

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

December 4, 2024

[REDACTED], ADMINISTRATOR/ EXECUTIVE DIRECTOR  
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 11/14/2024, 11/15/2024 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: 01/01/2025
Address: ONE MASONIC DRIVE, ELIZABETHTOWN, PA 17022
County: LANCASTER Region: CENTRAL

Administrator

Name: [Redacted]

Legal Entity

Name: MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA
Address: ONE MASONIC DRIVE, ELIZABETHTOWN, PA, 17022
Phone: [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: 120 Waking Staff: 90

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 11/15/2024

Inspection Dates and Department Representative

11/14/2024 - On-Site: [Redacted]
11/15/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 135 Residents Served: 120
Secured Dementia Care Unit
In Home: No Area: Capacity: Residents Served:
Hospice
Current Residents: 1
Number of Residents Who:
Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 120
Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 4
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/14/2024 Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/07/2024
12/04/2024 - POC Submission
Submitted By: [Redacted] Date Submitted: 12/04/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/11/2024

Inspections / Reviews *(continued)*

12/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/04/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/13/2024

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/04/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted], there was one pink oval pill labeled [redacted]" observed in the 3rd floor medication cart's drawer.

On [redacted], there was half of a peach colored, circular pill labeled [redacted] observed in the 2nd floor medication cart's drawer.

On [redacted], there were 2 yellow and pink, circular pills labeled [redacted]" and [redacted] observed in the 1st floor medication cart's drawer.

Resident 4 is prescribed [redacted]. On [redacted], the medication was opened and currently in use. However, the medication does not have a date documented on the medication in which it was opened. Medication is to be discarded 28 days after opening.

Plan of Correction

Accept [redacted] - 12/04/2024)

On 11/27/2024 Nurse Manager provided education to licensed/non-licensed staff on proper storage of medications as per manufacturer's instructions. On 12/3/24, night shift LPN's audited and cleaned med cart to ensure no loose pills were in cart, and meds were stored as per manufacturer's instructions. Night shift LPN's will perform med cart audits twice a week for 4 weeks and then once weekly audits will begin on 12/30/2024 on a continual basis. Resident 4's undated [redacted] was discarded on [redacted] and new [redacted] opened and dated for [redacted].

Proposed Overall Completion Date: 12/04/2024

Licensee's Proposed Overall Completion Date: 12/04/2024

Implemented ([redacted] - 12/04/2024)

184a - Resident's Meds Labeled

2. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident 4 is prescribed [redacted]. The resident's medication administration record (MAR) states, "Inject [redacted] unit subcutaneously at bedtime." However, the pharmacy label states, "Inject [redacted] units subcutaneously at bedtime."

Resident 5 is prescribed [redacted]. The resident's MAR states, "Give [redacted] tablet sublingually every [redacted] minutes as needed for chest pain. May give every [redacted]." However, the pharmacy label states, "Give every [redacted] minutes as needed."

184a - Resident's Meds Labeled (continued)

Resident 6 is prescribed [redacted]. The resident's MAR states, "Give [redacted] by mouth at bedtime for [redacted]." However, the pharmacy label states, [redacted] tablet, give one tablet orally at bedtime for [redacted] give to [redacted] in separate cup [redacted] may keep it and take prior to going to bed."

Plan of Correction

Accept ([redacted] - 12/04/2024)

On 11/27/24 Nurse Manager educated licensed and non- licensed staff on medication changes and utilization of direction change stickers until new supply of medication is able to be sent from pharmacy. On 12/3/24 night shift LPN's audited med carts checked orders vs. pharmacy labels to ensure they match. Night shift LPN's will perform med cart audits twice a week for 4 weeks and then weekly beginning 12/30/24 on a continual basis. The [redacted] label for Resident #4 had a direction change sticker placed on the instructions on 11/15/2024. On 12/2/2024 [redacted] order for Resident 5 was clarified with CRNP and order updated to match label. On 11/15/2024 direction change sticker applied to pharmacy label for Resident 6 [redacted], pharmacy notified and new dose will be reflected in next cycle fill on 11/21/2024. On 11/22/2024, cycle fill audited and correct dose noted in cycle fill.

Proposed Overall Completion Date: 12/04/2024

Licensee's Proposed Overall Completion Date: 12/04/2024

Implemented ([redacted] - 12/04/2024)

185a - Implement Storage Procedures

3. 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 4 is prescribed blood glucose checks 4 times a day. The following discrepancies were observed between the blood glucose readings on the resident's medication administration record (MAR) and the blood glucose readings on the resident's glucometer:

- On [redacted], the resident's blood glucose reading on the glucometer was [redacted]. However, the blood glucose reading documented on the MAR was [redacted].
- On [redacted], the resident's blood glucose reading on the glucometer was [redacted]. However, the blood glucose reading documented on the MAR was [redacted].

Resident 5 is prescribed blood glucose checks 2 times a day. The following discrepancies were observed between the blood glucose readings on the resident's medication administration record (MAR) and the blood glucose readings on the resident's glucometer:

- On [redacted], the resident's blood glucose reading on the glucometer was [redacted]. However, the blood glucose reading documented on the MAR was [redacted].
- On [redacted] the resident's blood glucose reading on the glucometer was [redacted]. However, the blood glucose reading documented on the MAR was [redacted].

