

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

December 2, 2024

[REDACTED], ASSISTANT EXECUTIVE DIRECTOR  
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 08/08/2024 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 OF LAFAYETTE HILL License #: 13870 License Expiration: 01/01/2025
Address: 801 RIDGE PIKE, LAFAYETTE HILL, PA 19444
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [Redacted]

Legal Entity

Name: MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA
Address: 801 RIDGE PIKE, LAFAYETTE HILL, PA, 19444
Phone: [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: 31 Waking Staff: 23

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 08/08/2024

Inspection Dates and Department Representative

08/08/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 51 Residents Served: 31
Secured Dementia Care Unit
In Home: No Area: Capacity: Residents Served:
Hospice
Current Residents: 0
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 31
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

08/08/2024 Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 09/12/2024
11/06/2024 - POC Submission
Submitted By: [Redacted] Date Submitted: 11/25/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/12/2024

Inspections / Reviews *(continued)*

11/19/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/25/2024

12/02/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

*Staff member A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.*

Plan of Correction

Accept (████) - 11/19/2024)

*The high school diploma was obtained from employee A during the survey and placed in her file. All direct care staff will be required to supply the diploma, GED, or active CNA when hired moving forward. Any new hires will be audited for compliance. \* All current employees have the required qualifications for their positions. Human Resources and the PC administrator will ensure the appropriate paperwork is on file for any new employees prior to start date.*

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented (████) - 12/02/2024)

65d - Initial Direct Care Training

3. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.
  - xi. Care and needs of residents with special emphasis on the residents being served in the home.
  - xii. Safety management and hazard prevention.
  - xiii. Universal precautions.
  - xiv. The requirements of this chapter.
  - xv. Infection control.
  - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

65d Initial Direct Care Training (continued)

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department approved direct care training course and pass the competency test.

Plan of Correction

Accept ([REDACTED] - 11/19/2024)

Staff person A completed [REDACTED] direct care training course and passed. See attached. Audit all current employees to ensure that all have direct care training course completion. All new hires will need to complete training as well. Audits will be completed on new hires prior to providing unsupervised services.

\* All current employees that require direct care training were audited and are current audits completed by PC administrator on 9/13/24. No new hires since survey. Any new hires that require the training will complete direct care training prior to working on unit.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented ([REDACTED] - 12/02/2024)

85d - Trash Receptacles

4. 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 8/08/2024, there was a full, uncovered, unattended trash can in the main kitchen.

Plan of Correction

Accept ([REDACTED] - 11/19/2024)

Trash cans with lids were ordered day after survey and are currently in use in the kitchen. Staff being in serviced on new trash cans and procedure on keeping cans covered. \* Staff were in serviced on procedure on 9/16/24 by the dining director and managers.

Proposed Overall Completion Date: 09/18/2024

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented ([REDACTED] - 12/02/2024)

86b - Bathroom

5. Requirements

2600. 86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in bedrooms 2109, 2111, and 2112 does not have an operable window or ventilation fan.

86b Bathroom (continued)

Plan of Correction

Accept (█ - 11/19/2024)

The roof exhaust fan was checked and repaired. The rooms will be verified to have positive exhaust from the bathroom. In addition, facility will perform a monthly audit/ check of ventilation exhaust in a random personal care rooms. \* The fan was repaired on 9/10/24. Audits will begin today 11/8/24 and occur monthly for 6 months by the Maintenance Director or designee.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented (█ - 12/02/2024)

89b - Hot Water Temperature

6. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 8/08/2024, the hot water temperature in bedrooms 2109 and 2112 measured 141.0 degrees Fahrenheit, and at bedroom 2111 it measured 142.1 degrees Fahrenheit.

Plan of Correction

Accept (█ - 11/19/2024)

The domestic hot water mixing valve was adjusted on the day of the survey. NOTE: the daily temperature taken on maintenance rounds that day was 112 degrees. The BAS water history chart for the day of the survey and the week prior shows a maximum temperature of 119 degrees. Water temperature will still continue to be monitored/ audited daily in accordance with standard operating procedures, starting immediately.

