



July 31, 2019

Mr. Dale L. Beiler
Chief Financial Officer
Garden Spot Village
433 South Kinzer Avenue
New Holland, Pennsylvania 17557

RE: Garden Spot Village
Mountain View and Laurel View
Certificate #: 321940

Dear Mr. Beiler:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on July 23, 2019 and July 24, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: GARDEN SPOT VILLAGE License Number: 32194
Address: 433 S KINZER AVENUE, MOUNTAIN VIEW AND LAUREL VIEW, NEW HOLLAND, PA 17557
County: LANCASTER Region: CENTRAL

Administrator

Name: Denise Hoak Phone: 7173556000 Email:

Legal Entity

Name: GARDEN SPOT VILLAGE
Address: 433 S KINZER AVENUE, NEW HOLLAND, PA, 17557

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/13/2001 Issued By: Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 109 Waking Staff: 82

Inspection

Type: Full BHA Docket #: Notice: Unannounced
Reason: Renewal

Inspection Dates and Department Representative

07/23/2019 - On-Site: Jason McCloskey, Hope O'Pake
07/24/2019 - On-Site: Jason McCloskey, Hope O'Pake

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 110 Residents Served: 87

Secured Dementia Care Unit

In Home: Yes Area: Laurel View Capacity: 30 Residents Served: 21

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 87
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 22 Have Physical Disability: 1

123c - Evacuation Diagrams

Regulations

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

There are multiple evacuation diagrams posted throughout the home. However, the diagrams are not oriented to the physical location where they are posted. The current views of the diagrams makes it difficult for an observer to follow the line of travel to the nearest exit.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Evacuation signs posted in Mountain View and Laurel View are currently in the process of being updated. As stated in the email sent to the Department on 7/26/2019 from the Director of Facility Services: by Friday August 2, 2019 an accurate sign for each floor of our facility will be posted to effectively meet the minimum regulation 2600.123(c) requirement. Within 30 days of the receipt of this report, all corrections will be made including appropriate orientation and posted throughout the facility to replace the current signs. (see attachment sample) - Respectfully Submitted, DJH - *[Signature]*

Legal Entity Representative

[Signature]
Signature

Denise Hoak, Dir. of FCSRVCS, MV 7/30/2019
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

7/31/2019
(Date)

Plan of correction implementation status as of

7/31/2019
(Date)

The above plan of correction was approved by

BAS
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The fire drill conducted on 6/26/19 took 10 minutes and 26 seconds to complete. The maximum safe evacuation time as determined by a fire safety expert is 10 minutes.

During the fire drill conducted on 3/19/19, there were 19 residents present in the Laurel View unit, but only 18 residents evacuated.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

A fire drill was conducted on 7/26/2019 with an evacuation time of 6:40. Since the drill of 6/26/2019, a fire safety activity session with the residents of Mountain View was also held on 7/17/2019 at 2:00pm where all fire safety procedures including evacuation time was discussed. Moving forward Facility Services will notify Director of PC if time requirements are not met and a new drill performed within the required time frame.

Team members are currently being re-educated on the importance of meeting the designated evacuations times with each drill. This training has begun and is expected to be completed by Friday August 9th, 2019. Respectfully submitted, DJH - *[Signature]*

In addition team members in Memory Support (Laurel View) are being educated on how to approach residents with potential behaviors for successful results, with the understanding that all unsuccessful drills must be repeated. Since the drill on 3/19/2019 all fire drills have been completed successfully. Respectfully submitted, MK, DJH - *[Signature]*

*Upon receiving notification of a non-compliant drill, the administrator will investigate the cause(s) and implement corrective measures. A subsequent drill will be held within 10 days, to evaluate the efficacy of the corrective actions.

BAS 7/31/19

Legal Entity Representative

[Signature]
Signature

GENISE HOAK, Dir. of PC SVCS., MV 7/30/2019
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/31/2019 Plan of correction implementation status as of 7/31/2019
(Date) (Date)

The above plan of correction was approved by BAS
(Initials) Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

185a - Implement Storage Procedures

Regulations

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

The home has a detailed policy regarding accountability of schedule II, III and IV controlled substances which includes storing schedule II, III, IV and V in a designated area separated from all other medication; which is accessed with a separate key; and the inventory of these substances will be verified at the end of each shift.

The home is not following its policy regarding schedule IV medications as evidenced by the Ativan for Residents 1, 2, and 3 being stored in the home's medication cart with other medications and, in the case of Resident 1, stored in the same medication on time (MOT) blister as the rest of the resident's medications. In addition, the home is not verifying the inventory of these substances at the end of each shift.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

An inventory of schedule 4 medication has been completed as well as a plan with the pharmacy for next steps. On Wednesday evening July 31, 2019 all current medication will be repackaged and stored along with the schedule 2 & 3 medications in the locked safe in each med room. Moving forward all controlled substances schedule 2, 3 and 4 will be included in the inventory verification at the end of each shift. The completion date for this correction is August 1, 2019. LPN's and Med Tech's have been made aware of this change. Respectfully Submitted, DJH - *[Signature]*

*Commencing upon the receipt of this plan, the administrator will review the controlled substance count sheets on a weekly basis for four weeks to ensure that counts are being taken in accordance with the policy.

Legal Entity Representative BAS 7/31/19

[Signature]
Signature

Denise Hoak, Dir. of PC Svcs, MV 7/30/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/31/2019 Plan of correction implementation status as of 7/31/2019
(Date) (Date)

The above plan of correction was approved by BAS Fully Implemented
(Initials) Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented