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

August 6, 2026

[redacted]
MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA
[redacted]

RE: MASONIC VILLAGE AT SEWICKLEY-
STAR POINTS BUILDING
1000 MASONIC DRIVE
SEWICKLEY, PA, 15143
LICENSE/COC#: 44439

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/25/2026 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 SEWICKLEY-STAR POINTS BUILDING* **License #**: *44439* **License Expiration**: *01/01/2027*

Address: *1000 MASONIC DRIVE, SEWICKLEY, PA 15143*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *39* **Waking Staff**: *29*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *06/25/2026*

Inspection Dates and Department Representative

06/25/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* **Residents Served**: *39*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *38*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *4*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

06/25/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/26/2026*

07/24/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/05/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/07/2026*

Inspections / Reviews *(continued)*

08/06/2026 Document Submission

Submitted By: [redacted]

Date Submitted: *08/05/2026*

Reviewer: [redacted]

Follow Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] returned from a hospital to the home on [redacted]. The resident was prescribed [redacted] - [redacted] by mouth twice a day X 7 days then take 5mg by mouth twice a day. However, [redacted] of [redacted] was administered twice a day for eight days from [redacted] through and including [redacted]. Additionally, [redacted] was not administered to resident [redacted] on [redacted] and was only administered once on [redacted].

Plan of Correction ***Accept [redacted] - 07/24/2026)***

There was a transcription error when the order was placed into the emar system. The order had an end date entered causing the medication to fall off of the mar. This should have been caught when the redline report was done.

With the discovery of the medication error and during discussion at the exit conference, a reportable incident had not been submitted, as the error was just found that day. Reportable incident was submitted by the administrator that day, 06/25/26.

The administrator and the nurse manager are providing education to all nursing staff on the proper procedure for doing the redline report.

The nurse manager is doing random medication order checks/red line report checks to ensure that the redline report is being done correctly. 5 charts/week x one month, 3 charts/week x one month, and 1 chart/week x 1 month.

Education provided to staff that they are to report any unreported or undocumented in the report book, changes in medication orders to the shift nurse or nurse manager immediately.

The staff cross reference medication orders with the emar for inconsistencies when administering medications each med pass.

The administrator reported the exit conference results of this survey at the quarterly QAPI meeting on 07/15/26 and what the Plan of Correction will be. The final results will be reported at the next quarterly QAPI meeting with the final red line audit results on October 21, 2026.

Licensee's Proposed Overall Completion Date: *08/06/2026*

Implemented [redacted] - 08/06/2026)