

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GMK LIMITED

LEGAL ENTITY

To operate RED ROSE MANOR

NAME OF FACILITY OR AGENCY

Located at 38 COTTAGE AVENUE, LANCASTER, PA 17602

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 30
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 8, 2011 until September 8, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 326531

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF PUBLIC WELFARE
 PO BOX 2675
 HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
 FAX: (717) 783-5662

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MAR 09 2011

Ms. Karen Gestewitz, Owner
 GMK Limited
 Red Rose Manor
 38 Cottage Avenue
 Lancaster, Pennsylvania 17602

Dear Ms. Gestewitz:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 20, 2011 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
132c	II	29	\$5	\$145	5 calendar days from mailing date of this letter
132e	II	29	\$5	\$145	5 calendar days from mailing date of this letter
141a	III	29	\$3	\$87	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Ronald Melusky
Acting Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RED ROSE MANOR, 38 COTTAGE AVENUE LANCASTER, PA 17602		CURRENT LICENSE NUMBER 326530	
INSPECTION DATES (Include all dates of the inspection) 01/20/2011		REGIONAL REPRESENTATIVE Thomas Roth, Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>DMC Limited</i> <i>Kam Gershteyn</i>	DATE 2/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emick</i>	DATE 2/24/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY : <i>completed</i>	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The water temperature of the bathroom by the door to the basement, and the bathroom by room #H8, measured 132 degrees Fahrenheit.	2/10/11	89B - See Attached	2/24/11 SE
95 Furniture and equipment shall be in good repair, clean and free of hazards.	There were two sets (three internal wires in each set) of exposed electrical wiring extending from the basement ceiling by the freezers in the food storage room. The ends of each of the wires were only covered with tape.	2/10/11	95 - See Attached	2/24/11 SE

PCH Division
Central Region Field Office

FEB 16 2011

RECEIVED

89 B

Water temp

Attack

Red Rose Manor
P. 1 A of 16.

Change

Call UGL on 2/9/11 agreed to come out
Same day 2/9/11 - on 2/9/11 talked to repair technician
he told me UGL could install a mixing valve that would be able
to regulate temp so that would not exceed 120° requirement. If water
temp goes up mixing valve would allow cold water to mix so not to exceed
180 to 120°. Red Rose agreed installed 2/10/11

How will change be made

UGL agreed to install mixing valve on 2/10/11 plus
check water while they were here. Red Rose will conduct
monthly checks also

Who will make change

UGL Install mixing valve
Red Rose charting is being done monthly
of water temps - any problems when charting
Immediate call to UGL would be made

When will change be made

2/10/11 - UGL

Doing so violation will not occur
again

will do water temp and chart monthly
put new mixing valve on hot water heater
By Doing this violation shall not occur again

Training

Jennifer Boyles Admin will do charting
monthly charting of water temps any problems call
UGL document Jennifer Boyles

95

Electrical Wires

Red Rose Manor

P. 13 of 16

Change: Electrician was called on 2/9/11 to come out to put electrical box over existing wires.

no change will be made: box will be put over existing wires on 2/10/11.

Who will make the change: Certified Electrician

When will change be made: 2/10/11

Doing so violation will NOT occur again:

Red Rose Manor will conduct their own monthly inspection of furniture and equipment to make sure they are in good repair, clean and free of hazard.
- By doing this, the violation shall not occur again.

Training: Administrator will have a monthly chart to sign off that furniture and equipment shall be in good repair, clean & free of hazard.

Jennifer Bayler
Administrator

- Attach Electrician Bill

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Gmk Limited</i> <i>Karen Kestner</i>	DATE <i>2/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Ernst</i>	DATE <i>2/24/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY: <i>completed</i>	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The home's dryer ducts had not been cleaned within the past year.	<i>2/10/11</i>	<i>105g2 - See Attached</i>	<i>2/24/11 SEE</i>

05 g 2:

Dryer Duct Cleaning:

Red Rose Manor
p. 2A of 16

Change:

Will have Red Rose Manor Maintenance clean dryer ducts (internal & external dryer duct) on 2/10/11. We will have him sign a chart by the dryer on the 10th of each month. ^{lint from clothes}

no will change be made?

monthly dryer duct cleaning and have a chart to sign off each month's cleaning

no will make change:

Red Rose Manor Maintenance

When will change be made

2/10/11

going so violation will not occur again:

Red Rose Manor Maintenance will conduct a monthly cleaning of lint from vent duct and internal and external ductwork of clothes dryer. A sign off sheet will hang by dryer for maintenance to sign the 10th of each month.

