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

September 8, 2026

[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 07/29/2026 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 OF LAFAYETTE HILL* **License #**: *13870* **License Expiration**: *01/01/2027*

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] **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**: *24* **Waking Staff**: *18*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *07/29/2026*

Inspection Dates and Department Representative

07/29/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *51* **Residents Served**: *24*

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**: *24*

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

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

Inspections / Reviews

07/29/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/17/2026*

08/14/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/08/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/19/2026*

Inspections / Reviews *(continued)*

09/08/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *09/08/2026*

Reviewer: [redacted] **Follow Up Type:** *Bypass Document Submission*

09/08/2026 Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *09/08/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

103e - Left Overs

1. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were 3 unlabeled, undated sauces, 1 yellow brown sauce in a silver bowl, 1 yellow sauce in a square white dish, and 1 yellow sauce in small white condiment bowl, in the walk in fridge closest to the kitchen prep area.

Plan of Correction ***Accept ([redacted] - 09/08/2026)***

The three unlabeled and undated sauces were immediately discarded. Dietary staff were re-educated on the requirement that all leftover food items must be properly labeled and dated. The Dietary Manager or designee will complete weekly audits of the walk-in refrigerator for four weeks, followed by monthly audits for three months to ensure continued compliance. Any identified concerns will be corrected immediately, and staff will be re=educated as necessary. The training was complete 9/4/2026 with staff and the audit began 9/4/2026.

Licensee's Proposed Overall Completion Date: *10/02/2026*

Implemented ([redacted] - 09/08/2026)

187b - Date/Time of Medication Admin.

3. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident # 1 is prescribed Lantus Solostar Pen Injector 100 Unit/ML inject 25 units subcutaneously at bedtime. Resident # 1's July 2026 medication administration record does not include the initials of the staff person who administered Lantus Solostar Pen Injector on 7/26/26 at 2100.

Plan of Correction ***Accept ([redacted] - 09/08/2026)***

1. Nurse confirmed they administered the insulin and forgot to sign/document.
2. Initial audit of random sample MARS to ensure no pattern of noncompliance.
3. Nursing staff will be educated on medication documentation at time of administration.
4. EMAR audits to be completed weekly x4 then monthly x4 to ensure there are no missed EMAR sign outs. Audits to be completed by administrator or designee, Audits to be reviewed quarterly at QAPI.

Licensee's Proposed Overall Completion Date: *12/04/2026*

Implemented ([redacted] - 09/08/2026)