

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

October 3, 2024

[REDACTED]
GARDEN SPOT VILLAGE
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/16/2024 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] Phone: [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: Department of Labor and Industry

Staffing Hours

Resident Support Staff: Total Daily Staff: 72 Waking Staff: 54

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 07/16/2024

Inspection Dates and Department Representative

07/16/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 36
 Secured Dementia Care Unit
 In Home: Yes Area: Amber and Pearl Capacity: 50 Residents Served: 36
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 35
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 36 Have Physical Disability: 2

Inspections / Reviews

07/16/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/17/2024

08/19/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/30/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/23/2024

Inspections / Reviews *(continued)*

08/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/01/2024

10/03/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2024

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 approximately 6:00PM, Resident [REDACTED] mistook Resident [REDACTED] as their spouse. Resident [REDACTED] began holding, stroking, and kissing Resident [REDACTED] hand. Staff intervened, but Resident [REDACTED] refused to let go of Resident [REDACTED] hand. This resulted in Resident [REDACTED] squeezing Resident [REDACTED] hand, causing Resident [REDACTED] hands to be dark red and have indentations from the rings on [REDACTED] hand.

On [REDACTED], at approximately 8:05PM, Resident [REDACTED] was seated in the living room watching a movie and communicating with staff. Resident [REDACTED] walked up behind Resident [REDACTED] and grabbed Resident [REDACTED] head. Then Resident [REDACTED] forcibly turned Resident [REDACTED] head towards the television. Staff intervened by moving Resident [REDACTED] hands away from Resident [REDACTED]. Resident [REDACTED] reported at the time of incident that it "hurt". Resident [REDACTED] then hit Resident [REDACTED] on the nose and walked away.

On [REDACTED], at approximately 12:30PM, Resident [REDACTED] wandered into Resident [REDACTED] room. Resident [REDACTED] was upset about Resident [REDACTED] wandering into their room. Then Resident [REDACTED] grabbed Resident [REDACTED] left hand and scratched it. As a result, Resident [REDACTED] sustained a 1 and 1/2 inch skin tear.

On [REDACTED], at approximately 6:50PM, staff witnessed Resident [REDACTED] strike Resident [REDACTED] three times on the upper right arm, causing redness on Resident [REDACTED] upper right arm.

On [REDACTED], at approximately 8:40AM, Resident [REDACTED] walked past Resident [REDACTED] who was sitting in the dining room eating breakfast. As Resident [REDACTED] passed by Resident [REDACTED] Resident [REDACTED] slapped Resident [REDACTED] across the right cheek and right ear. Resident [REDACTED] reported being in pain at the time of incident.

Repeated Violation - 01/17/2024, et al

Plan of Correction

Accept ([REDACTED] - 08/19/2024)

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

To prevent future occurrences, with these particular residents, and other residents at Meadow View, the following information was discussed, re-educated to staff and investigated to create a plan of correction:

On [REDACTED], at approximately 6:00PM, Resident [REDACTED] mistook Resident [REDACTED] as their spouse. Resident [REDACTED] began holding, stroking, and kissing Resident [REDACTED] hand. Staff intervened, but Resident [REDACTED] refused to let go of Resident [REDACTED] hand. This resulted in Resident [REDACTED] squeezing Resident [REDACTED] hand, causing Resident [REDACTED] hands to be dark red and have indentations from the rings on [REDACTED] hand.

42b - Abuse (continued)

The "why" behind Resident [REDACTED] mistaking Resident [REDACTED] as [REDACTED] was discussed and investigated back on [REDACTED] between PC Social Services Advocate and Resident [REDACTED] Power of Attorney (POA) via a phone call. After much conversation and sharing of photos on this same date, it was revealed to Social Services Advocate (SSA) by the POA, "Resident [REDACTED] believes Resident [REDACTED] is [REDACTED] probably due to the physical and uncanny resemblance of Resident [REDACTED] to [REDACTED], whom currently resides over in Independent Living at GSV." POA & SSA also discussed on that same date, the POA's desire to move Resident [REDACTED] somewhere closer to [REDACTED] in NJ. Conversation with POA was documented by SSA through PCC on [REDACTED]. There were no other incidences after the [REDACTED] incident between Resident [REDACTED] & [REDACTED]. On [REDACTED] Resident [REDACTED] was admitted to local hospital in Ephrata with [REDACTED] which then lead to Resident [REDACTED] discharge from MDV. This move/discharge from Meadow View to Maple Farm took place on [REDACTED].

At time of this DHS visit, Resident [REDACTED] was no longer living here at MDV. Resident [REDACTED] remains here. There has not been an incident between Resident [REDACTED] and Resident [REDACTED] ever since Resident [REDACTED] left facility back on [REDACTED]; [REDACTED] did not return to MDV. Resident [REDACTED] has not had an incident between [REDACTED] and another [REDACTED] resident since.

[REDACTED] will add an addendum to Resident [REDACTED] RASP on [REDACTED], stating "resident is friendly towards [REDACTED] residents; may confuse female residents for spouse if looks are similar in style.

Should staff member [REDACTED] observe Resident [REDACTED] thinking or acting as though another [REDACTED] resident is [REDACTED] again, staff should redirect/ intervene Resident [REDACTED] to join in activities enjoys such as 1:1 talks, walks, [REDACTED] meeting, bingo, offer a snack or drink, bathroom assistance. And then notify [REDACTED] immediately (within 1 hour after assisting Resident [REDACTED]) via word of mouth or email or text before end of that business day. [REDACTED] will then notify SSA before end of business day or by the next business day morning at stand-up meeting, and discuss behavior modifications or alternatives such as 4 hour rounding, a change of room location or show pictures of [REDACTED] to Resident [REDACTED] to remind [REDACTED] of [REDACTED] living across the street at GSV, notify son whom has offered to come in as soon as possible (within 24 hours) to also remind resident in person that his wife does not reside here at Meadow View.

On [REDACTED], at approximately 8:05PM, Resident [REDACTED] was seated in the living room watching a movie and communicating with staff. Resident [REDACTED] walked up behind Resident [REDACTED] and grabbed Resident [REDACTED] head. Then Resident [REDACTED] forcibly turned Resident [REDACTED] head towards the television. Staff intervened by moving Resident [REDACTED] hands away from Resident [REDACTED]. Resident [REDACTED] reported at the time of incident that it "hurt". Resident [REDACTED] then hit Resident [REDACTED] on the nose and walked away.

On [REDACTED], a care plan meeting was held at Meadow View, in response to Resident [REDACTED] & Resident [REDACTED] most recent incident. In attendance was the Personal Care Home Administrator, Social Services Advocate (SSA), Clinical Care Coordinator (CCC) and Resident [REDACTED]'s Power of Attorney. All attendees discussed Resident 4's most recent increase in behaviors. Resident [REDACTED] provided a lot of information on [REDACTED] loved one's background and personality. The attendees listed above discussed influences and triggers for behaviors. Resident [REDACTED] impulse control and ability to express [REDACTED] is verbally, is declining was an agreed upon point. The incident was reviewed, especially how Resident [REDACTED] and Resident [REDACTED] have not had an interaction such as this before, could this be a one time occurrence or is this a pattern?

Since the date of the [REDACTED] incident between Resident [REDACTED] and Resident [REDACTED] there has been no repeat of this kind of behavior from Resident [REDACTED] towards Resident [REDACTED]

A training was set and completed on [REDACTED] by Dementia Educator. DE lead a 6-Pieces of the Puzzle Training at

42b - Abuse (continued)

Meadow View for PCHA, CCC, SSA, Resident Assistant (RA), Licensed Practical Nurse (LPN) and Chaplain. Group worked through resident's most recent behaviors. Resident [REDACTED] POA at that time expressed no desire to pursue psychiatric NP visit with Supportive Care. Possible interventions to help keep Resident [REDACTED] occupied and lessen random, unpredictable aggressive 1:1 interactions with other residents were discussed further. PCHA, SSA & CCC informed Resident [REDACTED] POA, "should these incidences keep occurring we as staff really only have two options moving forward-to pursue placement somewhere else or a combination of behavior management and med management. Resident [REDACTED] [REDACTED] stated [REDACTED] understood.