Training:

Maintenance was informed that all Dryer Duct Work be serviced on the 10th of each month and a signature was required that he was informed

VIOLATION REPORT
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Amk Limited</i> <i>Kam Gesturby</i>	DATE 2/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ernst</i>	DATE 2/24/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY <i>completed</i>	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	The home had 29 residents, but only 75 gallons of emergency drinking water.	2/10/11	107c - see Attached	2/24/11 RE

107c

Drinking Water for residents Red Rose Manor
p. 3A of 16

Change:

Will have and maintain a 3-day supply of emergency drinking water for 29 residents.

How will change be made: Red Rose Manor purchased 51-5 gallon jugs of water to have at least 87 gallons of water. We now have 100 gallons of EM. water on site.

Who will make change: Red Rose Manor

When will change be made: 2/10/11

soing so violation will not occur again

Administrator will have a monthly log to sign to make sure there will always be 87 gallons of water (emergency) for our 29 residents. to maintain a 3-day supply of drinking water.

Administrator will check off monthly log that there is enough water (87 gallons) on the 10th of each month.

Jennifer Bayles
Administrator

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>DMK Limited</i> <i>Karen Desjardis</i>	DATE 2/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Blair Ewert</i>	DATE 2/24/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY <i>completed</i>	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
132a An unannounced fire drill shall be held at least once a month.	<ul style="list-style-type: none"> The home did not conduct a fire drill in October, 2010. The fire drill information for an overnight drill scheduled for 11:15 pm on 10/28/10 was pre-written onto the fire drill log, but the home did not conduct the drill. 	2/10/11	132a - see Attached	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>2/24/11</i> <i>BE</i></p> <p>Date Initials (DPW)</p>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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132a

Fire Drill

Red Rose Manor
p. 5A of 16

Change: New administrator is going to chart and check fire drill logs and check-off sheet monthly. Also have Vector fax us a read out sheet and file. The home will hold unannounced fire drills every month in accordance with 2600.132a-j.

How will change be made: memo to all staff that Vector must fax us a read-out of fire drills. Administrator will start a check-off list of fire drills conducted and all papers filed.

Who will make change: Staff and Administrator and Vector will be required to fax us a print out of fire drills conducted

When will change be made: 2/10/11

Already in progress per January fire drill
Already in progress per Feb fire drills (see Attached)

Doing so violation will not occur again:

Having a monthly check-off list for Administrator so fire drills are not missed. Make sure everything is documented.

Training: memo to staff to have Vector fax read-out sheet, memo to Administrator to sign check-off list monthly to make sure fire drills are conducted.

Jennifer Boyle
Administrator

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Gmk Limited</i> <i>Karen Destefano</i>	DATE <i>2/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>LR</i>	DATE <i>2/24/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY																																																																	
	<p>12/29/10 at 4:00 pm. However, the Vector Security log showed a fire drill for the home on 12/29/10 at 3:13 pm.</p> <p>Repeated Violations: 01/15/2010</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Mont</th> <th style="text-align: left; border-bottom: 1px solid black;">Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Time</th> <th style="text-align: left; border-bottom: 1px solid black;">Evac. Time</th> <th style="text-align: left; border-bottom: 1px solid black;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td>04/29/2010</td><td>11:12 PM</td><td>2min.</td><td>No</td></tr> <tr><td>May</td><td>05/29/2010</td><td>07:00 PM</td><td>1min, 30sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/21/2010</td><td>11:54 AM</td><td>1min, 45sec</td><td>No</td></tr> <tr><td>Jul</td><td>07/28/2010</td><td>11:27 AM</td><td>1min, 34sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/28/2010</td><td>03:40 PM</td><td>2min.</td><td>No</td></tr> <tr><td>Sep</td><td>09/10/2010</td><td></td><td>2min, 6sec</td><td>Yes</td></tr> <tr><td>Oct</td><td>10/28/2010</td><td>11:15 PM</td><td>2min, 30sec</td><td>No</td></tr> <tr><td>Nov</td><td>11/12/2010</td><td>06:15 PM</td><td>1min, 42sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/29/2010</td><td>04:00 PM</td><td>1min, 50sec</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr	04/29/2010	11:12 PM	2min.	No	May	05/29/2010	07:00 PM	1min, 30sec	No	Jun	06/21/2010	11:54 AM	1min, 45sec	No	Jul	07/28/2010	11:27 AM	1min, 34sec	No	Aug	08/28/2010	03:40 PM	2min.	No	Sep	09/10/2010		2min, 6sec	Yes	Oct	10/28/2010	11:15 PM	2min, 30sec	No	Nov	11/12/2010	06:15 PM	1min, 42sec	No	Dec	12/29/2010	04:00 PM	1min, 50sec	No			
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132 C Violation

Red Rose Manor
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actual fire drill was on the 11/8/10 but was recorded
2 AM the 12th. The 12th fire drill should read 8 AM, not wrong date.
Time of Day missing on fire drills and dates incorrect. By requesting readout
Vector read out some of violations on times to be completely
accurate to the minute also will require Vector fire drill print
out. 12/29/10 - make sure all info is correct before filing

How will change be made. The home will complete the Fire Drill Record in its entirety with accurate information regarding each drill. - SE

By requesting actual fire drill readout by Vector at
time of fire drill which is now mandatory - memo sent out
listing fire drill in more organize manner and having
monthly check off list checking everything is accurate to the minute
Be extensive on checking papers before documenting

Who will make change
Red Rose Staff / Administrator
Memo about readouts - From Vector
Administrator will be documenting

When will change be made:

Had fire drill after inspection already implemented
New procedures
1/28/11
2/12/11
2/14/11 *over night

Doing so Violation will not occur:

Mandatory print out sheet from Vector required so
dates or exact time will be to the day to the minute. We
had required any Vector print out before but do not
150 monthly check off sheet + all staff present sheet
Administrator will do monthly check list and document

Training:
Memo to Staff about mandatory Vector print out sheets
check off list done monthly by Administrator, making sure everything
is documented properly.
Jennifer Bayley

Change: Having one ^{overnight} immediately after receiving violation. Then staying on ORIGINAL 6 month schedule which will put us on an extra overnight for next 12 months.

How will change be made:

Chart will be made and put in front of check off list for monthly fire drills and will be checked off to ensure we are doing nightly fire drills every 6 months

Who will make change:

Administrator will check for monthly fire drills along with check list that drills occur at right times and every 6 month fire drill will be charted and checked off

When will change be made:

procedure implemented 2/14/11 next fire drill overnight

Do So Violation will not occur:

Be more organized with fire drill charting. Do monthly chart on fire drill when they are scheduled pay special attention to every 6 month drills attach vector sheet to that month when overnight actually took place

Training

Do chart stating the exact time ^{needed} for that month fire drill this list will be checked off by administrator

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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INSPECTION DATES (Include all dates of the inspection) 01/20/2011		REGIONAL REPRESENTATIVE Thomas Roth, Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Gmk Limited</i> <i>Kare Gestandy</i>	DATE <i>2/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>	DATE <i>2/24/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #1 was admitted on 8/01/10, but his/her medical evaluation was not completed until 9/26/10, more than thirty days after admission.	<i>completed</i> <i>2/14/11</i>	<i>141 a - See Attached</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>2/24/11</i> Date Initials (DPW)

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Medical Eval out of date

change: ~~By contacting Dr [redacted] because Front of MA 51 reads to believe that initial Dr ERROR but we need to put all new MA 51 in file for review administrator for extensive review.~~

no will change be made

Have MA 51 review Folder for review have check off list

The Administrator will ensure that all newly-admitted residents have a medical evaluation within the time frames required by this regulation. - SE

no will make change

~~Dr [redacted] because its Dr ERROR~~

Red Rose will do a more extensive reading and use check off list before filing.

then will change be made:

2/14/11

going so violation will NOT occur again

By Red Rose charting that Administrator will Review all MA 51 extensively for charting with Folder & check list

Training

Memo to all staff about when receiving all MA 51 whether updated or initial they will be putting copy in review folder.

