

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

May 2, 2023

[REDACTED], DIRECTOR OF RESIDENTIAL SERVICES
MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA
1000 MASONIC DRIVE
SEWICKLEY, PA, 15143

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/22/2023, 03/23/2023, 03/24/2023 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:** 01/01/2024
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: 1000 MASONIC DRIVE, SEWICKLEY, PA, 15143
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 12/14/2001 **Issued By:** Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 43 **Waking Staff:** 32

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 04/04/2023

Inspection Dates and Department Representative

03/22/2023 - On-Site: [REDACTED]
 03/23/2023 - On-Site: [REDACTED]
 03/24/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 64	Residents Served: 43		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 1	Are 60 Years of Age or Older: 42		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 3		
Have Mobility Need: 0	Have Physical Disability: 0		

Inspections / Reviews

03/22/2023 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/21/2023

Inspections / Reviews *(continued)*

04/26/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/02/2023

04/27/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/03/2023

05/02/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b SOPc Rent Rebate: Signed Statement

1. Requirements

2600.

25b.c. A statement signed by the resident, and the resident’s designated person if applicable, at the time of admission, informing the resident that the information required in subsection (a) is to be kept in the resident’s record.

Description of Violation

Resident #1’s contract, dated [redacted] indicates the home collects 50% of the rent rebate; however, the statement regarding the rent rebate was not signed by the resident or a responsible party signing on behalf of the resident.

Plan of Correction

Accept [redacted] - 04/25/2023)

The rent rebate form in question has been signed and copy is included with POC. Whole house audit was conducted, all contracts include a signed rent rebate form. All new contracts will be reviewed by the administrator and initialed to verify that the form has been signed.

Licensee's Proposed Overall Completion Date: 04/18/2023

Implemented [redacted] - 05/02/2023)

65a FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A, hired [redacted] has not received orientation in any of the required topics in accordance with 2600.65a.

Plan of Correction

Accept [redacted] - 04/27/2023)

New Employee Orientation has been revised to include written information and handouts regarding Fire Safety and Emergency Preparedness. The NEO checklist has been updated to include each individual item that is included in this training. We will begin to use this checklist immediately. All current employees will be re-educated to make certain that they have received all necessary orientation.

Licensee's Proposed Overall Completion Date: 05/15/2023

Implemented [redacted] - 05/02/2023)

65b Rights/Abuse 40 Hours

3. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A, whose first day of work was [redacted] has completed their 40th scheduled work hour; however, has not received orientation in any of the required topics in accordance with 2600.65b.

65b Rights/Abuse 40 Hours (continued)

Plan of Correction

Accept (█) - 04/25/2023)

Employee # 1 did receive all appropriate orientation prior to providing care however, the document was lost. We have reviewed all items with her again, orientation form is complete and a copy is included showing the employee was oriented to the required items.

Licensee's Proposed Overall Completion Date: 04/18/2023

Implemented (█) - 05/02/2023)

65i - Training Record

4. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of 2022 annual direct care staff training does not include the source of the course for several trainings to include the following:

- Medication Self Administration
- Dementia & Parkinson's
- Helping Elders with Dining
- Ethics

The home's record of 2022 annual direct care staff training does not include the length of the course for multiple trainings to include the following:

- Medication Self Administration
- Instruction for Meeting the Needs of the Resident's as Described in the Preadmission Screening Form, Assessment Tool, Medical Evaluation and Support Plan
- Personal Care Service Needs
- Safe Management Techniques
- Falls and Accident Prevention
- Personality and Mood Disorders
- Annual Abuse Awareness
- Nephrostomy Tube Care

Plan of Correction

Accept (█) - 04/25/2023)

The sources have been added to the noted trainings. Length of classes have been added to the noted classes. Copies of information included.
The training form has been modified to be able to include all required elements. We will be begin using immediately.

Licensee's Proposed Overall Completion Date: 04/18/2023

Implemented (█) - 05/02/2023)

81b Resident Personal Equipment

5. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The enabler/bed cane on resident #2's bed is not securely attached to the bed, and when used, it moves approximately 3" back and forth away from the mattress, and also lifts the mattress upwards, posing an entrapment hazard and fall risk.

The enabler/bed cane on resident #3's bed is not securely attached to the bed, and when used, it moves approximately 2" back and forth away from the mattress, and also lifts the mattress upwards, posing an entrapment hazard and fall risk.

Plan of Correction

Accept ([redacted]) - 04/25/2023)

All of the in-house enablers have been checked, none are loose. The residents who have enablers have had enabler checks added to their TARS. Enablers will be checked two times/week to ensure that they are secure. When a resident receives an enabler the enabler checks will be added to their TAR. The checks will occur on their shower day/shift.

Licensee's Proposed Overall Completion Date: 04/19/2023

Implemented [redacted] - 05/02/2023)

91 Telephone Numbers

6. Requirements

2600.

91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 3/23/23, the personal care home hotline phone number was not posted on or nearby the telephone located on the wall in the swimming pool area.

On 3/23/23, none of the emergency telephone numbers were posted on or nearby the telephone in the assembly room.

Plan of Correction

Accept ([redacted]) 04/25/2023)

The phone label was added to the assembly room telephone on 03/23/23. The PC Hotline telephone # was added to the Pool phone telephone # posting on 03/23/23. These two areas have been added to our Emergency Number Telephone Label Monitor. The Wellness Center will be confirmed via telephone call with the wellness center manager.

Licensee's Proposed Overall Completion Date: 04/19/2023

Implemented [redacted] - 05/02/2023)

92 Windows

7. Requirements

92 - Windows (continued)

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 3/23/23, there were no screens in the window in the 1st floor stairwell and the two windows in the 2nd floor stairwell.

Plan of Correction

Accept (████) - 04/25/2023)

Staff have been re-educated about the screen regulation. Our window screens are a custom sized screen on a discontinued window product, Traco Windows. The facility has contacted and made an appointment with our current window vendor, Specified Systems. They are working with us on auditing our needs and getting the correct measurements for exact screen manufacturing. They will facilitate the manufacturing of the screens. A supply of screens is being ordered so that immediately replacement can take place for screens that are lost or damaged. All occupied resident rooms do have screens. All windows are equipped with stoppers and are able to open 6 inches. All resident and hallway windows will be checked weekly by environmental services and documented on their work/task sheets. Arrival of screen order is undetermined as we are working with supply chain issues.

Licensee's Proposed Overall Completion Date: 07/19/2023

Implemented (████) - 05/02/2023)

101j5 - Bedside Table/Shelf

8. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:
5. A bedside table or a shelf.

Description of Violation

On 3/23/23, there was no bedside table or shelf beside resident #3's bed in bedroom ██████

Plan of Correction

Accept (████) - 04/25/2023)

Resident # 3 was offered a beside table upon admission and it was refused. A full house audit was conducted to verify that all resident rooms have a bedside table and all resident rooms do have bedside tables. An audit will be completed monthly to ascertain that all resident rooms have beside tables.

Licensee's Proposed Overall Completion Date: 04/19/2023

Implemented (████) - 05/02/2023)

103f - Refrigerator/Freezer Temps

9. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 3/23/23 at 9:36 am, the temperature of the ground floor country kitchen refrigerator measured 46 degrees Fahrenheit.

103f - Refrigerator/Freezer Temps (continued)

On 3/23/23 at 10:12 a.m., the temperature of the 1st floor country kitchen refrigerator freezer measured 10 degrees Fahrenheit.

Plan of Correction

Accept () - 04/25/2023

New thermometers were replaced in in all country kitchen refrigerators and freezers. Temperature logs have been initiated for each country kitchen. Temperature will be taken twice a day. Any temperature not within range will be reported to administrator. Administrator will obtain a new thermometer to retake temp and if continues to be out of parameters, they will then report to maintenance to investigate/repair.