Resident 5 has a PRN order for [redacted] Emergency Kit. On [redacted], this medication was not available in the home.

Repeat Violation - 01/24/2024, et al

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept [redacted] - 12/04/2024)

Blood sugar on [redacted] at [redacted] was documented correctly upon review. The blood sugar at [redacted] was documented as [redacted] and the glucometer read [redacted]

On 11/20/2024- glucometer was removed from residents #4's room. On 11/20/24, Nurse Manager educated staff that resident does not have an order to SA blood sugars and it is the nurses responsibility to check the blood sugar and document the correct reading on the MAR. The importance of correct documentation was stressed to staff due to order for sliding scale insulin.

On 12/2/24 previous POC documentation pulled and it is noted in the Nurse Notes for Resident 5 that the blood sugar was recorded incorrectly.

On 12/2/24 Nurse Manager ordered [redacted] from pharmacy to have available in med cart instead of obtaining from Cubex in the event [redacted] is needed.

Weekly audits are being completed on all Glucometers by night shift LPN's on Wednesdays. This has been being completed on Wednesdays since 3/22/2023. Incorrect documentation is being noted in Nurse Notes section of the residents EHR.

For Resident #5 the discrepancies were noted in the nurse notes found by performing weekly glucometer checks.

For resident #4 the discrepancy on 11/8/24 was found in the weekly glucometer audit and noted in the nurse note section of the chart.

Proposed Overall Completion Date: 12/04/2024

Licensee's Proposed Overall Completion Date: 12/04/2024

Implemented [redacted] - 12/04/2024)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident 6 is prescribed [redacted] extended release [redacted] with orders to give [redacted] by mouth three times a day for [redacted]. However, on [redacted], the afternoon dose was not administered to the resident due to the medication not being available in the home.

Resident 4 is prescribed the following sliding scale for his/her [redacted]:

[redacted]

On the following dates and times, the blood glucose readings documented on Resident 4's medication administration

187d - Follow Prescriber's Orders (continued)

record (MAR) did not match the blood glucose readings in the resident's glucometer resulting in the incorrect amount of insulin being administered to the resident:

- On [REDACTED], the resident's MAR has a documented blood glucose reading of 1 [REDACTED] and no units were administered. However, the resident's glucometer has a blood glucose reading of [REDACTED], and [REDACTED] units should have been administered.
- On [REDACTED], the resident's MAR has a documented blood glucose reading [REDACTED] were administered. However, the resident's glucometer has a blood glucose reading of [REDACTED] should have been administered.

Plan of Correction

Accept ([REDACTED] 12/04/2024)

On 11/20/2024- glucometer was removed from resident #4s room. On 11/20/24, Nurse Manager educated staff that resident does not have an order to SA blood sugars, and it is the nurse's responsibility to check the blood sugar and document the correct reading on the MAR. The importance of correct documentation was stressed to staff due to order for sliding scale insulin.

On 11/27/2024, Nurse Manager educated staff on following prescribers orders and if a medication is not available in the home, the staff should notify the provider for further instructions/orders. Weekly audits are being completed on all Glucometers by night shift LPN's on Wednesdays. This has been being completed on Wednesdays since 3/22/2023. Incorrect documentation is being noted in Nurse Notes section of the residents EHR. Weekly cycle fills are dispensed from MV pharmacy on Thursday's. The LPN working on the med-cart will request a medication refill by clicking the refill tab in PCC to send request to pharmacy. In the interim, the medication will be obtained from the Cubex by the LPN.

On [REDACTED] - The [REDACTED] was given to Resident #6 by the LPN. [REDACTED] utilized Resident #6 PRN dose of [REDACTED] [REDACTED] PRN order was [REDACTED] - one tab once daily PRN.

Proposed Overall Completion Date: 12/04/2024

Licensee's Proposed Overall Completion Date: 12/04/2024

Implemented ([REDACTED] - 12/04/2024)

225c - Additional Assessment

5. Requirements

2600.

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

3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 7's assessment, dated [REDACTED], does not include the resident utilizes a bedside mobility device.

Plan of Correction

Accept ([REDACTED] - 12/04/2024)

On 11/15/2024, PC administrator placed work order for bed enabler to be removed from the bed. Maintenance

**225c - Additional Assessment (continued)**

*removed bed enabler on 11/15/2024. On 11/25/2024, PC administrator and Nurse Manager audited orders for bed enablers and checked all residents' rooms and support plans to ensure list/orders were accurate and RASP had proper documentation. The PC administrator and Nurse Manager will audit orders/rooms/RASP every March and October to ensure accuracy. Housekeeping staff were educated on 12/3/2024 that when a room is vacated, bed enablers should be removed from the bed prior to a new admission.*

**Licensee's Proposed Overall Completion Date:** 12/04/2024

**Implemented (█ - 12/04/2024)**