Brainstormed possible interventions during the [REDACTED] care plan meeting, which may assist resident with feeling purposeful at MDV. Possible interventions named were: visiting [REDACTED] German friend across the street in Daybreak once a month (first Wednesday) with Resilient Living Coordinator and Program Coordinator, PCHA to continue reading to Resident [REDACTED] in [REDACTED] office whenever [REDACTED] comes in for candy (twice a week after lunch around 1pm-Tuesdays and Thursdays), sorting beads & popsicle sticks in Town Square for purpose when he comes to Town Square on Mon/Wed/Fri, continuing to take resident on every other Friday Bus Trips off campus for socialization, encourage resident to play billiards with a staff member from any department when seen pacing.

Discussed behavior interventions such as: If resident is seen pacing and not appearing agitated, redirect Resident [REDACTED] immediately to participate in daily social programs such as Devotions, Music Therapy, Exercise Class, Walking Club, Town Meetings, Men's Meeting, etc. Resident [REDACTED] will attend most daily programs; this redirection helps fill [REDACTED] day, provide purpose and a Resilient Living Aide can keep a monitoring eye on [REDACTED] during activities in the Chapel between the hours of 9am and 5pm. Resilient Living Team implemented these social interventions pertaining to their department effective immediately the next business day 3/5/24. RLA Coordinator kept an activity log (recording of Resident [REDACTED] attendance at activities) for 2 weeks, including the addition of these interventions and their effectiveness.

All information gathered at this training was communicated to staff directly, in attendance, by Dementia Educator on [REDACTED].

All staff at Meadow View not in attendance received an email from CCC/PCHA by end of business day, [REDACTED], with meeting minutes and review of interventions. Due to all team members having a work email address now, no paper copies are anticipated to be needed. Meeting Minutes and Notes were placed by end of business day [REDACTED] by PCHA in Meeting Minutes Binder located in vestibule by Admin offices.

On [REDACTED] at approximately 12:30PM, Resident [REDACTED] wandered into Resident [REDACTED] room. Resident [REDACTED] was upset about Resident [REDACTED] wandering into their room. Then Resident [REDACTED] grabbed Resident [REDACTED] left hand and scratched it. As a result, Resident [REDACTED] sustained a 1 and ½ inch skin tear.

On [REDACTED], Resident [REDACTED] was given a stretchy wristlet with [REDACTED] room key attached by CCC, to wear around [REDACTED] wrist. On this same date, 4/29/24, CCC and LPN explained to Resident [REDACTED] "You may lock your door whenever you would like, but especially when you leave your room." CCC & LPN explained to Resident [REDACTED] that same day, how there are other residents living here whom may wonder from time to time into others rooms by accident, and the best way to prevent this from happening again is if [REDACTED] locks [REDACTED] door whenever [REDACTED] is not in [REDACTED] room. Resident [REDACTED] stated [REDACTED] understood and would wear [REDACTED] key on [REDACTED] now as a reminder to keep [REDACTED] door locked.

Resident [REDACTED] has been followed by Supportive Care behavioral health services since 1/31/24. Supportive Care Services will be informed of any future incidents like the one involving Resident [REDACTED] effective immediately, before end of business day that same day, should an incident like this happen again.

42b - Abuse (continued)

Resident ■, as of ■ has been assigned a friendly visitor volunteer who comes to visit with ■ here at Meadow View, 2-3 times a week from 10AM to 1PM. This intervention has also helped in supporting Resident ■ throughout ■ dementia journey, as ■ is also worsening. Having this supportive friend to visit with, helps to lower Resident ■ anxiety and redirect ■ attention to a more positive interaction.

Should a similar interaction between Resident ■ and Resident ■ happen again, even after this intervention is implemented, PCHA and CCC are prepared to move Resident ■ to the other household; to help separate residents and keep both safe.