Administrator will pull folder and extensively check for current MA 51 review so there are no errors
- observe Doctor's date then resident's date so they match also

Jennifer Bayles

VIOLATION REPORT
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RED ROSE MANOR, 38 COTTAGE AVENUE LANCASTER, PA 17602		CURRENT LICENSE NUMBER 326530	
INSPECTION DATES (Include all dates of the inspection) 01/20/2011		REGIONAL REPRESENTATIVE Thomas Roth, Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Gmk Limited</i> <i>Karen Gestecky</i>	DATE <i>2/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Erick</i>	DATE <i>2/24/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)		DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	<ul style="list-style-type: none"> • The medical evaluation for resident #1, dated 9/26/10, states that he/she does not take medications, but his/her assessment and support plan of 8/05/10 indicate that he/she takes medications at the home. • The medical evaluation for resident #2, dated 12/28/10, lists the medications as 'to see list;' however the attached list of medications is dated 12/20/10. <p>Repeated Violations: 01/15/2010</p>	<i>2/15/11</i>	<i>141 a - See Attached</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>2/29/11</i> Date	Initials (DPW) <i>EE</i>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RED ROSE MANOR, 38 COTTAGE AVENUE LANCASTER, PA 17602		CURRENT LICENSE NUMBER 326530	
INSPECTION DATES (Include all dates of the inspection) 01/20/2011		REGIONAL REPRESENTATIVE Thomas Roth, Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DR</i>	DATE 2/24/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				

141 A

Resident

#1

Red Rose Manor

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Change

The Administrator will ensure that physicians perform all of the required actions during medical evaluations, and document on Medical Evaluation form.

~~This was still from Resident #1, which we believe to be doctor error on date & medication with contact office and have error fixed where it states that no medication taken~~

ed Rose will be doing new extensive check list on reviewing MASI New Verification chart's support plans & assessment being done

How Will Change Be Made:

By doing extensive check list before MASI are filed - also when do support plans & assessments verification list so the MASI, support plan and assessments all match

Who will make change:

Administrator Red Rose will do MASI check off list

~~Dr. [redacted] office to correct error on [redacted]~~

Administrator will do MASI Verification check off that MASI support plans & assessments match

When will change be made:

2/15/11 ~~Dr. [redacted]~~

Doing So Violation will not occur:

By having a review folder for extensive reviewing of MASI by the Administrator - Also use verification form when doing support plan & Assessment ensuring all info matches

Training:

Administrator using folder & check off list for MASI & trained verification list is used to ensure support plans & assessments match
x number Base

141 A - Med List Not Current

Red Rose Manor

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Change

Memo to Employees to ensure all med list are current

Attachments to the medical Evaluation forms will be signed and dated by the physician at the time of the Evaluation. -EE
how will change be made

Current medication list will be put into envelope the day of their appt. to ensure that the doctor has a current list.

how will make change

Red Rose / by memo

when will change be made.

