

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

February 24, 2023

[REDACTED]  
GARDEN SPOT VILLAGE  
[REDACTED]

RE: MEADOW VIEW AT GARDEN SPOT  
VILLAGE  
800 KRAYBILL AVENUE  
NEW HOLLAND, PA, 17557  
LICENSE/COC#: 33663

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/08/2023 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: MEADOW VIEW AT GARDEN SPOT VILLAGE License #: 33663 License Expiration: 08/26/2023  
 Address: 800 KRAYBILL AVENUE, NEW HOLLAND, PA 17557  
 County: LANCASTER Region: CENTRAL

## Administrator

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

## Legal Entity

Name: GARDEN SPOT VILLAGE  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

## Certificate(s) of Occupancy

Type: 1 2 Date: 08/05/2020 Issued By: L & I

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 66 Waking Staff: 50

## Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0  
 Reason: Renewal Exit Conference Date: 02/08/2023

## Inspection Dates and Department Representative

02/08/2023 On Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 50 Residents Served: 33

## Secured Dementia Care Unit

In Home: Yes Area: all Capacity: 50 Residents Served: 33

## Hospice

Current Residents: 2

## Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 32  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 33 Have Physical Disability: 0

## Inspections / Reviews

## 02/08/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/20/2023

## 02/24/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/24/2023  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/01/2023

Inspections / Reviews *(continued)*

02/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 82c - Locking Poisonous Materials

### 1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

### Description of Violation

██████████, with a manufacturer's label indicating, "if swallowed call poison control," was unlocked, unattended, and accessible to Resident 1. All residents have not been assessed as being capable of recognizing and using poisons safely.

### Plan of Correction

Accept ██████████ - 02/24/2023)

Resident has a Physicians Order on ██████████ 23 Primary Care Provider CRNP for ██████████ Toiletry Cabinet in ██████████ apartment to be unlocked. Medications are NOT kept in ██████████ toiletry cabinet. All medications, including over the counter, are locked in ██████████ drawer in our medication and treatment room which is not located in resident's apartment, but is located in the household the resident lives in.

Please See Attached ██████████ 23 Physicians Order for Toiletry Cabinet to be able to be unlocked for resident in question.

Please See Attached ██████████ 23 Edit Task AND Feb Log. Task was created in Point of Care by LPN Supervisor to accommodate above physician order. Log shows completed by team member, typically resident assistant or LPN/Med Tech, as ordered, with checks on first shift and second shift and PRN. This task and log is part of our Point of Care program we use to track ADLs and other items for each resident. Tasks are individualized for each resident according to their abilities and needs. Tasks are added by our Clinical Care Coordinator (CCC), Lpn Supervisors or Program Coordinator. Team, which include Lpn Supervisors, Resident Assistants, Homemakers, and Activities were verbally passed on by LPN/MT during Stand Ups from 1/18-1/23, as well as documentation added to Point Click Care - Point of Care tasks on 1/23/23.

Please see attached Safety Lists: All Families are educated upon admission with our program coordinator or designee during our admission process. This particular admission safety list was completed with POA with Program Coordinator. Family/POA and Program Coordinator signed 2/10/22 for initial education. ██████████  
██████████ Secondary POA ██████████ has been verbally educated previously regarding medications, treatments, therapies and home rules by Clinical Care Coordinator as well as Director and several LPN Supervisors. ██████████, were re-educated 2/10/23 in meeting with Clinical Care Coordinator and Social Worker. Reeducation was documented and signed on 2/10/23. Please see attached.

Please see attached 2-9-23 Edit Task, Details AND Feb Log: Details added by Program Coordinator "Please check the cabinet for anything other than toiletries and report to LPN if other items are found" directions to the task log in the details on 2/9/23, due to family bringing items resident is not able to safely use. RA checked room in the morning as usual. Secondary POA ██████████ came in for a visit and gave resident ██████████ to put on the bottom of ██████████ feet to draw out toxins and left the container in ██████████/resident apartment when ██████████/secondary POA ██████████ left on 2/9. Item found by DHS in residents room after ██████████ left. A copy of the log is also included, verifying that it is completed.