Licensee's Proposed Overall Completion Date: 04/19/2023

Implemented () - 05/02/2023

105g - Lint Removal and Duct Cleaning

10. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 3/23/23 at 9:31 a.m., there was an accumulation of approximately 1/4" of lint in the lint trap of the dryer in the ground floor laundry room.

Plan of Correction

Accept () - 04/25/2023

A sign has been placed in the laundry rooms reminding residents to clean lint filters after each load. The housekeeping staff have had cleaning the lint filters each day added to their daily task sheets.

Licensee's Proposed Overall Completion Date: 04/19/2023

Implemented () - 05/02/2023

132h - Designated Meeting Place

11. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Not all residents in the home at the time of the following fire drills evacuated to a fire safe area or designated meeting place away from the building:

Date	Time	Residents in the home	Residents evacuated
2/17/22	9:59 p.m.	54	53
6/27/22	6:21 p.m.	36	30
12/29/22	8:29 a.m.	40	39
2/17/23	4:30 p.m.	40	39

132h - Designated Meeting Place (continued)

Plan of Correction

Accept (█ - 04/25/2023)

Mandatory fire drill participation was reviewed at resident council on Wednesday, the 04/12/23 and will be repeated at all resident council meetings. Packets of information regarding mandatory fire drill participation were given to every resident on April 17th. Included in the plan is the procedure as in the resident information guide, the paragraph that is included in resident agreement, and a picture of the slide that is on the in-house television station reminding that fire drill participation is mandatory. There is also included in the packet is a copy of the letter that will be sent to residents who refuse to participate in the fire drill.

Licensee's Proposed Overall Completion Date: 04/19/2023

Implemented (█ - 05/02/2023)

183d - Prescription Current

12. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #4's prescription for █ was discontinued on █; however, on █, it was still stored in the medication cart.

Plan of Correction

Accept (█ - 04/25/2023)

Full house audit completed by the nurse manager. There are orders for all meds for all residents. She will monitor monthly x 3 months to verify that we are following our wasting policy, that there are no medications in the resident rooms or on the cart that have been d/c. Staff will be re-educated on this policy.

Licensee's Proposed Overall Completion Date: 04/19/2023

Implemented (█ - 05/02/2023)

187a - Medication Record

13. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

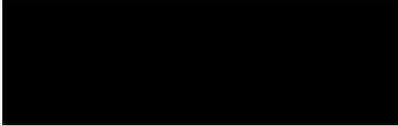
On █, the █ medication administration record (MAR) for resident #4 did not include a diagnosis or purpose for several medications, including:

█

On █, the █ (MAR) for resident #5 did not include a diagnosis or purpose for several medications, including:

█

187a Medication Record (continued)



Plan of Correction

Accept () - 04/25/2023

Full house audit completed to verify that all medications have a diagnosis associated with it. The nurse manager will monitor monthly x 3 months to verify that all medications have a diagnosis associated with it on the MAR. All physician orders will be submitted to the pharmacy with the associated diagnosis to ensure that they have the information for inclusion on the MAR. Pharmacy has been made aware that diagnoses are "falling off of" the MAR. Documents are included to show that cited MARS have been corrected.

Licensee's Proposed Overall Completion Date: 04/19/2023

Implemented () - 05/02/2023

225c - Additional Assessment

14. Requirements

2600.

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

Description of Violation

The assessment, dated (), for resident #6 does not include the diagnoses of recurrent () and hypertension, as indicated on the medical evaluation, dated 3/1/23.

Plan of Correction

Accept () - 04/25/2023

A review is being done of all RASPs to make sure that all diagnoses are included on all of the documents. We will be using the RASP log, included, to cue staff to verify that all diagnoses are include on the RASP. The corrected RASP is included.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented () - 05/02/2023