

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/30/2025
NAME OF PROVIDER OR SUPPLIER  Masonic Village at Warminster		STREET ADDRESS, CITY, STATE, ZIP CODE  850 Norristown Road Warminster, PA 18974	

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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, review of facility documentation, and staff interview, it was determined that the facility failed to accommodate resident food allergies for one of six sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], and had diagnoses that included dementia and depression. On October 3, 2024, it was noted in the resident's ongoing plan of care and admission documentation that she was allergic to pineapple. The Minimum Data Set assessment dated [DATE], revealed the resident had severe cognitive impairment and required set-up assistance from staff for feeding. The posted menu for December 21, 2025, listed Hawaiian Ham (ham with pineapple sauce) for the main entree. Review of facility investigation documents dated December 21, 2025, confirmed that on December 21, 2025, the resident was served the ham with pineapple sauce and that she ingested some of it. In further review of facility documentation, the pineapple allergy was noted on Resident 1's meal ticket. In an interview on December 30, 2025, at 1:57 p.m., the Director of Nursing confirmed that staff should have followed the food allergy that was listed on the meal ticket for Resident 1 and they should not have served the pineapple sauce. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b) Management.</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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