

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395560	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2026
NAME OF PROVIDER OR SUPPLIER  Masonic Village at Elizabethtown		STREET ADDRESS, CITY, STATE, ZIP CODE  One Masonic Drive Elizabethtown, PA 17022	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on review of facility policy, review of the clinical record, review of facility documentation, and interviews with staff, it was determined that the facility failed to thoroughly investigate an injury of unknown origin for one of 40 residents reviewed (Resident 203). Findings include: Review of facility policy, Occurrence Prevention, Documentation, and Reporting, reviewed July 21, 2026, revealed that all sections of the incident report will be completed to the best of staff's ability to include details surrounding the incident including statements from staff/individuals involved in resident care/situation prior to or during incident and those involved with incident response. Review of Resident 203's quarterly MDS (Minimum Data Set - periodic assessment of resident needs) of September 16, 2025, revealed resident had a BIMS (Brief Interview for Mental Status) score of 9, indicating moderate cognitive impairment. Review of Resident 203's progress note of October 6, 2025, revealed a bruise to the right front axilla (armpit), measuring 3.56 centimeters by 4.34 centimeters. Additional progress note of October 6, 2025, revealed LPN (licensed practical nurse) observed a dark bruise to the resident's right upper arm and resident was not sure how bruise happened. Review of facility documentation revealed a statement was obtained from Employee E4 indicating that the nursing assistant from the outgoing shift reported the bruise to Employee E4. Further review of the facility documentation revealed no other statements were obtained from staff prior to the identification of the bruise. The documentation indicated that resident is independent with self-propelling wheelchair and is able to move upper and lower extremities independently. Resident has thin, fragile skin that put resident at increased risk for skin injury. Interview with licensed staff, Employee E3 and the Director of Nursing on January 23, 2025, at 1:03 p.m. confirmed that no other statements were obtained from staff regarding the bruise. Employee E3 indicated that no further investigation was done because the location of the bruise was consistent with the bed enabler (device designed to assist with bed mobility). 483.13 - Resident Behavior and Facility Practices, 10-1-1998 edition 28 Pa. Code 201.14(a) Responsibility of licensee Previously cited 8/25/2528 Pa. Code 201.18(b)(1)(3) Management 28 Pa. Code 211.10(d) Resident care policies Previously cited 8/25/2528 Pa. Code 211.12(d)(1)(5) Nursing services Previously cited 12/5/24</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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