STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395818	A. Building B. Wing	07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Masonic Village at Lafayette Hill	801 Ridge Pike Lafayette Hill, PA 19444

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on the Resident Council meeting and interviews with residents and staff, it was determined that the facility failed to ensure the grievance process was posted in a location visible and understandable to residents, grievance forms were not readily available for residents to complete for 7 out of 7 residents reviewed (Residents R26, R18, R39, R30, R42, R14 and R23). During the Resident Council meeting held on July 15, 2025, at 1:30 PM, seven alert and oriented residents (R26, R18, R39, R30, R42, R14, and R23) indicated that they were unaware of how to file a grievance if they had a concern. When Resident R26 was asked if she knew the grievance procedure, she responded that she would talk to the receptionist. An interview with Employee E1, the Administrator, on July 17, 2025, at 10:03 AM, confirmed that E1 serves as the facility's grievance officer. However, there was no posting in the building available to communicate to the residents of this. Grievance forms were not available on the nursing unit nor in the building for residents to file a grievance. Observation of the wall area with Administrator, Employee E1, and Director of Nursing, Employee E2, on July 17, 2025, at 10:20 AM, where information is posted for residents, confirmed no information related to a grievance form or a contact person for a grievance was available. There was no dedicated place to confidentially pick up a grievance form. Additionally, the general grievance procedure was posted with no contact name for the Grievance Officer and was not wheelchair accessible. It was posted at the eye level of a standing person 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201. 18(b)(3) Management

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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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Number of residents sampled:13Number of residents cited:1 Based on clinical record review and staff interview, it was determined that the facility failed to ensure that the resident and resident representative received written notice of the facility bed-hold policy at the time of a facility-initiated transfer and the reason for the move in writing and in a language and manner they understand for one of 13 residents reviewed for hospitalization. (Resident R54)Findings include:Review of nursing note for Resident R54, dated May 3, 2025, revealed that Resident R54 was transferred to hospital emergency room for evaluation after a fall.Review of Resident R54's clinical record revealed that there was no documented evidence that the resident and his representative were provided with a written notice of the facility bed-hold policy at the time of Resident R54's facility-initiated transfer to the hospital.Further review of Resident R54's clinical record revealed that there was no documented evidence that the resident and his representative were provided the reason for the move in writing and in a language and manner they understand.Interview with the Social Worker, Employee E4, on July 17, 2025, at 11:02 a.m. confirmed that Resident R54 and his representative were not provided with the bed hold policy, that included information explaining the duration of the bed-hold, bed hold reserve payment and permitting return to a bed at the facility. Employee E4 also confirmed that the resident and her representative were provided the reason for the move in writing and in a language and manner they understand.Further interview confirmed that there was no system in place to ensure that the resident and resident representative receive written notice of the facility bed-hold policy at the time of a facility-initiated transfer to a hospital and to provide the reason for the move in writing and in a language and manner they understand.28 Pa Code 201.14(a) Responsibility of licensee28 PA Code 201.29(f) Resident rights

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Number of residents sampled:13Number of residents cited:1Based on review of facility policies, clinical records and staff interviews, it was determined that the facility failed to ensure that a written summary of the baseline care plan was provided to the resident and/or the resident's representative for one of 13 residents reviewed (Residents R3).Findings include:Review of Resident R3's clinical record revealed that the resident was admitted to facility on May 30, 2025.Interview with Resident R3's representative on July 14, 2025, stated the facility did not provide a copy of the baseline care plan after the admission.Review of the clinical record revealed no documented evidence that resident and/or the resident's representative received a written summary of the baseline care plan including physician orders, dietary orders and social service goals.Further review