

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

November 9, 2023

[REDACTED], ADMINISTRATOR  
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 10/03/2023 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: 08/26/2024  
 Address: 800 KRAYBILL AVENUE, NEW HOLLAND, PA 17557  
 County: LANCASTER Region: CENTRAL

**Administrator**

Name: [REDACTED] Email: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: I-2 Date: 08/05/2020 Issued By: Earl Township

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 70 Waking Staff: 53

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 10/03/2023

**Inspection Dates and Department Representative**

10/03/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 50 Residents Served: 35  
 Secured Dementia Care Unit  
 In Home: Yes Area: Amber and Pearl Capacity: 50 Residents Served: 35  
 Hospice  
 Current Residents: 2  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 35 Have Physical Disability: 0

**Inspections / Reviews**

10/03/2023 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/16/2023

10/20/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 11/02/2023  
 [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/27/2023

Inspections / Reviews *(continued)*

10/27/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/02/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/03/2023

11/09/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/02/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 15a - Resident Abuse Report

**1. Requirements**

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**Description of Violation**

On [REDACTED] at [REDACTED], an alleged case of verbal abuse was reported, to the home. Staff Members B and C, witnessed Staff Member A yelling at Resident 1, making inappropriate comments to Resident 1 in front of other residents and appearing to threaten resident 1. This allegation of abuse was not reported to the Local Area Agency on Aging.

**Plan of Correction**

Accept [REDACTED] - 10/27/2023)

On [REDACTED] an alleged case of verbal abuse was reported to the home that is Meadow View. This allegation of abuse was reported to DHS both written and verbally, by Meadow View Clinical Care Coordinator. CCC then verbally reported to the Local Area Agency on Aging. Upon further investigation after an unannounced visit from DHS, it was brought to both CCC's attention and new PCHA's attention, there was an omission of paperwork, to be more specific, the Act 13 form. Upon being told this information by lead inspector [REDACTED] on the morning of 10/3/23, CCC on 10/3/23, around 3pm in the afternoon, after the visit from DHS concluded, filled out the Act 13 form. PCHA and CCC reviewed an education statement typed up by PCHA on 10/3/23, reviewing the reporting process to AAA and DHS, especially the need to fill out Act 13 form. CCC signed, PCHA signed, and moving forward this form will be submitted.

To set the stage, this allegation of abuse was passed on in the morning report (morning of [REDACTED]) by Staff Member B and Staff Member C to the Clinical Care Coordinator. Staff Member B & C, as well as other direct care staff (LPN's, Med Tech's and Resident Assistant's) attended a training/education session lead by CCC on 9/19/23 entitled "PA Dept of Aging Older Adult Protective Service Act Training." CCC also focused on reviewing proper reporting protocol here at Meadow View, including to be sure to follow chain of command, remind staff of new PCHA in the building now. Direct care staff in attendance, including the CCC herself, reviewed the importance of reporting any kind of abuse whether they're sure or unsure of what they see, to their immediate supervisor or nursing team leader, with no fear of repercussions. Direct care staff (LPN's, Med Tech's and Resident Assistants) in attendance signed an attendance sheet showing their completion of PA Dept of Aging Older Adult Protective Service Act Training. After said training concluded on 9/19/23, CCC posted written instructions in each Amber Nursing Team Room and Pearl Nursing Team Room, for staff not in attendance, to sign the sign in sheet once they've read PA Dept of Aging Older Adult Protective Service Act Training materials. Each staff member's signature dated from 9/19/23-9/22/23. CCC reviewed how to recognize and identify abuse, as well as when, where, and how to report abuse. For example, CCC made sure to emphasize state protocol: When responding to any abuse that is not serious physical abuse (which per regulations is to call local Area Agency on Aging first, complete the Act 13 form and send to AAA within 48 hours, then to notify the resident and the resident's POA. complete reportable form (fax, email with 24 hours) which then leads the home to investigate and to then submit a final report to Adult Residential Licensing immediately following conclusion of the investigation.

All staff employed at Garden Spot Communities at Meadow View, continue mandatory yearly training, for this calendar year starting January 1, 2023 through December 1, 2023. This training needs to be completed each year to continue remaining employed here. Staff who do not complete this training may not return to their position on the floor until all Relias Learning trainings are complete and submitted.

