

Department of Human Services
Bureau of Human Service Licensing

March 30, 2022

[REDACTED], CEO
[REDACTED]
[REDACTED]

RE: GARDEN SPOT VILLAGE
433 S. KINZER AVENUE
MOUNTAIN VIEW AND LAUREL
VIEW
NEW HOLLAND, PA, 17557
LICENSE/COC#: 32194

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2021, 09/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *GARDEN SPOT VILLAGE* License #: *32194* License Expiration: *09/11/2022*
Address: *433 S. KINZER AVENUE, MOUNTAIN VIEW AND LAUREL VIEW, NEW HOLLAND, PA 17557*
County: *LANCASTER* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/13/2001* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *61* Waking Staff: *46*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
Reason: *Renewal* Exit Conference Date: *09/22/2021*

Inspection Dates and Department Representative

09/21/2021 - On-Site: [REDACTED]
09/22/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* Residents Served: *61*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/21/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/11/2021*

03/30/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/06/2022*

03/30/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept

In accordance with Chapter 2600.124 -Notice to Fire Department

Notification was written and sent to the local fire department identifying the address of Garden Spot Village Personal Care detailing the clients served and the assistance needed to evacuate in an emergency. Floor plans of the community layout and all resident rooms was included. See attachments, DJH

Completion Date: 09/27/2021

Document Submission

Implemented

Plan of correction in reference to 2600.124 has been completed and is on file. DJH

185a - Implement Storage Procedures

1. Requirements

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

Resident #1 is prescribed [redacted] s needed. On 09/22/21, this medication was not available in the home.

Plan of Correction

Accept

With reference to Chapter 2600.185a -

A short order of [redacted] was ordered and received from the pharmacy on 9/22/21. On 9/23/3021 the order was discontinued by the residents PCP.

All PRN medications are reviewed weekly by the Dayshift LPN. Medications are checked for expiration dates of medication vs. expiration date of the order. This particular medication had been discarded because it had expired and the resident had not used it in 6 months. The LPN was to notify the resident's PCP to discontinue the medication and this step had not yet occurred.

Moving forward when auditing PRN medications, the LPN will note when the medication is expected to expire and notify the residents PCP prior to the expiration date. This will ensure that the medication is on hand while there is an active order on file. -DJH

Completion Date: 09/22/2021

Document Submission

Implemented

Plan of correction in reference to Chapter 2600.185a has been completed and continues. -DJH