\* Water temps are audited daily and are ongoing without a stop date. Audits are completed by maintenance. Water temps have been in compliance.

Proposed Overall Completion Date: 11/08/2024

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented (█ - 12/02/2024)

95 - Furniture and Equipment

7. Requirements

2600.

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

Description of Violation

On August 8, 2024, there was a broken pipe dripping water in the facility's boiler room. A wet puddle was visible on the ground.

95 - Furniture and Equipment (continued)

Plan of Correction

Accept ( ) - 11/01/2024)

A thorough inspection of the boiler room revealed no broken pipe. Water on the floor was due to condensation dripping off a pipe. Facility will wrap the pipe so that water does not accumulate on the floor.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ( ) - 12/02/2024)

103g - Storing Food

9. Requirements

2600. 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There were two bags of bread and a tray of pastries on the main kitchen refrigerator that were opened, unsealed, and uncovered.

There were three trays of pastries in the personal care kitchenette that were uncovered.

Plan of Correction

Accept ( ) - 11/19/2024)

The bread and pastries were immediately removed and disposed of. Training being completed with staff regarding unsealed, opened, and uncovered food. Audits will be performed by dining director or designee weekly x 4 then monthly x 4 then as needed. Audits will be reported in QAPI.

\*Trainings were completed with staff beginning on 8/26/24. Audits began 8/27/24 and are being done by the dining director or designee.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented (SW - 12/02/2024)

107b - Emergency Procedures

10. Requirements

- 2600. 107.b. The home shall have written emergency procedures that include the following:
  1. Contact information for each resident's designated person.
  2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
  3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
  4. Means of transportation in the event that relocation is required.
  5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
  6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home's written emergency procedures do not include the contact information for each resident's designated person.

Plan of Correction

Accept ( ) - 11/19/2024)

Resident face sheet binder was attached to the emergency preparedness plan book in the nursing office to ensure the residence is prepared to respond to emergencies. There will be weekly audits done by personal care director or designee x 4 weeks then monthly x 4 months then as needed to ensure both binders are in the designated area and the face sheets are up to date. There was a training completed with staff to ensure they are aware of the procedure.

107b - Emergency Procedures (continued)

Audits will be reported in QAPI meetings.

\*Staff received training on procedure on 8/22/24 from the PC director. The PC director or designee began auditing on 9/13/24.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented (████) - 12/02/2024)

124 - Notice to Fire Department

11. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept (████) - 11/19/2024)

A letter containing the address of the home, location of the personal care rooms, and assistance needed to evacuate in an emergency was prepared and sent to the township fire marshal. see attached. \* The letter was sent to the fire department on 9/11/24 by the maintenance director.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented (████) - 12/02/2024)

132b - Safety Inspection/Fire Drill

12. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 10/06/2022. There was no fire inspection or fire drill observed by a fire safety expert in 2023.

Plan of Correction

Accept (████) - 11/19/2024)

A fire safety inspection was conducted in 2024 by the township fire marshal's office. A supervised fire drill was conducted by the township fire marshal on 8/30/2024. Documentation is on file. see attached. \* The director of environmental services made the fire department aware that they need to do the drills annually to remain compliant. The drill occurred on 8/30/24. The director will ensure that this is compliant annually.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented (████) - 12/02/2024)

132d - Evacuation

13. Requirements

132d - Evacuation (continued)

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

During the fire drills on 9/19/2023 and 12/7/2023, the fire drill records have a more than (>) 8 minutes evacuation time. The home has a maximum safe evacuation time specified in writing within the year 2022 by a fire safety expert of 8 minutes and 0 seconds.

Plan of Correction

Accept (█ - 11/19/2024)

Future fire drills will be documented with the total elapsed evacuation time instead of indicating that the evacuation time was exceeded. \* Fire drills are being completed monthly and will continue. Any drills that are greater than 8mins are discussed by administration for any room for improvement and quality improvement. Drills that are out of time frame are repeated as needed to ensure compliance. The director of environmental services completed the fire drills, monitors the time, and reports to the administrative team/QAPI.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented (SW - 12/02/2024)

132f - Alternate Exit Routes

14. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The exits 1, 2, and 4 were used during fire drills held 11/22/23,12/7/23 and 12/19/23.

