

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

July 25, 2025

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

RE: MASONIC VILLAGE OF LAFAYETTE
HILL
801 RIDGE PIKE
LAFAYETTE HILL, PA, 19444
LICENSE/COC#: 13870

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/05/2025 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: 01/01/2026
 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: [REDACTED]
 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: 36 Waking Staff: 27

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 06/05/2025

Inspection Dates and Department Representative

06/05/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 51 Residents Served: 36
 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: 36
 Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

06/05/2025 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 06/27/2025

Inspections / Reviews *(continued)*

06/26/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/24/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/01/2025

07/01/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/24/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/25/2025

07/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/24/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident [REDACTED] was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 07/01/2025)

Resident [REDACTED] contract was signed by [REDACTED] representative at the time of admission. The contract was given to resident [REDACTED] to review and sign. All current residents' contracts will be audited to check if signed. Any contracts not signed by resident themselves will be reviewed with the resident. All residents will be given a copy of their contract on admission and asked if they would like to sign. An audit will be completed monthly x 6 by the PC administrator or designee on all new admissions to PC to ensure contracts are properly signed. Audits will be reviewed at QAPI. Update 6/27/25- The initial audit has begun and will be completed by 6/30/25. The audits began on 6/23/25 and will be completed monthly x 6 by the PC administrator/ designee.

Inservice/education regarding contract signatures was completed 6/25/25. (see attached)

Licensee's Proposed Overall Completion Date: 07/23/2025

Implemented [REDACTED] - 07/25/2025)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

On [REDACTED], an exterminator from an outside company was at the home. Based on staff interviews, the exterminator moves unsupervised throughout the building weekly on Thursdays. The home did not have a completed background check for the exterminator.

Plan of Correction

Accept [REDACTED] - 07/01/2025)

Exterminators background check was requested from Western Pest company at time of survey for filing. Exterminators will not be unsupervised when on unit treating moving forward. Any contractor that will be unsupervised will have a background check complete on file.

Update 6/30/25- Education completed with maintenance staff on 6/30/25 regarding supervising any contractors during service if a background check is not on file. (see attached)

Licensee's Proposed Overall Completion Date: 07/23/2025

Implemented [REDACTED] - 07/25/2025)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

85a Sanitary Conditions (continued)

Description of Violation

On [redacted] at 9:40 AM, there was an uncovered trash can in the trash area with discarded oatmeal and other food debris. The door to the trash area remained open throughout the day and the home provided documentation of ant and mice pest control problems.

Plan of Correction

Accept [redacted] 07/01/2025)

The trash can was replaced with a can that has a lid on it. All trash cans on the unit will be audited to ensure covered if food is present during biweekly environmental rounds to ensure compliance.

Update 6/30/25

Audits began on 6/25/25

The uncovered trash can was removed and a new can with a lid was put in place on 6/24/25.

Education of PC staff began 6/27/25 regarding ensuring all cans that contain food are covered.

Licensee's Proposed Overall Completion Date: 07/23/2025

Implemented [redacted] - 07/25/2025)

88a - Surfaces

4. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [redacted] at 9:38 AM there was a ceiling tile in the dining area near the door with significant water damage and a hole in the center.

Plan of Correction

Accept [redacted] - 07/01/2025)

The ceiling tile was replaced. Ceiling tiles will be observed during biweekly environmental rounds. Any other ceiling tile issues will be addressed as indicated. Maintenance will audit PC area to ensure no other ceiling tiles need to be replaced.

Update 6/30/25

Ceiling tile was replaced on the day of survey.

The initial audit began on 6/25/25.

Audits began on 6/25/25 and will continue during biweekly rounds.

Education was completed on 6/30/25 with the maintenance staff regarding ceiling tile monitoring and replacement.

Maintenance supervisor/designee is responsible for monitoring compliance.

Licensee's Proposed Overall Completion Date: 07/23/2025

Implemented [redacted] - 07/25/2025)

95 - Furniture and Equipment

5. Requirements

2600.

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

Description of Violation

On [redacted] at 9:48 AM the air conditioner in room [redacted] was not working properly. The room was 81.6 degrees.

95 - Furniture and Equipment (continued)

Resident [redacted] stated during an interview it had not worked for a couple days. At 1:11 PM the room was 78.2 degrees.

At 12:50 PM the light cover on the ceiling of room [redacted] was partially hanging off.

Plan of Correction

Accept ([redacted] - 07/01/2025)

The light cover was secured in place day of survey. All other light covers in place as appropriate. Any other issues will be noted on biweekly environmental rounds and addressed.

