

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

June 3, 2026

[REDACTED], ASMINISTRATOR
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 05/12/2026, 05/13/2026 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: 01/01/2027
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: 128 Waking Staff: 96

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 05/13/2026

Inspection Dates and Department Representative

05/12/2026 - On-Site: [Redacted]
05/13/2026 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 4 columns: Category, Value 1, Value 2, Value 3. Rows include General Information (License Capacity: 135, Residents Served: 113), Secured Dementia Care Unit (In Home: No, Area, Capacity, Residents Served), Hospice (Current Residents: 1), and Number of Residents Who (Receive Supplemental Security Income: 2, Are 60 Years of Age or Older: 120, Diagnosed with Mental Illness: 11, Diagnosed with Intellectual Disability: 3, Have Mobility Need: 15, Have Physical Disability: 0).

Inspections / Reviews

Table with 3 columns: Date/Type, Lead Inspector, Follow-Up Type, Follow-Up Date. Rows include 05/12/2026 Full (Lead Inspector: [Redacted], Follow-Up Type: POC Submission, Follow-Up Date: 06/06/2026) and 06/02/2026 - POC Submission (Submitted By: [Redacted], Date Submitted: 06/03/2026, Reviewer: [Redacted], Follow-Up Type: Document Submission, Follow-Up Date: 06/16/2026).

Inspections / Reviews *(continued)*

06/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/03/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 5/12/26 at 12:29 PM, resident dietary needs for Residents #8 and #9 were unlocked, unattended, and accessible upon entering the resident dining room.

Plan of Correction

Accept ([redacted]) - 06/02/2026)

In response to the violation on 05/12/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 05/12/2026 the Assistant DR Supervisor secured diet labels, placed them face down on clipboard at host stand attended by staff.
- 2. on 05/12/2026 the Assistant DR Supervisor educated staff on process to keep diet labels secured at host stand and for staff to affix to menu when seating resident with dietary need.

To enhance the currently compliant operations, on 05/29/2026 the DR Supervisor provided education to all dietary staff on confidentiality of resident information, with a completion date of 06/05/2026.

Effective 06/01/2026 the Assistant DR supervisor or DR Supervisor will perform daily checks of diet labels to ensure they are secured, through 06/15/2026 then weekly checks starting 6/17/2026, ending 7/31/2026 to maintain ongoing compliance with keeping resident records confidential, and, except in emergencies, to not allow access to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented ([redacted]) - 06/03/2026)

65g - Annual Training Content

2. Requirements

2600.

- 65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 - 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

65g Annual Training Content (continued)

Description of Violation

Staff Member's A, B, and C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert in the 2025 training year.

Plan of Correction

Accept ([redacted]) - 06/02/2026

In response to the violation on 05/12/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 05/28/2026 the PCHA audited annual fire safety training log to ensure all staff received training by a "fire safety expert".
- 2. on 05/29/2026& 05/30/2026 the PCHA provided education to DCS on fire safety procedures who did not receive training by a "fire safety expert".

To enhance the currently compliant operations:

- 1. on 07/01/2026 the PCHA will notify staff of mandatory annual fire safety training occurring on 7/10/2026, with a completion date of 07/10/2026.
- 2. on 07/10/2026 the PCHA will take attendance of staff present at annual fire safety training, with a completion date of 07/10/2026.
- 3. on 07/13/2026 the PCHA will schedule make up training with PCHA for staff not present at annual fire safety training, with a completion date of 07/31/2026.

The overall completion date is 07/31/2026.

Effective 07/01/2026 the PCHA will perform annual audits of annual training log, through 07/30/2027 to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in, including fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 07/31/2026

Licensee's Proposed Overall Completion Date: 06/02/2026

Implemented ([redacted]) - 06/03/2026

82a - Poisonous Materials

3. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

82a - Poisonous Materials (continued)

Description of Violation

On 5/12/26, two clear spray bottles containing a clear liquid was labeled as "Soap + Water" in black marker. One bottle was observed in the cabinet underneath the sink of the 1st floor resident kitchenette, and the second bottle was observed underneath the sink of the 3rd floor resident kitchenette.

Plan of Correction

Accept (█) - 06/02/2026

In response to the violation on 05/12/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 05/12/2026 the Housekeeper removed unlabeled bottles from cabinets.
2. On 5/12/2026 an audit was conducted by housekeeping of all cabinets to ensure there were no unlabeled bottles containing chemicals.
3. on 05/27/2026 by the Assistant Director of Facilities to Education provided to staff on need for manufacturer labels on bottles containing poisonous materials and that poisonous materials should remain in their original container.

To enhance the currently compliant operations, on 06/01/2026 the housekeeper will check cabinets daily for 2 weeks to ensure there are no unlabeled bottles with poisonous materials, with a completion date of 06/15/2026.

Effective 06/17/2026 the housekeepers will perform weekly inspections of containers and spray bottles to ensure they are properly labeled, through 10/01/2026 to maintain ongoing compliance housekeepers will check cabinets weekly on Wednesday to ensure any poisonous materials in cabinets are labeled with manufacturers label. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/15/2026

Implemented (█) - 06/03/2026

103c - Food Protected

4. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 5/12/26, plates of salad, applesauce, and pudding were unprotected from contamination while being stored in the refrigerators located in the home's kitchen.