of the care plan revealed no documented evidence that the resident representative received a written summary of the baseline care plan.A request was made to the Infection Control Nurse on July 17, 2025, for the evidence that resident/resident representative received a copy of the baseline care plan.Facility did not provide any evidence that resident/resident representative received a copy of the baseline care plan. Interview with the Director of Nursing on July 17, 2025, at 10:42 confirmed that there was no documented evidence that resident and/or the resident's representative received a written summary of the baseline care plan including physician orders, dietary orders and social service goals.28 Pa. Code 211.10(c) Resident care policies28 Pa. Code 211.10(d) Resident care policies28 Pa. Code 211.12(d)(1) Nursing services

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observations, interviews and review of clinical records, it was determined that the facility failed to ensure that the resident's environment was free of accidents and hazards for a cognitively impaired resident with a history of utilizing razors unsupervised and resulting in a skin abrasion for 1 out of 13 residents reviewed (Resident R8). Findings include: Review of the July 2024 physician orders for the resident included the following diagnosis: arthritis (inflammation of the joints); dependence on wheelchair; chronic obstruction pulmonary disorder (COPD-a term for a group of progressive lung and airway diseases that cause breathing difficulties); dementia (a general term for a decline in cognitive function that affects daily life, including memory, reasoning and language skills); encephalopathy (a broad term for any disease or disorder that affects the brain function or structure); cognitive communication deficit (difficulties in communication that arise from impaired cognitive functions such as attention, memory, reasoning and problem solving); depression (a mood disorder that causes persistent feelings of sadness and loss of interest), and a personal history of other venous thrombosis and embolism (conditions involving blood clots that can obstruct blood flow in the veins).Review of the resident's Annual Minimum Data Set Assessment (MDS- a periodic assessment of a residents needs) dated April 3, 2025 indicated that the resident was cognitively impaired. Review of a nursing note dated May 15, 2025 at 10:37 a.m. indicated that the resident reported that she used her husband's razor: Resident is PI #2 for abrasion to left jaw. Resident stated, Don't tell anyone but I used [husband's] razor to shave my facial hair. Area cleaned and left open to air.Review of a nursing note dated May 15, 2025 at 12:10 p.m. indicated that the resident an abrasion was found on the left side of the resident's jaw as a result of her shaving herself on the above referenced date.Review of the facility incident report regarding the above included a similar account of what was documented in the above referenced note. During an observation in the resident's room on July 17, 2025 at 9:06 a.m. the resident was lying in her bed. A blue razor with the top off was seen in her wheelchair that was next to her bed. During an observation with Employee E8 (licensed nurse) on July 17, 2025 at 9:08 a.m. Employee E8 entered the resident's room and saw the razor present in the resident's wheelchair. The resident's bathroom was entered by Employe E8 and a 2nd blue razor was found in the bathroom's cabinet. An electric razor that belonged to the resident's husband, with who she shares a room with was also observed on the bathroom counter plugged in. Employee E8 removed the two blue razors from the resident's room and informed the resident that she should not have the razors, and that she needed to take them out of her room.The facility failed to ensure that resident's environment was free of accidents and hazards for Resident R8.28 Pa. Code 201.18(a) Management 28 Pa. Code 201.18(b)(1)Management 28 Pa. Code 201.18 (b)(3)Management 28 Pa. Code 201.18(d) Management 28 Pa. Code 211.10(b) Resident care policies 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.10(d) Resident care policies 28 Pa. Code 211.12(c) Nursing services 28 Pa. Code 211.12(d)(1) Nursing services 28 Pa. Code 211.12(d)(3) Nursing services 28 Pa. Code 211.12(d)(5) Nursing services