The air conditioner unit was repaired at the time of survey. The concerns regarding the air not functioning were not reported to staff prior to survey. Any issues with temperatures will be submitted through the work request system for correction.

Audits of random room temperatures will be completed by maintenance weekly x 4 then monthly x3. Results will be reported at QAPI.

Update 6/30/25-

Ongoing audits began on 6/25/25

Education was completed with maintenance staff 6/30/25 on topic of properly secured light fixtures and room temperature monitoring.

Maintenance supervisor or designee is responsible for monitoring compliance.

Licensee's Proposed Overall Completion Date: 07/23/2025

Implemented ([redacted] - 07/25/2025)

103c - Food Protected

6. Requirements

2600.

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

Description of Violation

On [redacted] at 9:33 AM there was an uncovered oatmeal, bacon, eggs, and sausages stored in warmers in the kitchen. No kitchen staff was present at the time.

Plan of Correction

Accept ([redacted] - 07/01/2025)

The food was covered at the time noted. A folding steam table lid was ordered to keep food covered during service.

The dining supervisor or designee will audit kitchen weekly to monitor that food is properly stored and covered weekly x 4 then monthly x 4. Audits will be reported in QAPI.

Update 6/27/25-

Audits began on 6/27/25.

Education with dining services began on 6/27/25 and are ongoing referencing proper food storage/ covers.

Dining supervisor or designee is responsible for monitoring compliance.

Licensee's Proposed Overall Completion Date: 07/23/2025

Implemented ([redacted] - 07/25/2025)

121a - Unobstructed Egress

7. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at 9:42 AM, a keypad enabled lock blocked egress from the home's stairwell 3 fire exit. Door would not open without a code being entered and there was no code posted conspicuously near the door.

At 10:10 a keypad enabled lock blocked egress from the home's fire exit stairwell near the elevators. Door would not open without a code being entered and there was no code posted conspicuously near the door because the posted code was faded and illegible.

Plan of Correction

Accepted [redacted] - 07/01/2025)

The door code was placed conspicuously near keypad. Letters will be sent to families and alert residents, so they are aware of the posting and where to find the code. Audits will be done monthly x 4 by PC administrator or designee to ensure the code remains in place to ensure residents can evacuate in an emergency. Audits will be reviewed at QAPI.

Update 6/27/25-

Monthly audits began on 6/23/25.

Education for PC staff began 6/27/25 on the code conspicuously being placed on near the keypad. PC administrator/designee is responsible for monitoring compliance.

Letters sent to families and given to residents on 6/27 about code placement. (see attached)

Licensee's Proposed Overall Completion Date: 07/23/2025

Implemented [redacted] - 07/25/2025)

131f - Fire Extinguisher Inspection

8. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in pantry kitchen has not been inspected by a fire safety expert since [redacted].

The fire extinguisher in main kitchen near the office has not been inspected by a fire safety expert since [redacted].

Plan of Correction

Accepted [redacted] - 07/01/2025)

The two fire extinguishers noted were inspected and tagged. An audit of all the fire extinguishers in the facility was performed. Monthly inspections will be rotated among maintenance employees to ensure no extinguishers are missed.

Update 6/30/25-

The initial audit was completed the day after survey.

Monthly audits will begin on 7/1/25.

Training was completed on 6/30/25 with maintenance regarding ensuring all fire extinguishers are inspected and tagged annually. Maintenance supervisor/ designee is responsible for monitoring for compliance.

131f - Fire Extinguisher Inspection (continued)

Licensee's Proposed Overall Completion Date: 07/23/2025

Implemented [redacted] - 07/25/2025)

162e - Menu Changes

9. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On [redacted], meatloaf was listed on the menu for the dinner meal. Fish was served instead. No notice was provided to the residents in advance of the meal.

Plan of Correction

Accept [redacted] - 07/01/2025)

Any menu changes will be marked on our substitution list and a memo printed for residents to review, posted in the communal living room space and country kitchen area. The dining supervisor or designee will audit weekly to monitor that any substitutions are being communicated with postings weekly x 4 then monthly x 4. Audits will be reported in QAPI.

Update 6/27/25-

The ongoing audits began on 6/27/25.

Education began on 6/27/25 and is ongoing referencing menu changes must be printed and posted to alert residents. The dining supervisor or designee is responsible for monitoring compliance.

Licensee's Proposed Overall Completion Date: 07/23/2025

Implemented [redacted] - 07/25/2025)

181e - Capable to Self Administer

10. Requirements

2600.

