

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

September 28, 2026

[REDACTED] ADMINISTRATOR
GARDEN SPOT VILLAGE
433 S KINZER AVENUE
NEW HOLLAND, PA, 17557

RE: GARDEN SPOT VILLAGE
433 S KINZER AVENUE
MOUNTAIN VIEW AND LAUREL
VIEW
NEW HOLLAND, PA, 17557
LICENSE/COC#: 32194

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/09/2026, 09/10/2026 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: GARDEN SPOT VILLAGE

License #: 32194

License Expiration: 09/11/2027

Address: 433 S KINZER AVENUE, MOUNTAIN VIEW AND LAUREL VIEW, NEW HOLLAND, PA 17557

County: LANCASTER

Region: CENTRAL

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: GARDEN SPOT VILLAGE

Address: 433 S KINZER AVENUE, NEW HOLLAND, PA, 17557

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 01/12/2017

Issued By: Franklin Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 59

Waking Staff: 44

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 09/10/2026

Inspection Dates and Department Representative

09/09/2026 - On-Site: [REDACTED]

09/10/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 110

Residents Served: 59

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 59

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

09/09/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/02/2026

09/23/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/02/2026

Inspections / Reviews *(continued)*

09/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

125b - Combustible Restrictions**1. Requirements**

2600.

125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On 9/9/26 at 9:25AM, there was a grill with a propane tank attached unlocked, unattended, and accessible to residents on the patio area.

Plan of Correction**Accept ([REDACTED] - 09/23/2026)***Immediate action:*

A work order was placed immediately, requesting a lock to be placed on the grill. On 9/10/26, the decision was made to remove grill from the patio for the season. The grill is now in storage with Campus Services.

Resident Life Experience Coordinator (DG) has been educated, during 1:1 meeting on 9/10/26) to regulation 2600.125(b) to ensure grill is locked and/or attended when being used in the future.

Moving forward:

Before having the grill brought in for use next season, Resident Life Experience Coordinator will be responsible to verify a locking mechanism has been placed on the grill to ensure safety and inaccessibility to residents.

Respectfully submitted- [REDACTED], PCHA 9/22/2026

Licensee's Proposed Overall Completion Date: 09/22/2026**Implemented ([REDACTED] - 09/28/2026)****224a - Preadmission Screen Form****2. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated [REDACTED] did not include the signature of the staff who completed the form.

Resident #2's preadmission screening form, dated [REDACTED] did not include the signature of the staff who completed the form.

Resident #3's preadmission screening form, dated [REDACTED] did not include the signature of the staff who completed the form.

Resident #4's preadmission screening form, dated [REDACTED], did not include the signature of the staff who completed the form.

Resident #5's preadmission screening form, dated [REDACTED], did not include the signature of the staff who completed the form.

Resident #6's preadmission screening form, dated [REDACTED] did not include the signature of the staff who completed the form.

224a Preadmission Screen Form (continued)**Plan of Correction**

Accept () - 09/23/2026

Immediate action:

On 9/10/26 the IT nurse [REDACTED] was contacted and a request made to include a signature capability in Point Click Care for the preadmission screening form. When realized this task was not so easy, the admission coordinator [REDACTED] who performed the assessments, printed all forms for resident #1 dated [REDACTED], #2 dated [REDACTED], #3 dated [REDACTED], #4 dated [REDACTED], #5 dated [REDACTED], & #6 dated [REDACTED], and wet ink signed them. The Admission Coordinator [REDACTED] who is responsible for all preadmission assessments has been educated (9/10/2026) on regulation 2600.224(a). Additionally, an audit was completed on all previous admissions to ensure the signature is included for each preadmission screening form. Audit was completed by 9/22/26.

Moving Forward:

All preadmission screening tools when completed will be printed and signed with wet ink and then scanned back into Point Click Care. This began with the most current admission on [REDACTED]

Respectfully submitted [REDACTED], PCHA 9/22/2026

Licensee's Proposed Overall Completion Date: 09/22/2026

Implemented () - 09/28/2026

251c - Standardized Forms**3. Requirements**

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #1's current medical evaluation, dated [REDACTED], was not completed on the Department's current standardized form.

Resident #2's current medical evaluation, dated [REDACTED], was not completed on the Department's current standardized form.

Resident #3's current medical evaluation, dated [REDACTED], was not completed on the Department's current standardized form.

Resident #4's current medical evaluation, dated [REDACTED], was not completed on the Department's current standardized form.

Plan of Correction

Accept () - 09/23/2026

Immediate Action:

The Medical Evaluation for Resident #1 dated [REDACTED], #2 dated [REDACTED], #3 dated [REDACTED] & #4 dated [REDACTED] have been transcribed onto the Departments standardized form and reviewed & signed by the CRNP. Completion date was 9/18/2026.

The Clinical Care Coordinator [REDACTED] responsible for the completion of all DME's has been educated on regulation 2600.251(c). In addition, all resident charts have been audited and all forms updated as necessary. Completion date 9/18/2026.

Moving Forward:

All Medical Evaluations will be completed on the Departments Standardized Forms and signed in wet ink by each resident's provider. This began on 9/16/2026 when an annual medical evaluation became due.

251c - Standardized Forms (continued)

Respectfully submitted, [REDACTED] PCHA 9/22/2026

Licensee's Proposed Overall Completion Date: 09/22/2026

Implemented ([REDACTED] - 09/28/2026)