

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

December 26, 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 11/26/2024 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: 08/26/2025
 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: L&I
 Type: C-2 LP Date: 07/13/2020 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 76 Waking Staff: 57

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 11/26/2024

Inspection Dates and Department Representative

11/26/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 38
 Secured Dementia Care Unit
 In Home: Yes Area: Amber/Pearl Capacity: 50 Residents Served: 38
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 38 Have Physical Disability: 0

Inspections / Reviews

11/26/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/12/2024

12/11/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/24/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/18/2024

Inspections / Reviews *(continued)*

12/12/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/24/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/30/2024

12/26/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/24/2024

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

At approximately 9:47 AM, the laundry room in the Pearl Neighborhood (room [REDACTED]), was unlocked, unsupervised and accessible. There were four (4) containers of Pariser Industries Brite-C laundry detergent, with a manufacture's label indicating "keep out of reach of children" located in an unlocked cabinet. None of the residents in the home are assessed as being able to recognize and use poisons safely.

Plan of Correction

Accept [REDACTED] - 12/12/2024)

On [REDACTED], same day as the annual inspection, around 4:30pm, Program Coordinator created a work order via the WorxHub App on desktop; a work order pertaining specifically to the Pearl Household Laundry Room cabinet lock, requesting it be reinforced and fixed.

That same day, on [REDACTED] before leaving for the day by 6pm, PCHA went back to the Pearl Laundry Room and temporarily moved chemicals from cabinet to main (locked) storage closet in back garage. Chemicals are regularly and safely locked away from residents' reach in this storage closet, this ensured safety to all residents during the few days/week as we waited for a Maintenance Technician to come and fix this lock.

As reflected on the work order submitted on [REDACTED] via WorxHub, the work order was submitted by P.C. at 4:30pm on [REDACTED]. The request was accepted by Facility Operational Support at 7:29am on [REDACTED]. On [REDACTED], the work order was marked completed by Maintenance Technician at 4:15pm. Maintenance Technician came to PCHA office at approximately 4:20pm on [REDACTED] and asked PCHA to walk back and try the lock herself to ensure satisfaction with new lock and to test its accuracy. PCHA pulled on lock, and it did not budge an inch. That same day on [REDACTED], around 4:30pm, the laundry detergent bottles returned to their original location to the now reinforced cupboard in Pearl Laundry Room via PCHA. Lock has been successfully fixed for this plan of correction.

Education will be provided to all team members (Nurses, LPN's, Resident Assistants, Activity Aides, Housekeepers, Homemakers, Household Coordinators, Chaplain, Program Coordinator, Clinical Care Coordinator) regarding this citation and POC, at next staff training. Training is entitled "Neighborhood Meeting(s)." Topics to be reviewed are as follows: Staff Updates, Resident Updates, Recent State Inspection/POC/ Implementation, Team Education for POC (more specifically regarding 2600.82-Poisonous Materials), Resident/Family Comments. Any team member who works in Amber Household is scheduled to attend Neighborhood Meeting on Wednesday December 18th in the chapel from 1-2pm. Pearl Household team members are scheduled to attend Neighborhood Meeting for Thursday December 19th in the chapel from 1-2pm. PCHA will record attendance of staff through a sign in sheet for both meetings.

PCHA will conduct a weekly walk -through starting Monday [REDACTED] through Monday [REDACTED]-4 weeks total in length. PCHA will check on Pearl Laundry Room & Amber Laundry Room every Monday to make sure all cabinets locks are in working order, as well as check on status of other items (i.e. emergency supplies are not expired, soiled or dirty items are not within resident reach.) PCHA will document this through checked boxes in a table/spreadsheet, and will sign when completed on [REDACTED]. PCHA added the task "Check Pearl & Amber Laundry Room" to [REDACTED]

82c Locking Poisonous Materials (continued)

Monday duties checklist in [redacted] personal planner for every Monday starting [redacted] to no end date, during [redacted] time as PCHA at Meadow View. This will help maintain the cleanliness and safety standard of the laundry rooms moving forward.

Proposed Overall Completion Date: 12/11/2024

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented [redacted] - 12/26/2024)

132c - Fire Drill Records

3. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The following fire drills have a discrepancy between the number of residents in the home and the number of residents evacuated:

- On [redacted] there were [redacted] residents in the home, and [redacted] residents were documented as being evacuated.
- On [redacted], there were [redacted] residents in the home, and [redacted] residents were documented as being evacuated.
- On [redacted], there were [redacted] residents in the home, and [redacted] residents were documented as being evacuated.
- On [redacted] there were [redacted] residents in the home, and [redacted] residents were documented as being evacuated.
- On [redacted], there were [redacted] residents in the home, and [redacted] residents were documented as being evacuated.
- On [redacted] there were [redacted] residents in the home, and [redacted] residents were documented as being evacuated.

Plan of Correction

Accept [redacted] 12/12/2024)

On [redacted], the Facility Systems Specialist who is responsible for Fire Drill implementation and documentation for Meadow View was made aware of the deficiency via a phone call from the PCHA. A phone call was also made to the Director of Facility Services following the phone call with the Facility Systems Specialist.

132c Fire Drill Records (continued)

A meeting took place between PCHA and Director of Facility Services on [REDACTED] to review deficiency and to collectively create a plan for correction. The Director of F.S. held a meeting between the Facility Systems Specialist & Facility Services Manager on [REDACTED], where the Facility Systems Specialist responsible for Fire Drills was re educated on 2600.132c, specifically the need for fire drills to be documented effectively where residents present in home at time of drill, matches/or is close in number to the number of residents evacuated at time of drill. A follow up email was sent to PCHA on [REDACTED], with the following attached: a signed statement reflecting the education provided at this meeting, as well as an updated and corrected copy of 2024 documentation for Meadow View fire drills, so PCHA can attach to future POC document submission.

On [REDACTED], the Facility Services Specialist added a reminder text box to fire drill document, to ensure that proper documentation for both columns (highlighted in blue) on spreadsheet (i.e. # of Residents in Home &# Residents Evacuated) are in alignment during drills and will be recorded correctly.

Excel spreadsheet received by PCHA on [REDACTED] shows FSS's current 2024 fire drills completed, corrected documentation needed for this plan of correction; and in the margin a grey text box with needed reminder for F.S.S. moving forward, to ensure proper documentation.

A monthly teams document, previously only sent to PCHA from Facility Systems Specialist will be sent to Facility Services Supervisor and Facility Services Director effective immediately, starting [REDACTED].

Since the date of the annual survey on [REDACTED], a fire drill was conducted on [REDACTED] at 5:20am at Meadow View, by the Facility Systems Specialist. The drill went well; and documentation was properly recorded on this spreadsheet.

Proposed Overall Completion Date: 12/11/2024

Licensee's Proposed Overall Completion Date: 12/11/2024

Implemented [REDACTED] - 12/26/2024)