

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

February 23, 2024

[REDACTED], CEO  
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 01/17/2024, 01/18/2024, 01/19/2024 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]

**Certificate(s) of Occupancy**

**Type:** I-2      **Date:** 08/05/2020      **Issued By:** Labor and Industry

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 74      **Waking Staff:** 56

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal, Incident      **Exit Conference Date:** 01/18/2024

**Inspection Dates and Department Representative**

01/17/2024 - On-Site: [REDACTED]  
01/18/2024 - On-Site: [REDACTED]  
01/19/2024 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 50      **Residents Served:** 37

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Amber and Pearl Households      **Capacity:** 50      **Residents Served:** 37

**Hospice**

**Current Residents:** 1

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 36  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 37      **Have Physical Disability:** 1

**Inspections / Reviews**

01/17/2024 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 02/06/2024

Inspections / Reviews (*continued*)

02/09/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/22/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/15/2024

02/15/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/22/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/22/2024

02/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/22/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42b Abuse

## 1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

On [REDACTED] at [REDACTED] Resident 1 engaged in a physical altercation with Resident 2 and admitted to striking him. Resident 2 complained of being bitten and had a wound on his left hand that required cleaning and dressing.

## Plan of Correction

Accept ([REDACTED] - 02/09/2024)

To prevent future occurrences, with this particular resident, Resident 1, or with another resident at Meadow View, the following information was investigated, educated and discussed:

The root cause in this particular scenario, regarding Resident 1, is the combination of [REDACTED], [REDACTED] and [REDACTED]. Resident A has a history of [REDACTED] symptoms as well. Resident 1 having these diagnoses causes impulsivity and aggressive behavior at times.

At time of annual survey, Resident 1 was in Resident is in skilled care.

On 1/31/24, Meadow View Program Coordinator moved Resident A's room from [REDACTED], away from Resident 2. Resident 1's belongings were internally moved from [REDACTED] old room to [REDACTED] new room, pending [REDACTED] return to Meadow View from skilled care. As of 2/6/24, family is releasing bed hold of Resident 1's room. Resident 1 will be residing permanently in Skilled Care at Garden Spot Village (across the street in the main campus building).

A training is set for 2/8/24 at 10:30am with Dementia Educator and Consultant. DE&C will lead team members of Meadow View in a dementia training entitled, "Understanding Dementia and Aggression: Triggers, Preventative Measures, Etc." Dementia Educator will be reviewing and reeducating staff on how to look for signs, cues and triggers with aggression in dementia. Staff will be taught and re-educated on how to anticipate impulsive episodes of anger and aggression, even if that means changing something in the environment that's triggering, for example.

Meadow View's plan of correction will also be verbally communicated to all staff in attendance of this on 2/8/24, by Dementia Educator, but especially how and why this training is being done in response to 2600.42b deficiency.

All staff of Meadow View not in attendance will receive an email from PCHA by end of business day, 2/9/24, with meeting minutes and review of plan of correction. Due to all team members having a work email address now, no paper copies are anticipated to be needed.

Training PowerPoint, handouts and plan of correction review will be posted in Meeting Minutes Binder located in Admin Vestibule.

Also, should Resident 1 had a plan to return to Meadow View from Skilled Nursing on 2/6/24.. In addition to the room change which already took place as previously noted, another plan would have been in place upon his arrival starting 2/7/24. Clinical Care Coordinator would have monitored his behavior for two weeks to see if there was a need to update the support plan with new behavioral support. Should behavioral support have been found to be needed on 2/21/24, Social Worker for Resident 1 would have been contacted within 24 hours, by 2/22/2. PCHA would have discussed with Social Worker and Clinical Care Coordinator what behavioral supportive measures