On ■, at approximately 6:50PM, staff witnessed Resident ■ strike Resident ■ three times on the upper right arm, causing redness on Resident ■ upper right arm.

Resident ■ is married to Resident ■, they are ■ and ■. Resident ■ ■ is progressing at a much further rate than ■ spouse's. On ■ a Meadow View team member witnessed Resident ■ lack of impulse control and impatience towards ■ ■. Social Worker, PCHA and CCC all attended a care conference (via the phone) with Resident ■ & ■ family (2 ■), on ■ following the incident and discussed potential behavioral modifications. Both daughter's strongly declined a room change at the time and were aware of the risks of them staying in close contact with each other. The plan in place as of 5/8/24, between same parties involved in original care plan meeting (SSA, PCHA and CCC) is to revisit the need to potentially separate rooms of Resident ■ and ■ with both ■

To help prevent future incidences like this one from happening between this couple, CCC added an addendum to Resident ■ care plan stating the following intervention, "Should Resident ■ start to show any of the following changes in behavior or in social interactions with spouse or peers, i.e. a decline in behavior (not recognizing ■ ■ anymore, showing more signs of confusion or agitation verbally towards ■ ■ or towards staff, not able to verbally communicate his needs to his wife or staff, etc) RA will report findings to LPN effectively immediately before end of business day that day. LPN will communicate findings to 24 Hour Report Notes before end of that same business day, as well as communicate via email or text to CCC end of same business day these concerns or changes. Within 48 hours CCC will communicate via email to SSA a need to call family (2 daughters) to arrange a phone call to discuss necessary arrangements to separate couple or discuss other viable options at that time to keep both safe.

On ■, at approximately 8:40AM, Resident ■ walked past Resident ■ who was sitting in the dining room eating breakfast. As Resident ■ passed by Resident ■, Resident ■ slapped Resident ■ across the right cheek and right ear. Resident ■ reported being in pain at the time of incident.

As of ■ Resident ■ is a new resident to Meadow View. Resident ■ has a medical history involving serious conditions of ■ throat. Even today, the after effects of ■ condition cause Resident ■ to cough quite loudly. Family informed Program Coordinator and CCC upon admission on ■, "This is ■ baseline, the ■ left this lasting effect on ■ throat." So at mealtime and throughout the day, Resident ■ can be heard coughing loudly, until ■ throat is clear. Resident ■ was not "introduced" to Resident ■, nor informed by LPN or CCC of Resident ■ need to cough.

Immediately, after this incident on ■, both LPN and CCC informed Resident ■ back in ■ room in a quiet setting where they could talk privately, "Resident ■ has a loud cough, this is okay, ■ can't help it. We need to let ■ cough, if we don't like ■ coughing we can leave the room or sit somewhere not near ■ during meals. Would

42b - Abuse (continued)

you like to sit somewhere else at mealtimes or eat a different time than Resident [REDACTED]?" Resident [REDACTED] agreed [REDACTED] would like to come to the dining room approximately 30 minutes before resident [REDACTED] to eliminate the hearing of the loud coughing noise of Resident [REDACTED] as this irritates Resident [REDACTED]. This would take place in the household dining room where both residents reside (Pearl Household)-Resident [REDACTED] is an early riser, and RA's whom provide care each morning around 6AM were instructed by CCC via morning report on 8/15/24 and addendum to Resident [REDACTED] care plan on 8/15/24 stating "Resident [REDACTED] prefers quiet morning atmosphere to eat breakfast, please have Resident [REDACTED] eat breakfast in dining room before other residents whom may overstimulate or distract Resident [REDACTED] at meal times." This change was made on 8/15/24 and implemented effective immediately by all RA's in Pearl Household for Resident [REDACTED]. This will help prevent this incident from happening again, Resident [REDACTED] has a history of communicating with [REDACTED] hands, as [REDACTED] dementia is worsening and [REDACTED] words are becoming less and less. Resident [REDACTED] was reminded on 6/27/24 to not use [REDACTED] hands to communicate with Resident [REDACTED] about [REDACTED] not liking [REDACTED] coughing.

