

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

February 23, 2023

[REDACTED]
GARDEN SPOT VILLAGE
433 S. KINZER AVENUE
NEW HOLLAND, PA, 17557

RE: GARDEN SPOT VILLAGE
433 S. KINZER AVENUE
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 01/18/2023, 01/19/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: GARDEN SPOT VILLAGE **Licen e #:** 32194 **Licen e Expiration:** 09/11/2023
Address: 433 S. KINZER AVENUE, NEW HOLLAND, PA 17557
County: LANCASTER **Region:** CENTRAL

Administrator

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

Legal Entity

Name: GARDEN SPOT VILLAGE
Address: 433 S. KINZER AVENUE, NEW HOLLAND, PA, 17557
Phone: [REDACTED] **Email:** [REDACTED]

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:** 59 **Waking Staff:** 44

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 01/19/2023

Inspection Dates and Department Representative

01/18/2023 - On-Site: [REDACTED]
01/19/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 110 **Re ident Served:** 59

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Re ident Served:**

Hospice

Current Re ident : 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 59
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

01/18/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/06/2023

Inspections / Reviews *(continued)*

02/07/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/14/2023

02/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/21/2023

02/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 02/24/2023

02/23/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline on or near both of the landline telephones in located in the home's kitchen.

Plan of Correction

Accept (█ - 02/17/2023)

Dining Services Manager obtained emergency phone stickers on 1/19/2023 from the Mountain View Care Station and placed them on the phones in the East Kitchen. She then immediately (on 1/19/2023) did an education circle with her team. All team members are currently in the process of education regarding regulation 2600.91. Dining manager performs a daily walk through in the East Kitchen and has added this item (to check for emergency numbers on phones) to the list of items to look for. This began on 1/20/2023 and will continue for 30 days following. Then at minimum weekly for 8 weeks. -DJH, PCHA

Licensee's Proposed Overall Completion Date: 02/15/2023

Implemented (█ - 02/23/2023)

103c - Food Protected

2. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 1/19/23 at approximately 10:30 am, there was a bag of hamburger patties containing approximately thirty (30) in a cardboard box open and exposed to the air, stored in the walk-in freezer.

Plan of Correction

Accept (█ - 02/14/2023)

Dining Services Manager immediately covered and sealed the bag of burgers on 1/19/2023. She then immediately did an education circle with her team. All team members are currently in the process of education regarding regulation 2600.103(c). This training is expected to be complete on 2/13/2023. Dining manager performs a daily walk through in the East Kitchen and has added this item (to check for opened/unsealed food) to the list of items to look for. This began on 1/20/2023 and will continue for 30 days following. Then at minimum weekly for 8 weeks. - DJH, PCHA

Licensee's Proposed Overall Completion Date: 02/08/2023

Implemented (█ - 02/23/2023)

129a - Fireplace Screens

3. Requirements

2600.

129.a. A fireplace must be securely screened or equipped with protective guards while in use.

Description of Violation

On 1/18/23 at approximately 10:00 am, the gas fireplace in the home's 2nd floor lounge was in use. The fireplace

129a - Fireplace Screens (continued)

was not securely screened or equipped with any type of protective guard while in use, and the metal of the fireplace was hot to the touch.

Plan of Correction**Accepted** [REDACTED] - 02/17/2023)

Administrator placed a protective screen in front of the glass fire doors that now covers the metal frame around the glass. This was completed on 1/30/2023. PCHA is checking the fireplace daily since 1/30 and will continue to do so for 30 days following. All staff is currently being educated on 2600.129(a) and also instructed to turn off the fireplace if it feels too hot. This training is expected to be completed by 2/13/2023. -DJH, PCHA

Licensee's Proposed Overall Completion Date: 02/15/2023

Implemented [REDACTED] 02/23/2023)**190a - Completion Medication Course****4. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who administers medications on a daily basis, has not had the required evaluation and practicum completed since March 2022. Prior to this, the practicums were completed in 09/2021, 03/2021, and 09/2020.

Plan of Correction**Accepted** [REDACTED] - 02/14/2023)

Administrator educated the Clinical Care Coordinator on Regulation 2600.190.(a) and the importance of timely reviews for all Med Tech's. This training was completed on 1/20/2023. The Team member has been observed by the Clinical Care Coordinator- (also the Med Tech trainer) on 1/26/2023 and is scheduled to be reobserved in 3/23 to continue with her routine schedule of observation checks.

Moving forward - all Med Tech reviews will be added to the quality assurance checklist. QA meetings are held on the 1st Thursday of each month where team members on the docket for the coming month will be noted. This has already begun with the February 2, QA meeting. -DJH, PCHA

Licensee's Proposed Overall Completion Date: 02/08/2023

Implemented [REDACTED] - 02/23/2023)