42b - Abuse (continued)

would now be in place for Resident 1 to prevent further incidences like this from happening again. PCHA was prepared to offer the suggestion of a 4 hours rounding process for 2 weeks, beginning 2/23/24. This would have involved a rounding process using a table created by CCC, noting and labeling behavioral patterns seen by CCC in reference to Resident 1. CCC would have looked for patterns of behavior and triggers such as the environment Resident 1 was in, whom was around Resident 1, what Resident 1 was doing at that time, was there any displays of aggressive behavior noted, etc. These observations would have been documented in a spreadsheet. The spreadsheet would then have been sent to the PCHA each day for review. Again, this plan would have been in place if Resident 1 were to return to Meadow View. That is no longer the case, Resident 1 will permanently remain in skilled nursing and not at Meadow View.

Licensee's Proposed Overall Completion Date: 02/06/2024

Implemented [REDACTED] - 02/23/2024)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was re-hired on [REDACTED] after an absence of more than two years. The home did not have the results of a current Criminal History Background Check (CHBC) and had only the results of the CHBC completed in 2014.

Plan of Correction

Accept [REDACTED] - 02/09/2024)

On January 17, 2024 the Human Resources department was notified of the Department of Health's arrival and the request for a list of employees selected for the audit. The HR Generalist determined one of the employee's chosen for review, Staff Person A, was a rehire. On January 17, 2024, the HR Generalist located the first criminal background check from the original employment but was not able to locate the criminal background check for the rehired employment on October 29, 2018. The HR Generalist enlisted assistance on January 17, 2024, from another HR Generalist, the Safety Administrator, and the HR Manager. The document could not be located on January 17, 2024, even after the HR Manager located the tracking spreadsheet used to show criminal background checks were completed. On January 17, 2024 by early afternoon, it was confirmed that the criminal background check for Staff Person A was ran for the rehire date of employment back on October 29, 2018. The HR Director also located an invoice from their Criminal Background System showing that the background check for Staff Person A was indeed ran at that time of rehire.

By the second day of Meadow View's annual survey, January 18, 2024, an electronic search was made in all available folders and the CHBC still was not located. By early afternoon on 1/18/24, the HR Manager reached out to the Receptionist at the location of Staff Person A's original place of employment, to search any scanned or unscanned, physical records. The Receptionist was unable to find any record of the criminal background check for the October 29, 2018 hire date. The Director of Memory Care/ Staff Member A was informed of this through a phone call on January 18, 2024, by end of business day.

Human Resources Manager ran a CHBC on 1/18/24 and attached to CHBC a detailed note explaining what

51 - Criminal Background Check (continued)

occurred during the 2024 annual survey. This was notarized by both Human Resources Manager and Human Resources Director so future surveyors know this matter was already looked into and followed up on.

On January 18th, a meeting took place with the current HR team (including HR Manager, HR Generalist I and HR Generalist II) re-education was provided for HR team members regarding staff CHBC's and HR files the state could ask for during an annual survey. HR Manager reviewed the importance of keeping proper record of the criminal background checks for all employees, as well how to properly scan and chart the process upon completion of each onboarding process for each new hire.

The Receptionist at Staff Member's original location of re-hire, and the location of the original physical files, was tasked to do an audit on the current HR files for all current Maple Farm employees (around 60-80 employees) to ensure everything is accounted for and accessible for any future audits. This audit is expected to take approximately 3 months to complete. To ensure this doesn't happen again, HR Manager whom already goes over to Maple Farm once a week, will review auditing progress chart and lists each month with Receptionist, to immediately correct any employee hr document, missing or incorrect.

In addition, the HR Generalist responsible for running the criminal background checks has confirmed an ongoing review starting 2/6/24 of the filing process for any new hire, through use of electronic folders and the tracking spreadsheet each month, which she will then forward to HR Manager each month for review.

Licensee's Proposed Overall Completion Date: 02/06/2024

Implemented (████ - 02/23/2024)

132e - Fire Drill Sleeping Hours

3. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 3/10/2023.