181.e. To be considered capable to self-administer medications, a resident shall:

1. Be able to recognize and distinguish [redacted] medication.
2. Know how much medication is to be taken.
3. Know when medication is to be taken.

Description of Violation

Resident [redacted] self-administers medications to include ointments. On [redacted], the resident [redacted] had two disposable plastic medication cups on [redacted] dresser. One cup contained white tic tac mints, the other contained white round [redacted] tablets. Resident [redacted] was unable to distinguish between the two cups and believed everything in each cup were mints.

Plan of Correction

Accept [redacted] - 07/01/2025)

Resident [redacted] self-administration of medication assessment was redone. Medications are no longer being left in [redacted] room to self-administer. All other residents that have been able to self-administer have been reviewed and assessments updated as appropriate. The ability to self-administer medications will be documented on the assessment, DME, and RASP as indicated. Audits will be done weekly x 4 then monthly by the PC administrator or designee on unit to ensure that medications/ ointments are not being left in room unless resident is considered

181e - Capable to Self Administer (continued)

"able to self-administer". Education was completed with nursing staff.

Update 6/27/25-

Initial audit was completed by 6/23/25.

Ongoing audits began 6/23/25 and will continue weekly x 4 then monthly x 4.

Education was completed 6/14/25 and ongoing as needed. PC administrator/designee is responsible for monitoring compliance.

Licensee's Proposed Overall Completion Date: 07/23/2025

Implemented [redacted] - 07/25/2025)

183a - Original Containers and Injections

11. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On [redacted] at 9:48 AM, [redacted] for resident [redacted] was in a clear plastic medication cup on the resident's dresser. At 1:11 PM the same medication was still there.

Plan of Correction

Accept [redacted] - 07/01/2025)

Resident [redacted] self-administration of medication assessment was redone. Medications are no longer being left in [redacted] room to self-administer. Education completed with nursing staff regarding medications being kept in their original containers. Audits will be done by the PC administrator or designee to ensure medications are kept in original containers and not removed prior to 2 hours in advance of scheduled administration weekly x 4 then monthly x 4. Audits will be reviewed in QAPI.

Update 6/30/25-

The initial audit was completed 6/23/2025.

Ongoing audits began 6/30/25 and will be weekly x 4 then monthly x 4. The PC administrator/designee is responsible for monitoring compliance.

Education completed with staff in reference to original containers and timely administration.

Licensee's Proposed Overall Completion Date: 07/23/2025

Implemented [redacted] - 07/25/2025)

183b - Meds and Syringes Locked

12. 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] at 1:03 PM, [redacted] and [redacted] was unlocked, unattended, and accessible in in the bathroom of room [redacted]

183b - Meds and Syringes Locked (continued)

At 1:11 PM [redacted] and [redacted] with a prescription label was unlocked, unattended, and accessible in room [redacted]

Repeat violation [redacted]

Plan of Correction

Accept [redacted] - 07/01/2025)

Resident [redacted] self-administration of medication assessment was redone. Medications are no longer being left in [redacted] room to self-administer. Education done with staff regarding medications, OTC medications, CAM and syringes being kept locked. Audits will be done by the PC administrator or designee to ensure residents who self-administer medications have them locked in a container or at nursing station. Those who do not self-administer should not have medications in their rooms. Audits will be done weekly x 4 then monthly x 4 and as needed. Audits will be reviewed at QAPI.

Update 6/30/25

The initial audit was completed on 6/23/25.

Ongoing audits began 6/30/25 and will be completed weekly x 4 then monthly x 4 and as needed. The PC administrator/designee is responsible for monitoring compliance.

Education was completed for PC nursing staff addressing self-administration of medications, storage, and reassessment of resident's self-administration of medication as needed.

Licensee's Proposed Overall Completion Date: 07/23/2025

Implemented [redacted] - 07/25/2025)

191 - Resident Right to Refuse

13. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident [redacted], admitted [redacted] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept [redacted] - 07/01/2025)

Education about the right to refuse medication will be provided and documented for all current residents. All new admissions will receive the resident's right information. See attachment. Audit will be completed by PC administrator or designee on all new admissions to PC monthly x 6 to ensure residents rights education was provided and documented. Audits will be reviewed at QAPI.

Update 6/27/25-

The initial audit was completed 6/27/25.

The ongoing audits will begin on 6/30/25.

Inservice training completed 6/25/25 with admissions team about resident having received the resident right to refuse medication if the resident believes there may be a medication error and documentation shall be kept.

Licensee's Proposed Overall Completion Date: 07/23/2025

Implemented [redacted] - 07/25/2025)

191 - Resident Right to Refuse *(continued)*