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on interviews and the review of clinical records, it was determined that the facility failed to ensure that a resident's weights, were completed in a timely manner for 1 out of 13 residents (Resident R4).Findings include:Review of the undated policy, Monitoring Resident Weight Change, indicated that accurate weight measurements are essential for assessing nutritional status, calculating doses of drugs, indicating fluid status, accurate minimum data set documentation (MDS- a periodic assessment of a resident's needs), and care planning. Review of the July 2025 physician orders for Resident R4 included the following diagnosis: dysphagia (difficulty swallowing); cerebral infarction (a stroke); hypertension (high blood pressure); diabetes (a group of diseases that affect how the body uses blood sugars); glaucoma (a group of eye diseases that cause vision, loss and blindness), and dementia (a general term for a decline in cognitive function that affects daily life, including memory, reasoning and language skills).Review of a note from the clinical dietician (Employee E9) dated March 11, 2025, at 2:12 p.m. indicated that the resident lost 8.4 pounds in 1 month and triggered for a significant weight loss of 6.3% from February 4, 2025 through March 5, 2025. Review of the resident's Weight Summary indicated that a weight taken on February 4, 2025, recorded the resident as weighing 132.8 pounds. Review of the resident's weight taken on March 5, 2025, recorded the resident's weight as 124.4 pounds.Continued review of the resident's clinical records indicated that when the initial significant weight loss was suspected by the facility after the March 5, 2024 weight was recorded, a reweight was not obtained by the facility in a timely manner to ensure that any issues with significant weight loss were addressed, and any needed interventions and/or services are implemented in a timely manner. Review of the resident's Weight Summary indicated that a re-weight to confirm the suspected weight loss from March 5, 2025 was not done until March 11, 2024, which was 6 days after the March 5, 2025 suspected significant weight loss. The Weight Summary report for the March 11, 2025 re-weight documented the resident's weight as being 124.4 pounds, confirming the significant weight loss that was suspected on March 5, 2025.During an interview with the clinical dietician on July17, 2025 at 11:34 a.m. the resident's significant weight loss was confirmed. It was also confirmed during this time that the re-weight was completed March 11, 2025, 6 days after the suspected weight loss. The clinical dietician also reported during this time that the facility's policy is to obtain any re-weight that the resident may need within 7 days of the previous weight.The facility failed to ensure that Resident R4's re-weight was completed in a timely manner. 28 Pa. Code 201.18 (b)(1) Management28 Pa. Code 211.12(d)(1)(3) Nursing services

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled:13Number of residents cited:1Based on review of facility policy, review of clinical records, and interview with staff, it was determined that the facility failed to provide pain management in accordance with professional standards for one of 13 residents reviewed (Resident R7).Findings include:Review of an undated facility policy Pain Assessment & Management Record Procedure, revealed that Integrative Pain Care and Alternative Interventions - To be used and documented in conjunction with oral medications. The following integrative pain interventions may be documented in the electronic chatting system and on the eMAR (electronic Medication Administration Record) with PRN (as needed) Medication Administration. Alternate interventions will also be documented in the IDPN (interdisciplinary progress notes) as needed.1. Positioning/rest2. Compassionate touch/massage3. Cold4. Heat5. Distraction/humor/activity6. Music7. Aromatherapy8. Spirituality/prayer9. Healing touch10. One on one11. Quiet EnvironmentReview of Resident R7's clinical record revealed the resident was admitted to the facility on [DATE], and had diagnoses including cellulitis (infection of the skin) of right lower limb and pain in the right leg.Review of Resident R7's care plan revised March 11, 2025, revealed the resident had chronic pain related to the diagnosis of cellulitis and right foot wound. The care plan did not include any non-pharmacological interventions.Review of a quarterly Minimum Data Set (MDS-assessment of resident care needs) for Resident R7 dated June 18, 2025, revealed that the resident had pain frequent pain which frequently interfered with sleep, therapy activities, and day to day activities.Review of physician orders for Resident R7 dated March 11, 2025, revealed an order for Oxycodone (opioid pain medication) 5 milligrams (mg) every 8 hours as needed for severe pain. Further review of physician orders for Resident R7 dated June 2, 2025, revealed an order for Tramadol (opioid pain medication) 50 mg every 8 hours as needed for moderate pain.Continued review of physician orders for Resident R7 dated March 11, 2025, revealed an order for Acetaminophen 325 mg every 4 hours as needed for pain. (The order did not specify the severity of pain for the medication administration.Review of physician order dated March 28, 2025, revealed an order to Assess for Pain PRN and document intervention trialed before administering medications every shift. Interventions included No Pain/No interventions 1. Massage, 2. Heat 3. Ice 4. Relaxation Techniques 5. Healing Touch 6. Compassionate Touch 7. Diversional Activities 8. Repositioning 9. Exercise 10. Pet Visitation 11. Rest 12. Music 13. Spiritual Care/Activities 14. 