

Department of Human Services  
Bureau of Human Service Licensing

June 1, 2021

██████████ 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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/25/2021, 02/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Mia Johnson

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** MASONIC VILLAGE OF LAFAYETTE HILL      **License #:** 13870      **License Expiration Date:** 01/01/2022  
**Address:** 801 RIDGE PIKE, LAFAYETTE HILL, PA 19444  
**County:** MONTGOMERY      **Region:** SOUTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 6108256100      **Email:** [REDACTED]  
[REDACTED]

**Legal Entity**

**Name:** MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA  
**Address:** 801 RIDGE PIKE, LAFAYETTE HILL, PA, 19444  
**Phone:** 6108256100      **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:** NaN      **Waking Staff:** NaN

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 02/26/2021

**Inspection Dates and Department Representative**

02/25/2021 - On-Site: [REDACTED]  
02/26/2021 - 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:** N/A      **Are 60 Years of Age or Older:** 31  
**Diagnosed with Mental Illness:** N/A      **Diagnosed with Intellectual Disability:** N/A  
**Have Mobility Need:** N/A      **Have Physical Disability:** N/A

## Inspections / Reviews

02/25/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/05/2021*

4/2/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/05/2021*

6/1/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] resident #1 had fell in [redacted] room and was sent to the hospital, the home did not report this incident to the Department until [redacted]

On [redacted], the home was notified of resident #2's death, the home did not report this incident to the Department until [redacted]

On 06/02/20, resident #3 was not administered his 2mg Diazepam, the home did not report this incident to the Department until 06/04/20.

On 04/10/20, resident #4 tested positive for COVID-19, the home did not report this incident to the Department until 04/13/20.

On [redacted], resident #5 was sent to the hospital due to change in mental status, weakness and loss of appetite, the home did not report this incident to the Department until [redacted]

On 12/14/20, resident #6 was not administered his Atorvastatin Calcium, the incident report did not have the dated of when it was reported to the Department.

Plan of Correction

Accept

Immediate education/ in-service for all nursing staff on reportable events, reporting requirements , and MVLH policies and procedure on reporting. This will be audited weekly by the PC administrator to ensure compliance for 6 months than evaluate need to continue.

Completion Date: 03/31/2021

Document Submission

Implemented

Completed as above.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 02/26/21, there was a pink residue on the white plastic inside the ice maker and a brownish substance inside the border around the door of the ice maker located in the kitchen of the second floor dining room.

Plan of Correction

Accept

Corrected at time of inspection, and food service staff educated/ in-serviced. All Ice machines placed on quarterly sanitation/ inspection with Clarke service group. This will be audited monthly by the food service management team for 6 months than evaluated for need to continue.

Completion Date: 03/31/2021

85a - Sanitary Conditions (continued)

Document Submission

Implemented

Completed as above.

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 02/26/21, the trash can located in the kitchen of the second floor dining room was uncovered and unattended.

Plan of Correction

Accept

Corrected immediately at time of inspection. In-service and re-education for all staff. Will be monitored, and incorporated in monthly audits done by food service management for 6 months than evaluate need to continue.

Completion Date: 03/31/2021

Document Submission

Implemented

Completed as above.

86b - Bathroom

1. 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 rooms [redacted] and [redacted], do not have an operable window or ventilation fan. The exhaust fan is inoperable and there is no window in the bathrooms.

Plan of Correction

Accept

upon discovery of this issue by the surveyor on 2/26/2021 maintenance was notified and corrected at that time. The cause was a malfunctioning roof exhaust fan (this fan serves both mentioned rooms). Bathroom exhaust ventilation was restored in both rooms. The fans will continue to be checked quarterly for proper operation. This will be incorporated in the monthly nursing/ safety audits and reviewed at monthly safety committee meetings for 6 months, and will evaluate need to continue.

Completion Date: 03/31/2021

Document Submission

Implemented

Completed as above.

95 - Furniture and Equipment

1. Requirements

2600.

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

95 - Furniture and Equipment (continued)

**Description of Violation**

On 02/26/21, the bathroom sink for the bedroom [REDACTED] was clogged, the water was not going down the drain filling the sink quickly.

**Plan of Correction**

**Accept**

Upon discovery of the issue by the surveyor on 2/26/21 maintenance was notified and corrected the clogged drain. This will be monitored monthly with the nursing/ safety audits and reported/ reviewed at the monthly safety committee meetings for 6 months, and will evaluate need at that time for further auditing . General education/ reminders will be reviewed at the next pc council meeting for residents to report any maintenance issues to nursing.

Completion Date: 03/31/2021

**Document Submission**

**Implemented**

Completed as above.

185a - Implement Storage Procedures

**1. 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**

Resident #7 has orders to have [REDACTED] glucose checked on Mondays, Wednesdays and Fridays three times a day.

On 02/17/21, at 7:18 am, glucometer has a reading of 162, this was not recorded on the MAR log.

On 02/21/21, at 8:08 am, glucometer has a reading of 155, this was not recorded on the MAR log.

On 02/22/21, at 6:04 am, glucometer has a reading of 71, this was not recorded on the MAR log.

On 02/22/21, at 11:05 am, the glucometer reads 165 the MAR logs read 164.

On 02/24/21, at 7:23 am, glucometer has a reading of 104, this was not recorded on the MAR log.

On 02/26/21, the MAR log has a recorded glucose of 189 at 11:00 and 191 at 6:00 am. The glucometer has no corresponding readings for 02/26/21.

**Plan of Correction**

**Accept**

Education provided to all nursing staff on the importance of accurate documentation. The 11-7 nurse will audit glucometer readings on machine, and compare to e-mar twice a week on all residents that receive accu-checks x 6 months, results will be reported to PC administrator for review .

Completion Date: 03/31/2021

**Document Submission**

**Implemented**

Completed as above.