2-14-11 -

ongoing

being so violation will not occur again

all staff memo to have a current med list
not to do paperwork ahead of time

TRAINING

Memo as info on current med list

Jennifer Bugh
ADMINISTRATOR

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RED ROSE MANOR, 38 COTTAGE AVENUE LANCASTER, PA 17602		CURRENT LICENSE NUMBER 326530	
INSPECTION DATES (Include all dates of the inspection) 01/20/2011		REGIONAL REPRESENTATIVE Thomas Roth, Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Gmk Limited</i> <i>Kam Gestandy</i>	DATE <i>2/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>	DATE <i>2/24/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE COMPLETED VERIFIED BY: <i>completed</i>	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
161d A resident's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian, shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.	Resident #3 had been prescribed a mechanical soft diet on his/her discharge papers from Lancaster General Hospital on 12/24/10. However, the home has not updated his/her assessment in order to make this diet available to the resident.	<i>2-18-11</i>	<i>161d- See Attached</i> <i>* staff memo will be faxed by 2/18/11.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>2/24/11</i> Date <i>EE</i> Initials (DFW)

Change:

Documentation of the residents dietary needs shall be updated on the Assessment. The dietary changes shall be listed on the review chart for discharge papers. We will also be using for updated new dietary needs for residents.

How will change be made:

By using the review chart for discharge papers when a resident returns and making sure any residents diet is changed

Who will make change:

Administrator review of discharge paper

When will change be made:

2-14-11 - Rest of staff to sign Memo by 2-18-11.

How do violation will not occur:

By using both charts and review of all discharge papers and using check list on all charts

Training:

Kitchen staff to review chart for any new Dietary changes Administrator is now implementing review chart for discharge papers & also updated new dietary needs for residents charts. AS of 2-14-11 Administrator HAS reviewed all papers on this matter. Memo for all staff to read & sign.

Jennifer Bush

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RED ROSE MANOR, 38 COTTAGE AVENUE LANCASTER, PA 17602		CURRENT LICENSE NUMBER 326530	
INSPECTION DATES (Include all dates of the inspection) 01/20/2011		REGIONAL REPRESENTATIVE Thomas Roth, Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>DMK Limited</i> <i>Karen Hesterty</i>	DATE <i>2/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ewert</i>	DATE <i>2/24/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY <i>completed</i>	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
190c A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.	<ul style="list-style-type: none"> • The home's medication administration training record for staff person A does not include a completed Student Certification Form. • The Student Certification Form of 12/28/10, for staff person B, does not include the staff person's signature. 	<i>2/14/2011</i>	<i>190 c - see Attached</i>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>2/29/11</i> <i>ES</i></p> <p>Date Initials (DPW)</p>

190c STAFF
-A

Red Rose Manor

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Change The Administrator will ensure that a record of training is kept for staff persons trained to administer medication that contains all of the required information. - 82

~~No change / this was discussed with Tom at time of inspection, she is not med tech trained. She took the book out but felt uncomfortable. We did not feel like we should make a change. We will change be made: ~~person~~ this at this time.~~

~~None~~ ^{Staff} This person is not med tech trained and does not give meds at this time.
no will make change:

see above explanation

no will change be made:

see above explanation

no violation will not occur:

no certificate required
person does not give out
meds and not med tech trained
Training:

~~no training - discussed with Tom at the time of inspection~~

Janice Bay
Administrator

190c STAFF
B

Red Rose Manor
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Change:

Form is now signed by student staff/B
All forms will be reviewed extensively
before filling per special attention to signatures
and dates.

but will change be made:

Staff B signature
Administrative extensive checking
no will make change:

Student B by signing
Administrator by extensive checking

then will change be made:

Feb 14, 2011

being so violations will not occur:

Administrator to review all training forms for
signatures before filing

Training

Administrator will check All training paper
for signatures & dates to make sure are correct before
filling.

Jennifer Byrd

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RED ROSE MANOR, 38 COTTAGE AVENUE LANCASTER, PA 17602		CURRENT LICENSE NUMBER 326530	
INSPECTION DATES (Include all dates of the inspection) 01/20/2011		REGIONAL REPRESENTATIVE Thomas Roth, Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Dmk Limited</i> <i>Karen Gestemtz</i>	DATE <i>2/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY : <i>completed</i>	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #3 had been prescribed a mechanical soft diet on his/her discharge papers from Lancaster General Hospital on 12/24/10. However, the home has not updated his/her assessment of 12/08/10, which lists the resident as having a regular diet.	<i>2-18-11</i>	<i>225c - see Attached</i> <i>* Staff memo will be faxed by 2-18-11</i> <i>* resident went to live w/mother Discharge Date 2/3/11</i>	

225c

Red Rose Manor
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Change

Change should have been updated on
12-24-10 on ^{Resident # 35} the assessment. Change was made. To ensure
the change we will be implementing 2 new charts.
Chart #1 for review of discharge papers. Chart #2 updated chart
for new dietary needs for residents.
how will change be made

By charting on Chart 1 & 2 - see attached.