Re-education of Lpns and Med Techs completed on 2/14/23 by CCC at LPN Meeting regarding regulation 82c and plan of correction.

Re-education of Resident Assistant completed on 2/16/23 by CCC at Resident Assistant Meeting regarding

82c - Locking Poisonous Materials (continued)

regulation 82c and plan of correction. Reeducation regarding regulation 82c posted in Meeting binder on 2/16/23 by CCC located in Meadow View Admin Hall. All team members not in attendance in either meeting read the Meeting Minutes in the Binder. Emails were sent by CCC to all RAs/LPN/Med Techs that were not present at meetings. Anyone without an email was given a paper copy in their individual communication folder in the team lounge. Please see attached meeting minutes.

Proposed: Our team, RA/Med Tech or LPN, will continue to check residents apartment and log task daily for any poisonous materials that are to be locked for 3 months. CCC will monitor the log weekly for 3 months. All resident bathroom cabinets are to be locked at all times unless a resident has a physician order that allows that resident to have the toiletry cabinet unlocked. RAs or person assisting resident that shift (LPN/MedTech) will check the bathroom cabinets each shift, and document completion in Point of Care.

If any additional unsafe items are found, item will be immediately removed by any team member who found it and given to the LPN/Med Tech to be disposed of properly. Disposal medication will be documented by 2 LPN/Med Tech and noted in PCC. LPN/Med Tech to email CCC and Director of item found, time found, if aware of any visitors with resident and any other pertinent information, by the end of shift. Upon Directors/CCC investigation of occurrence which will start the next scheduled business day, all POAs will be called immediately for a meeting with Director. Depending on the outcome of investigation the Health Care Director and/or the CEO may be involved.

Licensee's Proposed Overall Completion Date: 02/17/2023

Implemented [redacted] - 02/24/2023)

185a Implement Storage Procedures

2. 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

On 02/08/23, discrepancies with Resident 1's blood sugar readings and the resident's medication administration record (MAR) were observed as follows:

- [redacted]/23 - [redacted] pm blood sugar reading of [redacted] found in resident's glucometer was incorrectly recorded in MAR as [redacted]
- [redacted]/23 - [redacted] pm blood sugar reading entered in MAR as [redacted] was not found in resident's glucometer.

Plan of Correction

Accept [redacted] 02/24/2023)

Although our violation was not related to safe storage, access, security, distribution and use of medication and medical equipment by trained staff persons, director acknowledges this is the regulation that pertains to glucometer readings. The discrepancies on both [redacted] 23 and [redacted] 23 were human error, and not related to use of the equipment or understanding of this regulation.

Glucometers will be checked and documented that LPN/Med Tech completed the check on 3rd shift effective immediately for 3 months. Every blood sugar entry in EMAR is to match the glucometer. If there are discrepancies, LPN/Med Tech will correct immediately and email CCC of discrepancy found. If discrepancy caused a med error, follow protocol for med error. CCC will investigate discrepancy next business day scheduled and contact team member after investigation is complete for reeducation and/or plan of correction with team member. CCC will check weekly for 3 months as an extra check, to ensure accuracy.

**185a - Implement Storage Procedures (continued)**

*LPN/Med Techs were verbally educated by CCC at team meeting on Feb 14, 2023 regarding Regulation 185a as well as the implementation of our plan of action as stated in previous paragraph. LPNs/Med Techs verbally reminded by CCC on Feb 14, 2023 to double check glucometer readings typed into PCC to verify they are correct before hitting submit. All team members not in attendance received email from CCC on 2/16/23 of meeting minutes from 2/14/23 which are also posted in the Meeting Minutes Binder located in Meadow View Admin Hall. All LPN/Med Tech have emails. No individual paper copies were needed due to all LPNs/Med Techs have email addresses. Please see attached meeting minutes.*

**Licensee's Proposed Overall Completion Date:** 02/17/2023

**Implemented** [REDACTED] - 02/24/2023)