1:1 for pain management 15. Offer Food/Beverages 16. Other (document in ID note) 17. Notify Physician 18. Refused to try nonpharmacological intervention.Review of July 2025 Medication Administration Record for Resident R7 revealed that the resident received Tramadol on July 1, 2025, at 11:37 p.m. for pain level of 2.Resident received Tramadol on July 3, 2025, at 11:52 p.m. for pain level of 1, no non-pharmacological intervention attempted.Resident received Tramadol on July 5, 2025, at 11:49 p.m. No pain scale or assessment was documented; no non-pharmacological intervention attempted.Resident received Tramadol on July 8, 2025, at 12:30 a.m. for pain level of 7, no non-pharmacological intervention attempted.Resident received Tramadol on July 9, 2025, at 1:06 a.m. for pain level of 10, no non-pharmacological intervention attempted.Resident received Tramadol on July 11, 2025, at 11:27 p.m. for pain level of 2, it was documented as no pain/no intervention.Resident received Tramadol on July 13, 2025, at 10:30 p.m. for pain level of 0. There was no documented reason for administering as needed pain medication with a pain level of zero.Resident received Tramadol on July 15, 2025, at 6:42 a.m. for pain level of 3, no non-pharmacological intervention attempted.Resident received Tramadol on July 15, 2025, at 12:11 a.m. for pain level of 2, no non-pharmacological intervention attempted.Continued review of July 2025, Medication Administration Record for Resident R7 revealed that Resident R3 received Oxycodone at 2:04 a.m. on July 2, 2025, there was no non-pharmacological intervention administered or attempted.Resident received Oxycodone at 2:00 a.m. on July 6, 2025, with a pain level of 5, no non-pharmacological intervention attempted.Resident received Oxycodone at 6:00 a.m. on July 7, 2025, with a pain level of 5, no non-pharmacological intervention attempted.Resident received Oxycodone at 2:30 a.m. on July 14, 2025, with a pain level of 5, no non-pharmacological intervention attempted.Resident received Oxycodone at 2:51 a.m. on July 16, 2025, with a pain level of 9, no non-pharmacological intervention attempted.Review of Medication Administration Record for Resident R120 revealed that Resident R120 received 3 doses of Oxycodone from June 2 to June 4.Interview with Director of Nursing, Employee E2, on July 16, 2025, at 1:00 p.m. confirmed that Resident R7 was not receiving any non-pharmacological interventions as ordered by the

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Number of residents sampled:1Number of residents cited:1Facility did provide dialysis site was assessed accord to PSP. Based on clinical record review, observations, policy review and staff interview, it was determined the facility failed to monitor residents' dialysis (hemodialysis/ a process of removing waste products and excess water from the body) site for a resident receiving hemodialysis for one of one resident on dialysis (Residents 40).Findings include:Review of an undated facility policy Managing Residents Receiving Hemodialysis, revealed, Masonic Village licensed nurses will provide clinical monitoring and care for theresident which includes:1. Maintaining patency of and caring for the access areaa. Fistula or graft(1) Wash the antibacterial soap each day, and always before dialysis. Discourage the resident from scratching at skin or picking scabs that may form.(2) Monitor for redness, a feeling of excess warmth, or the beginning of a pustule on the access area.(3) Check bruit and thrill every shift and document in the resident's EHR.(4) Do not use arm with dialysis access shunt/tubing for blood draws or blood pressure monitoring.(5) Discourage resident from wearing tight clothing or jewelry on access arm.(6) If the resident returns from the dialysis facility with a temporary dressing on the access site, the licensed nurse will remove and assess area. Dressings should be removed within 6 hours of the dialysis treatment. Review of clinical records for Resident R40 dated August 14, 2024, revealed that the resident was receiving dialysis through left arm fistula (a surgically created connection between an artery and a vein, typically in the arm, used for long-term hemodialysis access).Review of care plan for Resident R40 dated August 14, 2024, revealed that the resident had the potential for skin breakdown/trauma/infection in her left arm AV graft (fistula) that was present for dialysis for end stage renal disease. Interventions included, assess for bruit and thrill in the fistula and monitor reports of pain, numbness, tingling, vascular access, noting redness, swelling, warmth, exudate and tendernessReview of Resident R8's entire clinical record and treatment administration record revealed no documented evidence that the resident's left arm AV graft(fistula) for dialysis was being monitored consistently for complications.Review of physician order for Resident R40 dated on July 16, 2025, revealed no evidence that the staff obtained an order to check bruit and thrill and assessing the left arm AV graft(fistula) site. Interview with the Infection Control Nurse, Employee E3 on July 17, 2025, at 12:30 p.m. confirmed that there was no documentation that the resident's left arm AV graft(fistula) for dialysis was being monitored consistently for Resident R40. Employee E3 stated there should be a physician order for checking bruit and thrill and assessing the site and staff were expected to complete and document it in the treatment administration record every shift. