penetration of insects and rodents. The Dining room supervisor purchased lids for the receptacles and placed on receptacles on 1/29/2024. The Dining Room Supervisor or Assistant Supervisor will audit the trash receptacles weekly starting 2/8/24 to ensure lids are in place.

See attached photo.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented [redacted] - 02/13/2024)

132d - Evacuation

2. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire drill held on 10/26/2023 at 12:30 AM had an evacuation time of 12 minutes and 10 seconds. The maximum safe evacuation time specified in writing within the past year by a fire safety expert is 10 minutes.

Plan of Correction

Directed ([redacted] - 02/09/2024)

Residents and staff were educated by PC Administrator on fire safety and evacuation procedures on 1/31/2024 and 2/1/2024. On 2/1/2024, a night shift fire drill was held at 12am. 119 residents were evacuated in 9 minutes and 47 seconds to the designated fire safe area. Security will provide the documentation of every fire drill to the PC administrator within 24 hours of the fire drill to review to ensure there are no issues and the drill was passed.

Security will document any problems that may have occurred on the fire drill log. If the drill is not passed, and there are obstacles documented, PC Administrator and or Security will provide education to the staff and the drill will be repeated by security to ensure the time requirement is met.

*see attached fire drill log

Proposed Overall Completion Date: 02/08/2024

(Directed)

- Residents and staff were educated by PC Administrator on fire safety and evacuation procedures on 1/31/2024 and 2/1/2024.

132d - Evacuation (continued)

- On 2/1/2024, a night shift fire drill was held at 12am. 119 residents were evacuated in 9 minutes and 47 seconds to the designated fire safe area.
- Starting 2/1/2024, Security will provide the documentation of every fire drill to the PC administrator within 24 hours of the fire drill to review to ensure there are no issues and the drill was passed. Security will document any problems that may have occurred on the fire drill log. PC Administrator will document his/her initials on the fire drill log once audit review has been completed.
- If the drill is not completed within the maximum safe evacuation time specified in writing within the past year by a fire safety expert and there are obstacles documented, PC Administrator and or Security will provide education to the staff and/or residents, as applicable, and the drill will be repeated by security to ensure the time requirement is met.

Directed Completion Date: 02/08/2024

Implemented (████) - 02/12/2024)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's most recent medical evaluation was signed by the medical professional on ██████. On ██████, the medical evaluation did not include the Date Resident Evaluated, Date Form Completed, nor the Medical Professional License Number.

Plan of Correction

Accept (████) - 02/07/2024)

On ██████ current DME was corrected with dates and NP license number. On 1/29/2024, providers were educated on how to properly complete the DME form. On 1/29, all DME's were audited. Beginning 2/1/2024, all completed DME's will be returned to the Nurse Manager to be reviewed to ensure DME's are filled out in entirety, prior to being placed in the resident's medical chart.

Licensee's Proposed Overall Completion Date: 02/05/2024

Implemented (████) - 02/13/2024)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on [REDACTED] The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 02/09/2024)

Education provided to NM and all staff on 1/31/24 and 2/1/24 on the regulatory requirements as it relates to annual medical evaluations. On 1/26/2024 a tracking tool was created to track DME due dates to ensure DME's are completed at least annually. On 1/29/2024 all DME's were audited by Nurse Manager. Effective 2/1/2024 the nurse manager will review the tracking tool and prepare DME to be completed by provider at appointment. Tracking tool will be updated by the Nurse manager as dates change. New residents will be added or residents who are no longer living in PC will be removed.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented ([REDACTED] 02/13/2024)

185a - Implement Storage Procedures

5. 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

On [REDACTED] at [REDACTED] Resident #2 has a blood glucose level of [REDACTED] recorded on the Medication Administration Record. The glucometer reading was [REDACTED].

Repeated Violation - 3/14/2023, et al

Plan of Correction

Accept ([REDACTED] - 02/09/2024)

An audit of all glucometers was completed on 1/31/2024 by the night shift LPN's. Moving forward a weekly audit will be completed beginning 2/7/2024 by night shift LPN's to ensure results from glucometer matches what was documented in the MAR. If an incorrect result was documented a Nurse note will be written with the correct result. Nurse Manager will review the auditing tool and provide education to staff if any error in documentation noted. PC Administrator provided education to staff on this procedure.

Audit was already in place from last years annual survey POC. Audit did capture incorrect documentation, however a nurse note was not written indicating this error. (see attachment) Beginning 2/7/2024, when an audit is completed the night shift LPN completing audit will document a nurse note indicating correct reading on Glucometer. NM will also review audit tool and provide any one to one education if there is a documentation error.

Proposed Overall Completion Date: 02/08/2024

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented ([REDACTED] - 02/13/2024)