Plan of Correction

Accept (█) - 06/02/2026

In response to the violation on 05/12/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/12/2026 the DR Supervisor ensured food was properly covered to prevent contamination while being stored in the refrigerators.

To enhance the currently compliant operations, on 05/29/2026 the DR Supervisor will provide education to dietary staff about proper food storage, with a completion date of 06/05/2026.

103c - Food Protected (continued)

Effective 06/01/2026 the DR Supervisor or Assistant DR supervisor will perform daily checks of food to ensure it is properly covered while stored in the refrigerator, through 06/15/2026, then on 6/17/2026 start weekly checks thru 7/31/2026 to maintain ongoing compliance with ensuring food is protected from contamination while being stored, prepared, transported and served. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented () - 06/03/2026

182c - Medication Administration

6. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

On 11/6/25 at 8:15 AM, Staff Member E placed Resident #3's medications in front of Resident #3 at a shared table. Staff Member E walked away and did not observe Resident #3 ingest the medications. Resident #4 was sitting at the same table and took the medications that were to be administered to Resident #3. Resident #4 later "c/o feeling 'like [REDACTED]". Resident #4 reported feeling "really tired" and that [REDACTED] had to "throw up". Resident #4 was taken to the hospital to be evaluated.

Plan of Correction

Accept () - 06/02/2026

In response to the violation on 05/12/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 05/29/2026 the Nurse Manager to educated staff on proper medication administration practices

To enhance the currently compliant operations, on 06/01/2026 the Nurse Manager will observe LPN performing med passes daily for 2 weeks, with a completion date of 06/15/2026.

Effective 06/15/2026 the Nurse Manager will perform weekly audits to ensure LPN is observing resident taking medication, through 07/31/2026 to maintain ongoing compliance with ensuring medication administration includes the following activities, based on the needs of the resident. This includes. medicating one resident at a time, performing 3 checks of the 5 rights and observing resident taking medication and monitoring for any adverse reactions after medication administration. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/15/2026

Implemented () - 06/03/2026

187b - Date/Time of Medication Admin.

7. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. (continued)

Description of Violation

Resident #7 is prescribed Trulicity Subcutaneous Solution Injector 4.5 MG in the morning every Wednesday. Resident #7's medication administration record does not include the initials of the staff person who administered this medication on 5/6/26 in the morning.

Plan of Correction

Accept (█ - 06/02/2026)

In response to the violation on 05/12/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/21/2026 by the Nurse manager to educate staff on medication administration procedures.

To enhance the currently compliant operations, on 06/01/2026 the LPN will run missed med report in PCC at end of shift to indicate missing signatures for medications dispensed during shift to ensure all medications were administered and signed, with a completion date of 06/01/2026.

Effective 06/01/2026 the Nurse Manager will perform daily audits of missed signature report in PCC, through 6/15/2026 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2026

Implemented (█ - 06/03/2026)

190c - Record of Training

8. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

Staff Member F's 2025 Medication Administration Summary and Requalification document did not indicate if Staff Member F was requalified and did not include the student signature and date.

Plan of Correction

Accept (█ - 06/02/2026)

In response to the violation on 05/12/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 05/27/2026 the PCHA audited all med-tech Summary and requalification forms.*
- 2. on 05/27/2026 the PCHA obtained signature from staff member F for form that was not signed.*

To enhance the currently compliant operations, on 06/01/2026 the PCHA will audit Summary and requalification forms for med-techs and ensure signatures are obtained and forms completed for requalification, with a completion date of 06/30/2026.

190c - Record of Training (continued)

Effective 07/01/2026 the PCHA will perform quarterly checks of Summary and requalification forms for signatures, through 12/31/2026 to maintain ongoing compliance with ensuring A record of the training must be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/30/2026

Implemented (█) - 06/03/2026)

225c - Additional Assessment

9. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #6's assessment, dated █ indicated no dietary need and to follow a "House Diet". However, Resident #6 received an order on █ for a chopped, dime sized piece diet with extra gravy, sauce, condiments on the side and low sodium. Resident #6's assessment was not updated to reflect the residents change in dietary needs.

Plan of Correction

Accept (█) - 06/02/2026)

In response to the violation on 05/12/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 05/14/2026 the Nurse Manager corrected support plan with appropriate diet order.
- 2. on 05/14/2026 the Nurse Manager audited all diet orders and support plans for accuracy

To enhance the currently compliant operations, on 05/29/2026 the Nurse Manager will provide education to all staff regarding updating support plans when new orders are received, with a completion date of 06/05/2026.

Effective 06/01/2026 the Nurse Manager will perform monthly audits of support plans to ensure they are updated with appropriate information, through 12/31/2026 to maintain ongoing compliance with ensuring each resident has additional assessments, including if the condition of the resident significantly changes prior to the annual assessment. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/05/2026

Implemented (█) - 06/03/2026)