As a response to this incident, as well as all incidences listed above, the following intervention will also be implemented by CCC on 8/16/24 in regards to the LPN's response to aggressive behaviors by any resident towards another resident, at any time-is to have the LPN's complete the behavior assessment tool in Point Click Care before the end of the day of incident. CCC will communicate this through morning stand up meetings, tasks assigned in PCC, email to all staff and in next nurse. This can be the first step of change for MDV staff in cultivating a safe environment and show a proper response to residents showing signs of aggression towards others. This can track data and show CCC, PCHA and SSA what potential patterns of behavior are developing and how to prevent it from repeating.

In response to this citation from the most recent DHS visit on 7/16/24, a meeting has been arranged to occur twice during the month of September by Dementia Educator here at Meadow View in the chapel. This training will take place twice each session, first for the [REDACTED] (date: 9/24/24 from 10-11am, and again 11-12pm in the chapel. The second session on 9/26/24 for [REDACTED] from 10-11am and again 11-12pm. This training will be for all staff whom mainly work in that household (ancillary staff such as activity staff can attend both are will pick one to attend). These trainings will be entitled: How To Be Proactive and Reactive with Dementia and Aggression: Behavior Modification & Med Management." Dementia Educator will be reviewing and reeducating staff on how to be proactive in their observations of behaviors of most recent DHS cited residents with aggression or history of an aggressive incident, as well as triggers and behavior interventions for aggressive residents. Staff will come together and record officially for the MDV team what cues, patterns of behavior and success indicators for deescalating impulsive episodes of anger and aggression. This will be a means of recording, communicating for future staff members and current staff members the "do this, not this with this resident." It will provide a means to give every staff member the same knowledge and tools so we are all on the same page and can help prevent future state reportable incidences and abuse together.

CCC within 48 hours of each training date, will make an addendum to each resident listed as an aggressor from the names identified from most recent DHS survey. i.e. (Resident [REDACTED], Resident [REDACTED], Resident [REDACTED], Resident [REDACTED] as well as any other residents staff identify as being appropriate for this training (i.e. residents whom all staff need to be proactive with regarding any behaviors/unmet needs, redirection needed often, etc).

On the dates listed above (9/24/24 & 9/26/24-subject to change as previously stated)), a reminder of the Meadow View plan of correction and the purpose of this meeting will be verbally communicated to all staff in attendance by Dementia Educator in the Meadow View Chapel.

42b - Abuse (continued)

All Meadow View staff not in attendance, by end of business day the following days 9/25/24 and 9/27/24, will receive an email from CCC, with meeting minutes, attached training notes and reminder of POC education. Due to all team members having a work email address now, no paper copies are anticipated to be needed.

Training notes via a copy of the powerpoint slides, any handouts from the training and plan of correction review will be posted in purple Meeting Minutes Binder located in the vestibule outside of the MDV admin offices.

42b - Abuse (continued)

Licensee's Proposed Overall Completion Date: 08/19/2024

Implemented [REDACTED] - 10/03/2024)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] most recent assessment, dated [REDACTED], states the resident has no issues with aggression. However, the resident was physically aggressive with other residents on the following dates:

[REDACTED]

Furthermore, staff reported that Resident [REDACTED] can often be physically aggressive and combative with staff.

Plan of Correction

Accepted [REDACTED] - 08/19/2024)

225c - Additional Assessment

2. Requirements

2600.225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

MEADOW VIEW AT GARDEN SPOT VILLAGE 33663

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Description of Violation

Resident [REDACTED] most recent assessment, dated [REDACTED], states the resident has no issues with aggression. However, the

resident was physically aggressive with other residents on the following dates:

[REDACTED]

Furthermore, staff reported that Resident [REDACTED] can often be physically aggressive and combative with staff.

On [REDACTED] Clinical Care Coordinator (CCC) added aggression/agitation under interventions; including redirection when see pacing, and watching for patterns with [REDACTED] aggression." to Resident [REDACTED] RASP.