Plan of Correction

Accept (████ - 02/15/2024)

On 1/17/24, it was determined that the facility failed to conduct and perform fire drills, one every 6 months during sleeping hours), affecting Meadow View Memory Support.

On 1/18/24, the Facility Systems Specialist whom is responsible for Fire Drill implementation for the facility was made aware of the deficiency. A meeting took place between the Facility Systems Specialist, Facility Services Supervisor, and Director of Facility Services upon where the Facility Systems Specialist responsible for Fire Drills was re-educated on 2600.132e, specifically the need for one sleeping time drill every 6 months, to be conducted between 11pm – 7am.

On 1/18/2024, the Facility Services Specialist updated internal documentation to ensure that such drills would be accomplished, citing the need for one sleeping time drill every 6 months, between 11pm – 7am. In addition, an annual Fire Drill work order (S.W.O. #5840) was created and assigned to Facility Systems Specialist, Facility Services Supervisor, and Director of Facility Services to solicit an annual plan and schedule of fire drill dates and times.

**132e - Fire Drill Sleeping Hours (continued)**

Excel spreadsheet received by PCHA on 1/18/24 shows FSS's plan for the 2024 year ahead. In the margin a large yellow text box can be seen, which states a reminder regarding a sleeping hour fire drill needed once every 6 months.

A monthly Outlook email reminder and teams document, previously only sent to PCHA from Facility Systems Specialist will now be sent to Facility Services Supervisor and Facility Services Director to ensure this deficiency won't happen again.

Since the date of the annual survey on 1/17/24, a sleeping time fire drill was conducted on 1/25/24 at 5:46am at Meadow View, by the Facility Systems Specialist. The drill went smoothly and was successful.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented [REDACTED] - 02/23/2024)

**185a - Implement Storage Procedures****4. 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 3's glucometer was programed with the incorrect time -- on [REDACTED], the glucometer stated it was [REDACTED]. In addition, the resident's medication administration record states to calibrate the glucometer every Wednesday and to "check and correct date and time as needed for compliance." This check was not completed on 1/17/2024.

**Plan of Correction**

Accept [REDACTED] - 02/09/2024)

In response to deficiency regarding 2600.185.a, the following plan is in place:

Resident 3's glucometer will be checked and documented by 3rd shift by LPN/Med Tech effective immediately for 60 consecutive days, starting 1/19/24.

Per Resident 3's medication administration record, it states, "to calibrate the glucometer every Wednesday" and "to check and correct date and time as needed for compliance."

The glucometer's time is to remain in alignment with the time displayed on the nursing station's wall clock. Every Wednesday LPN/Med Tech will confirm date and time when doing control check. If there are discrepancies LPN/Med Tech will correct immediately and email Clinical Care Coordinator of discrepancy found.

CCC will investigate discrepancy by end of next business day.

CCC will check the LPN/Med Tech audit, weekly, for 60 days to offer an extra check for this plan of correction, to ensure this won't happen again. Should an error be found by the CCC, CCC will investigate by next scheduled

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

*business day and contact said team member involving the error, so a proper investigation can be done by CCC. Reeducation will be provided to said team member as well as a plan to correct error from repeating in the future.*

*LPN/Med Tech's were verbally reeducated by CCC on 1/30/24, during a team meeting, on the importance of checking the glucometer check, ensuring a full check is completed, especially the check of time and date, as well as 2600.185a and our current plan of correction.*

*Meadow View's plan of correction was verbally communicated to all nursing staff at team meeting on 1/30/24 by CCC.*

*All LPN/Med Tech's not in attendance received an email from CCC by end of business day, 1/31/24, with meeting minutes and review of plan of correction. Due to all team members having a work email address now, no paper copies were needed.*

*Team meeting minutes and plan of correction review will be posted in Meeting Minutes Binder located in Admin Vestibule.*

**Licensee's Proposed Overall Completion Date: 02/06/2024**

**Implemented [REDACTED] - 02/23/2024)**