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based observations and staff interviews, it was determined that facility did not ensure that opened medications were properly labeled and stored with the date that the medication was opened for one of three medication carts reviewed and two of two medication room reviewed. (Wisteria medication cart on the Healthcare unit).Findings Include:Observation of medication administration conducted by Licensed Nurse, Employee E10, on July 16, 2025, at 9:53 a.m. revealed that Resident R55 was waiting to receive her medication by the Wisteria medication cart on the nursing care unit. Employee E10 finished preparing the medication and entered Resident R55's room, leaving the resident sitting in the hallway by the medication cart.Employee E10 placed all of Resident R55's medications on a tray located by the window inside the resident's room and then left the room to get the resident. A total of six medications were left unattended from 9:53 a.m. to 9:54 a.m. Resident R55 had a roommate, Resident R34 who was awake and sitting in a wheelchair near the closet inside the room.Observation of the Wisteria medication cart on July 16, 2025, at 10:31 a.m. revealed two opened bottles of medication-Fluticasone Propionate and Salmeterol-that were not labeled with an open date. One bottle had an arrival date of June 5, 2025, and the second had an arrival date of June 28, 2025.An interview with Licensed Nurse, Employee E10, on July 16, 2025, at 10:31 a.m. confirmed that both opened bottles of medication were not labeled with an open date.An interview with the Director of Nursing, Employee E2, on July 16, 2025, at 10:34 a.m. also confirmed the absence of open dates on the two bottles. It was further revealed that the facility's policy requires medications to be discarded within 30 days of the arrival date. Therefore, the bottle with an arrival date of June 5, 2025, will be discarded, while the bottle with an arrival date of June 28, 2025, remains within the acceptable usage timeframe.An interview with the Director of Nursing, Employee E2, on July 16, 2025, at 11:00 a.m. confirmed that Employee E10 should not have left the medication unattended.28 Pa. Code 211.12 (d)(1) Nursing services.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documents, resident interviews, meal tray observations and staff interviews, it was determined that the facility failed to provide a safe temperature meal during lunch for one of one meal observation. Findings Include:The facility policy titled, MV [NAME] Hill Hot Liquids/lids Procedures- for dining rooms (dietary) staff last revised January 2024, stated temperatures for all Hot liquids coming from the kitchen must be below (150 degrees)served all hot liquids with lids on cups.On July 15, 2025, at 12:10 p.m., observations were conducted in the main dining room, where approximately 15 residents were eating lunch and dietary aides were serving lunch to them, starting with pouring pea soup. Dietary Aide, Employee E6, was observed pouring pea soup into three different bowls and directly taking them to three residents (R19, R25, R46) without allowing them to cool off.The surveyor asked, What is the serving temperature for hot liquids? It was revealed by the Dietary Director, Employee E5, that it should be 140 F or below. The surveyor then asked if a temperature could be taken of the pea soup. The Dietary Director, Employee E5, conducted a test tray with hot liquid pea soup, and it was confirmed that the soup was served at a temperature of 159 F. The surveyor notified Employee E5 that it was observed dietary staff were pouring hot pea soup and directly serving it to residents.Employee E5 and the surveyor stepped away from the soup station to continue observations. It was confirmed that another dietary aide, Employee E7, poured pea soup into a bowl and was about to take it to a resident. Before she turned to walk away, Employee E5 prompted her, Don't forget to temp the soup. Employee E7 heard the prompt and asked for a thermometer.On July 15, 2025, at 12:24 p.m. , an interview was conducted with Dietary Aide, Employee E6, who confirmed that she did serve hot pea soup to Residents R19, R25, and R46 without letting it sit to cool off. It was further revealed that dietary aides have been trained to always check the temps before serving hot liquids. E6 shared the reason she failed to check the temperatures was because I have a lot on my mind. Residents R19, R25, and R46 are not alert and oriented, and Resident R46 is legally blind.On July 15, 2025, at 12:28 p.m., an