

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396079	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/13/2024
NAME OF PROVIDER OR SUPPLIER  Garden Spot Village		STREET ADDRESS, CITY, STATE, ZIP CODE  433 S Kinzer Avenue New Holland, PA 17557	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>35913</p> <p>Based upon review of staffing records and inservice documentation, it was determined the facility failed to ensure nurse aides received required 12-hour annual re-training for one of five records reviewed.</p> <p>Findings Include:</p> <p>Review of five staffing records and inservice documentation revealed four nurse aides received the required 12-hour annual retraining.</p> <p>Further review of the staffing records and inservice documentation revealed one of the five records reviewed failed to reveal evidence of 12-hour annual retraining.</p> <p>Interview with the Nursing Home Administrator on December 13, 2024, at 10:00 a.m. confirmed one nurse aide did not complete the required 12-hour annual retraining within the appropriate timeframe.</p> <p>28 Pa. Code 201.20(a)(c) Staff Development</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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