Change made on assessment that was incorrect.

who will make change

Administrator when reviewing discharge papers
also using Chart 1 & 2 - see attached charts.

when will change be made

2-14-11

The rest of staff to sign
memo by 2/18/11.

how will violation be not occur

By administrator reviewing discharge papers
& using charts 1 & 2

Training

Pulling discharge papers and reviewing
and implementing charts 1 & 2 - see attached charts.
- memo for staff to read and sign of Diet changes.

Xenia W. Bayli

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RED ROSE MANOR, 38 COTTAGE AVENUE LANCASTER, PA 17602		CURRENT LICENSE NUMBER 326530	
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SIGNATURE OF LEGAL ENTITY <i>Gmk Limited</i> <i>Karen Gassman</i>	DATE <i>2/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY <i>completed</i>	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<ul style="list-style-type: none"> ✓ The discharge instructions of 12/24/10 from Lancaster General Hospital, for resident #3, addresses the use of a walker to ambulate. However, the resident's support plan of 12/28/10 lists his/her mobility needs as 'none at this time', and does not list the use of a walker. ✓ The medical evaluation of 11/29/10, for resident #3, lists seizures as a condition, but his/her support plan of 12/28/10 does not address needed services. • The assessment of 12/08/10, for resident #3 indicates the resident has a need for two-hour checks. The resident's support plan does not document how this need will be met. ✓ Resident #4 self-administers his/her insulin and Accuchecks. However his/her support plan of 4/18/10 lists the home's med techs as administering all his/her medications. ✓ Resident #5 self-administers his/her insulin. However his/her support plan of 2/06/10 lists the home's med techs as administering all his/her 	<i>2-14-11</i>	<i>227d - See Attached</i>	

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Jmk Limited</i> <i>Kenn Gostanty</i>	DATE <i>2/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
	medications.			

227D Resident #3 (first two)

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Change

Made change on support plan. Resident #3 now
uses Walker to ambulate as of 12-24-10
Also review chart for discharge papers

how will change be made

Administrator will review all discharge papers.
and also using Review chart monthly Discharge papers

how will make change

Administrator by using Review chart
for discharge papers

when will change be made - 2-14-11

how will violation will not occur

Ensuring information on review chart for
discharge papers is updated on support plans
& assessments

training

Use review chart for discharge paper
on chart there is a column to check off
updated support plans and assessments
Jennifer Bohn
and updated discharge plans to ensure administrator

Change

The assessment states a need for 2 hour checks
The support plan under Care Services now list
Seizure Disorders #3 - with Room check w/
Frequency of every 2 hours

How will change Be made -

Made by Administrator on resident support
plan should of been listed when support was developed
because of seizure Disorder

Who will make the change -

Administrator

When will change Be made -

2/14/10

Do so Violation will not occur:

By Reviewing MASI extensively w/ check off
list (Support Plan & Assessment Verification Sheet)
to ensure all info from MASI, Support Plan, Assessment match

Training -

Administrator will use Support Plan & Assessment
MA SI Verification Sheet to insure accuracy

Jennifer Bagin
Administrator

22710

Residents 4+5

Red Rose Manor

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Change -

Added insulin and accucheck info to support plans 2/14/11

How will change be made -

By Administrator using Support Plan, Assessment and MASI Verification form - More detailed info was added to support plans

Who will make change -

Administrator

When will change be made -
2/14/11

Doing so violation will not occur -

By using Support Plan Assessment MASI Verification form and adding more detailed info to support plans.

Training -

Administrator to use chart when comes to info/
Be more aware of details needed

Jenni Fin Bya