interview was conducted with Dietary Aide, Employee E7, who was observed pouring the soup into a bowl and heading toward a resident when prompted by Employee E5 to temp the soup before serving. E7 responded, I should have temped it before he (E5) said something. The last time E7 received training on how to serve hot liquids was two years ago. E7 further explained, I was trying to get the soup to the resident before the meal gets to them because they eat the meal and leave the soup.During the Resident Council meeting held on July 15, 2025, at 1:30 PM, seven alert and oriented residents (R26, R18, R39, R30, R42, R14, and R23) indicated that the soup served that day was hot. Resident R18 reported, My soup was so hot that I needed to wait for it to cool down. I ate my sandwich first, and then the soup was cool enough for me to eat.Resident R26 reported during the meeting, When my friend (R41) was sitting beside me, the soup was hot, and I told her while eating it, 'Don't go all the way to the bottom, but take it from the top, as it's a lot cooler on the top of the soup. Don't go down to the bottom with your soup.Resident R23 reported, My roommate (R7) placed ice cubes from her iced tea into her soup to cool it down because it was hot. Then Resident R26 said, We all know it's hot, and added, I think most of us are aware that it's hot. I think 10-20 people had soup today. It needs to be checked out to ensure safe temperatures are present.On July 17, 2025, at 10:01, Employee E5 confirmed that hot liquids were not served at the preferred temperatures. 28 PA. Code 201.18(b)(1)(3) Management28 PA. Code 201.14(a) Responsibility of licensee

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395818	A. Building B. Wing	07/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Masonic Village at Lafayette Hill	801 Ridge Pike Lafayette Hill, PA 19444

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of facility policy and interviews with staff, it was determined that the facility did not ensure that food stored in the refrigerator and freezer was stored by professional standards for food service safety. Findings Include:The facility policy titled Production, Purchasing, Storage - Food and Supply Storage Procedure, last revised in January 2024, states: All food, non-food items, and supplies used in food preparation shall be stored in such a manner as to prevent contamination and to maintain the safety and wholesomeness of the food for human consumption. Under the procedures section, it further specifies: Most, but not all, products contain an expiration date. The words ‘sell-by,' ‘best-by,' ‘enjoy-by,' or ‘use-by' should precede the date. The ‘sell-by' date is the last date that food can be sold or consumed; do not sell products in the retail area or place them on patient trays/resident plates past the date on the product. Food past the ‘use-by,' ‘sell-by,' ‘best-by,' or ‘enjoy-by' date should be discarded. Cover, label, and date unused portions and opened packages. Complete all sections on a [NAME] orange label or use the MedVanta/FreshDate labeling system. Products are good through the close of business on the date noted on the label. Date and rotate items using the first-in, first-out (FIFO) method. Discard food past the use-by or expiration date. An initial tour of the Food Service Department conducted on July 15, 2025, at approximately 11:00 a.m. with the Food Service Director, Employee E5, revealed the following:In the walk-in freezer, the following items were found:Opened chicken nuggets that were not labeledPureed steak and regular steak, frozen and not labeledBeef burgers, opened in a box, uncovered and not labeledFrozen bisques that were not labeledEmployee E5 discarded the bisques during the tour due to the lack of labeling.The walk-in refrigerator for produce revealed:Opened cauliflower with an expiration date of 7/2/25Fresh opened celery and carrots not labeledOpened cheese in a bin, not labeledColeslaw with an expiration date of 7/10/25Chopped tomatoes with an expiration date of 7/13/25Additional coleslaw with an expiration date of 7/10/25The First refrigerator, which stores premade ready-to-serve items, revealed:Chicken salad expired on 7/13/25Blondie Bars / Brownies (one rack was not labeled)Turkey cold cuts expired on 7/10/25Ham expired on 7/14/25Imitation crab meat expired on 7/14/25Defrosted turkey (from freezer) expired on 7/2/25In dry storage, the following items were noted:Opened rice not labeledBowtie pasta not labeledIsraeli couscous expired on 5/21/25Dye/frosting food coloring not labeledCooked apples expired on 7/14/25Sprinkles expired on 7/11/25Whipping cream not labeledAt 12:03 p.m. the same day, the surveyor went upstairs to the dining room to inspect the dining kitchen, which is a fully equipped meal preparation area. Upon exiting the elevator and approaching the entrance door to the dining kitchen, a rolling tray was found unattended. The tray contained full-sized, un-chopped romaine lettuce and cucumbers.28 Pa. Code 201.14 (a) Responsibility of Licensee.