All Meadow View employees before their first day of official employment in their roles, are required to complete 6 hours of dementia training, which includes how to honor remain compliant with regulations and preventing abuse. Lastly, PCHA, noticed most recent Resident Assistant, Med Tech and LPN training did not include Homemakers and

15a Resident Abuse Report (continued)

Resilient Living Aides in the attendance list. PCHA notified Household Coordinator, and Resilient Living Coordinator on 10/12/23, and assigned the same material covered in CCC's most recent staff meeting to be reviewed during their upcoming staff meeting. RLA's and HM team members reviewed PA Dept of Aging Older Adult Protective Service Act Training material with their supervisor at team meeting on 10/17/23. Staff signed the sign in sheet, showed their understanding and proof of reviewing PA Dept of Aging Older Adult Protective Service Act Training material. Homemakers and Resilient Living Aides not in attendance were instructed via email, verbal and written instruction by RLC to review said materials via RLA desk area. Written instructions posted stated to read the materials upon their next scheduled workday and to sign the sign in sheet representing their understanding of PA Dept of Aging Older Adult Protective Service Act Training materials.

The Household Coordinator and Resilient Living Coordinator reviewed and retrained their staff during 10/17/23 meeting, on how to recognize and identify abuse, as well as when, where and how to report abuse when responding to any abuse that is not serious physical abuse to their immediate supervisor.

Chain of command and proper protocol for Meadow View communication how to's for non urgent matters vs suspicions of abuse were reviewed; RLC reviewed the differences in how communication changes once a matter is urgent and abuse related. (Example given during meeting: HM or RLA sees suspicion of abuse, will immediately PCHA. If PCHA is not available, staff can notify CCC who will then notify PCHA. A non urgent matter might be, say, a call off, or the main kitchen sent over not enough sauce for dinner tonight, staff can notify their immediate supervisors or CCC, whom will then notify PCHA. The team can then problem solve together. HM's and RLA's signed the training sheet sign in sheet, showing the understanding and review of this material. Staff were given a moment at the end of the meeting, to add new PCHA's contact information to their work phones.

Licensee's Proposed Overall Completion Date: 10/26/2023

Implemented [redacted] - 11/07/2023)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at [redacted], Staff Members B and C witnessed Staff member A yell at Resident 1, make inappropriate comments, and appear to threaten Resident 1 in front of other residents. Staff Member B also witnessed, Staff Member A throw a utensil at Resident 1.

Plan of Correction

Accept [redacted] - 10/27/2023)

Immediately upon learning of this incident and the verbal harm caused to resident 1, Staff Member A, was terminated on [redacted]. There is a no tolerance of abuse policy, at Meadow View. PCHA sent out a mass email to Meadow View employees, on [redacted] "Staff Member A is no longer employed here. [redacted] is not to return to the campus, should anyone see or hear from [redacted], they are to notify CCC or PCHA or Campus Security." PCHA also verbally followed up during morning stand up meeting on 9/15/23 with this same information.

Staff Member B, saw this incident happen during [redacted] first week of working; Staff Member B's first day was [redacted]. [redacted] has since attended, on [redacted] an 8 hour Dementia Training. This team member learned how to respond and deescalate behaviors with residents with dementia. Staff Member B also learned more about the disease, how this applies to current residents at Meadow View, etc. Staff Member B verbally passed on to PCHA and Dementia Consultant teaching the class, how beneficial this training was to [redacted]. Staff Member B was also lead in a discussion

#### 42c - Treatment of Residents (continued)

with CCC in regard to this type of behavior from Staff Member A not being tolerated here at MDV, and to not let this situation scare ■■■. This is simply to demonstrate how seriously we take abuse here. Staff Member B stated ■■■ understood and knows to report what ■■■ sees from now on (by attending and signing training sheet previously mentioned above in first POC).

On 10/4/23, a training was held, entitled "6 Pieces of the Puzzle: Resident 1." This is a Teepa Snow training the company's dementia educator and consultant is equipped to lead. This training helped team members to unpack the story that is Resident 1 and better understand this resident and his behaviors, or as we say around here "unmet needs". Staff were able to problem solve collectively while reflecting on who Resident 1 is as a person, ■■■ personality, ■■■ environment and the type of ■■■ has. Staff were educated on ways to approach Resident 1, to support ■■■ as is actively showing more disruptive behaviors over the meal times (\*when this incident happened it was over the dinner hour). Positive outcomes were made to lessen the chances of agitation from Resident 1 moving forward (i.e. Homemakers were advised to discontinue music playing near Resident 1 in the dining room as this agitates ■■■, ■■■ likes to dine quietly without surrounding sounds.) PCHA volunteered to provide a to go travel Penn State themed mug for Resident 1 so ■■■ can carry ■■■ drinks with ■■■ as ■■■ has been seen pouring fluids from regular mugs and cups on walls and around the households. PCHA also found Resident 1 a pen pal as ■■■ enjoys writing letters and this could occupy ■■■ time and give ■■■ purpose.

Staff Member B & C, as well as other direct care staff (LPN's, Med Tech's and RA's) attended a training and education session lead by CCC on 8/22/23 on Resident Rights. Homemakers and Resilient Living Aides (Activity Staff) had their training on 10/17/23. All LPN's, Med Tech's, RA's, HM's and RLA's in attendance of these meetings reviewed Resident Rights material with their supervisor during meeting. After said training concluded on 8/22/23/, CCC posted written instructions in each Amber Nursing Team Room and Pearl Nursing Team Room, for staff not in attendance, to sign the sign in sheet once they've read Resident Rights Training materials. Each LPN, Med Tech and RA's signatures dated from 8/22/23-8/23/23. For Homemakers and Resilient Living Aides, after the conclusion of their meeting on 10/17/23, RLC posted written instructions on RLC desk for team members to individually go over Resident Rights materials and sign the sign in sheet, showing their reviewal and understanding of materials, upon their next day of work and per her verbal reminders. Staff signatures dated from 10/17/23-10/18/23.

All staff employed at Garden Spot Communities at Meadow View, continue mandatory yearly training, for this calendar year starting January 1, 2023 through December 1, 2023. This training needs to be completed each year to continue remaining employed here. Staff who do not complete this training may not return to their position on the floor until all Relias Learning trainings are complete and submitted.

Meadow View employees before their first day of official employment in their roles, are required to complete 6 hours of dementia training, which includes how to honor resident rights. Each Meadow View team member's eligibility to start date is individualized. Each team member attends company orientation called "Ignite." This is hosted by HR Educator and Consultant each month across the street on main campus at GSV. The next Ignite session takes place November 1 in the Forge, from 8am to 4 pm. The Ignite Academy has a new schedule; there will be Ignite classes on Tuesdays in November 7, 14, 21 and 28, from 8:30-11 am in the Concord Room. Team members also attend a Meadow View Orientation with the Meadow View Program Coordinator, on their considered "Day 1" of employment. During this time, team members receive direct care training and take a test, complete their 6 hours of dementia training and review materials in the team member guidebook. The scheduling of this Meadow View Orientation between Program Coordinator and new team member is individualized per team member, to meet the scheduling needs of each new hire. This new hire orientation with Meadow View PC is always completed before a new team member can set foot on the floor.

To ensure ongoing compliance, the following measures starting 11/1/23-1/1/24 are as follows:

Program Coordinator will continue reviewing the Employee Guidebook with new hires which goes over important new hire material, including The Older Adult Protective Services Act, Policy on Non-Discrimination, Reportable

**42c - Treatment of Residents (continued)**

*Incidents, Elder Justice Act, etc.*

*For the next 60 days, PCHA will meet with each new hire 1:1 and review training material on both "PA Dept of Aging Older Adult Protective Service Act Training" and "Resident Rights Training" in the Team Member Guidebook. PCHA will make sure this review is completed on or before the employee's first day of work, and no later than 40 hours into their scheduled time at GSC as a team member. Upon completion of meeting with PCHA, each new hire will sign documentation showing this material was reviewed before setting foot on the floor. PCHA will communicate via email bi-weekly with Program Coordinator to schedule times for PCHA to meet with each new hire.*

**Licensee's Proposed Overall Completion Date: 10/26/2023**

**Implemented ( [REDACTED] - 11/07/2023)**