Due to the most recent DHS visit, the PCHA developed a behavior modification/intervention form, MDV's very own behavior intervention form to use with every state reportable. The use of this form to be filled out with any state reportable went into affect 7/30/24 (date). To keep our residents safe, PCHA created this form also as an effective way to communicate and track potential patterns of behavior to RA's and LPN's, and to CCC.

Since that date of first use, CCC & PCHA were able to catch a behavior modification for Resident [REDACTED] not yet

225c - Additional Assessment (continued)

implemented or tried. On [REDACTED], Resident [REDACTED] smelled of a foul smell upon entering PCHA's office for his candy stop and reading session. PCHA immediately reported to CCC "Is Resident [REDACTED] perhaps incontinent of bowel more than we thought and isn't making it to the bathroom in time? Hence [REDACTED] pacing?" CCC confirmed a change to 2 hour toileting checks will be implemented effective immediately on 8/16/24 for RA's.

An addendum to Resident [REDACTED] RASP was also done on 8/16/24 stating the following "Resident found to have increased incontinence," in regards to this change in [REDACTED] toileting regime. Resident [REDACTED] has been added to a toileting schedule as of 8/16/24 as well; schedule of every 2 hours every day, and RA staff will assist him with any incontinence care needs.

[REDACTED] was added on 8/10/24 by CRNP for a diagnosis of dementia with mood disturbance. The goal of this medication change is to provide Resident [REDACTED] with relief with [REDACTED] frequent changes in mood. Resident [REDACTED] will continue to also follow up, every other Wednesday, with supportive care CRNP for any additional support.

In response to this citation from the most recent DHS visit on 7/16/24, a meeting has been arranged to occur twice during the month of September by Dementia Educator here at Meadow View in the chapel. This training will take place twice each session, first for the [REDACTED] (date: 9/24/24 from 10-11am, and again 11-12pm in the chapel. The second session on 9/26/24 for [REDACTED] from 10-11am and again 11-12pm in the chapel. This training will be for all staff whom mainly work in that household (ancillary staff such as activity staff can attend both are will pick one to attend). These trainings will be entitled: How To Be Proactive and Reactive with Dementia and Aggression: Behavior Modification & Med Management." Dementia Educator will be reviewing and reeducating staff on how to be proactive in their observations of behaviors of most recent DHS cited residents with aggression or history of an aggressive incident, as well as triggers and behavior interventions for aggressive residents. Staff will come together and record officially for the MDV team what cues, patterns of behavior and success indicators for deescalating impulsive episodes of anger and aggression. This will be a means of recording, communicating for future staff members and current staff members the "do this, not this with this resident." It will provide a means to give every staff member the same knowledge and tools so we are all on the same page and can help prevent future state reportable incidences and abuse together.

CCC within 48 hours of each training date, will make an addendum to each resident listed as an aggressor from the names identified from most recent DHS survey. i.e. (Resident [REDACTED], Resident [REDACTED], Resident [REDACTED] Resident [REDACTED]) as well as any other residents staff identify as being appropriate for this training (i.e. residents whom all staff need to be proactive with regarding any behaviors/unmet needs, redirection needed often, etc).

On the dates listed above (9/24/24 & 9/26/24-subject to change as previously stated)), a reminder of the Meadow View plan of correction and the purpose of this meeting will be verbally communicated to all staff in attendance by Dementia Educator in the Meadow View Chapel.

All Meadow View staff not in attendance, by end of business day the following days 9/25/24 and 9/27/24, will receive an email from CCC, with meeting minutes, attached training notes and reminder of POC education. Due to all team members having a work email address now, no paper copies are anticipated to be needed.

Training notes via a copy of the powerpoint slides, any handouts from the training and plan of correction review will be posted in purple Meeting Minutes Binder located in the vestibule outside of the MDV admin offices.

225c - Additional Assessment (continued)

Licensee's Proposed Overall Completion Date: 08/19/2024

Implemented [REDACTED] - 10/03/2024)