

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

ADDRESS OF SATELLITE SITE

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 August 29, 2011 until August 29, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 326530

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

SEP 02 2011

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

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 licensing inspection on August 3, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal stroke extending to the right.

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) 08/03/2011		REGIONAL REPRESENTATIVE John Bungo, Lynn Loudenslager	
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 Gertwitz</i>	DATE 8/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cylo Bungo</i>	DATE 8/24/11

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract for resident 1 was not signed by the payer. <p align="center">PCH Division Central Region Field Office</p> <p align="center">AUG 23 2011</p> <p align="center">RECEIVED</p>	8-20-11	Contract was sent to resident's Payee to be signed and returned. Administrator and Resident's Payee will make the change. We now have an addendum I to attach with financial contract for the resident's Payee to sign upon admission to the home. This will ensure Payee is present to sign financial contract. We will review contracts for Payee signature and signature on Addendum I. This addendum will be attached to all <u>New</u> financial contracts. We will make sure it is signed and Payee is present upon admission to sign. please see attached addendum I.	Steps have been taken to correct violation; full compliance is not verifiable 8/24/11 Date Initials (DPW)

Sent Back of contract signed returned 8/20/11

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) 08/03/2011		REGIONAL REPRESENTATIVE John Bungo, Lynn Loudenslager	
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 Gestunsky</i>	DATE <i>8/30/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>8/24/11</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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p>The narcotic log indicated that an Ativan tablet was removed on 7/31/2011 at 11 pm for resident 2. The Medication Administration Record (MAR) indicated that the tablet was administered on 8/1/2011 at 1 pm.</p> <p align="center">PCH Division Central Region Field Office</p> <p align="center">AUG 23 2011</p> <p align="center">RECEIVED</p>	<p><i>8-4-11,</i></p> <p><i>8-5-11</i> <i>check-off</i> <i>sheet</i> <i>started</i></p>	<p><i>We had staff fix Narcotic Log of correct date and time and corrected MAR of correct date and time. This was done so Narcotic Log and MAR match. So violation does not occur again, Reviewed and charted medication administration with Med-Tech. Reviewed military times. Administrator added check-off column to sign-off sheet in front of MAR BOOK to review Narcotic Logs weekly. Administrator will use check off sheet to ensure Narcotic documentation was done correctly on a weekly basis. started 8-5-11. Please see attached chart, and staff training sheet</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>8/24/11</i> <i>CB</i></p> <p>Date Initials (DPW)</p>

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 32653	
INSPECTION DATES (Include all dates of the inspection) 08/03/2011		REGIONAL REPRESENTATIVE John Bungo, Lynn Loudenslager	
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>Amk Limited</i> <i>Karen Stewart</i>	DATE <i>8/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cyrl Bumbay</i>	DATE <i>8/21/11</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
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.	<p>The most recent assessment, dated 8/19/2010 for resident 3, indicated that the resident was immobile, unable to evacuate during a fire and needs additional staffing. The resident's status changed to mobile as indicated on a medical evaluation, dated 9/15/2010.</p> <p>Repeated Violations: 01/20/2011</p> <p align="center">PCH Division Central Region Field Office</p> <p align="center">AUG 23 2011</p> <p align="center">RECEIVED</p>	<i>8/12/11</i>	<p>We updated old assessment for the significant change. Stating on assessment that we received new MASI on 9/15/10. Which stated resident was a mobile resident. The administrator made the change to assessment. To be sure violation does NOT occur again, we added a check off sheet to our review book to review MASI closely for any significant changes.</p> <p>Please see attached chart and updated Assessment.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>10/11</i> <i>(Signature)</i></p> <p>Date Initials (DPW)</p>

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 326538	
INSPECTION DATES (Include all dates of the inspection) 08/03/2011		REGIONAL REPRESENTATIVE John Bungo, Lynn Loudenslager	
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>York Limited</i> <i>Karen G. Stewart</i>	DATE <i>8/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bungo</i>	DATE <i>8/24/11</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
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	The most recent support plan, dated 8/19/2010 for resident 3, did not include the change in the resident's mobility status as a result of the medical evaluation, dated 9/15/2010.	8/12/11	We updated resident's support plan which states we received a new MASI on 9/15/10 stating that resident was mobile. Administrator made the change to resident's support plan. To be sure violation do not occur again, we added a check off sheet to our review book to review MASI closely for any significant changes.	

PCH Division
Central Region Field Office

AUG 23 2011

RECEIVED

Steps have been taken to correct violation; full compliance is not verifiabl:
8/24/11 *CS*
Date Initials (DPI)

Please see attached chart and updated support plan.