Plan of Correction

Accept (█ - 11/19/2024)

These exits are necessary to use due to the layout of the building. Using another exit would route the evacuating residents through the fire location, not away from it. However, moving forward, exit routes will be varied when possible.

\*September fire drill (9/27) was conducted at 2:20 am with an evacuation time of 4:36mins. Exits used were 1 and 4. Alternate exit routes will be utilized for future drills. The director of environmental services completes the drills and will ensure compliance with alternate routes.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented (█ - 12/02/2024)

171b4 - Staff Training

16. Requirements

2600.

171b4 - Staff Training (continued)

- 171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
  - 4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

**Description of Violation**

*Staff person B who provided transportation to the residents has not completed the initial new hire direct care staff person training, nor has any staff person who accompanied residents on the trip.*

**Plan of Correction**

**Accept** [REDACTED] - 11/19/2024)

*All personal care transportation employees will complete direct care staff training. Direct care staff training was added to the required learning modules for all personal care drivers. An audit will be completed weekly x 4 to ensure this is completed by the transportation manager. Audits will be reviewed in QAPI.*

*\* Staff member B completed [REDACTED] direct care training on [REDACTED]. Audits started 9/12/24. All transportation staff that drives for personal care has completed the training as of 10/2/24. Audit is completed as all staff are compliant. Any new employees hired are receiving the direct care training as part of orientation.*

**Licensee's Proposed Overall Completion Date:** 11/07/2024

**Implemented** [REDACTED] - 12/02/2024)

183b - Meds and Syringes Locked

**17. Requirements**

- 2600.
- 183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

*On [REDACTED], there was [REDACTED] lotion, [REDACTED] and [REDACTED] prescribed for resident 4, unlocked, unattended, and accessible in the resident's bedroom.*

**Plan of Correction**

**Accept** ( [REDACTED] - 11/19/2024)

*Residents who self-administer medications will be assessed by the physician as being capable of self-administration. The ability to self admin medications will be documented on the initial assessment, DME and support plan. Audits will be done to ensure residents who do not self-administer do not have any medications in their rooms. Weekly audits x4, monthly x 4 then as needed by the director of personal care or designee. \* Audits began on 9/13/24 and are being completed by the personal care director or designee.*

**Licensee's Proposed Overall Completion Date:** 11/07/2024

**Implemented** [REDACTED] - 12/02/2024)

183e - Storing Medications

**18. Requirements**

- 2600.
- 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e - Storing Medications (continued)

**Description of Violation**

██████████, prescribed for resident 4, was in the medication cart with an expiration date of ██████████.

██████████, prescribed for resident 5, was in a blister card. The foil on the back of pill #7 has an opening in it.

██████████, prescribed for resident 6, was in a blister card. The foil on the back of pill #29 has an opening in it.

**Plan of Correction**

Accept (██████) - 11/19/2024)

The medications were immediately wasted when found to be expired and foil open. Audits being completed weekly x 4, then monthly x 4, then as needed to ensure there are no expired medications or opened packaging. Audits will be completed by the personal care director or designee. Audits will be reviewed in QAPI. \* Audits began on 9/13/24 and are being completed by the personal care director or designee.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented (██████) - 12/02/2024)

252 - Record Content

**19. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.

**252 - Record Content (continued)**

23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

**Description of Violation**

*Residents 1, 2, and 3 records do not include the hair color or eye color.*

**Plan of Correction**

**Accept** [REDACTED] - 11/06/2024)

*Hair and eye color is present under special instructions in our electronic health records. It was present and provided for all residents in question at time of survey. Facility will ensure that the information is there for all others and kept up to date.*

**Licensee's Proposed Overall Completion Date: 09/11/2024**

**Implemented** [REDACTED] - 12/02/2024)