

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 30, 2012** until **August 30, 2013**,  
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



SEP 18 2012

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 June 5, 2012 and July 12, 2012 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 Human Services 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".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 32653 - 06/05/2012 - Hoover, Douglas  
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.42(f) - A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.

2. DESCRIPTION OF VIOLATION

The home has a census of 28 residents. 13 residents provided written statements. 8 residents, who provided statements, reported that their personal food and drink items, stored either in the small refrigerator or in the cabinet by the nurse's station, have been stolen on a regular basis. 2 residents, that consented to verbal interviews, confirmed that the thefts are ongoing and the home has not taken steps to protect and allow residents to retain personal property.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We secured the residents food cabinet and resident fridge to prevent future stealings. They are still accessible to the residents 24/7 and staff is available to obtain their items upon request.

~~\_\_\_\_\_~~ the owner has made this change. The change was made by June 15, 2012. Since the change, there are no documented incidents of any items missing.

The change was made by moving the residents fridge into the nurse's station. New locks were installed on the cabinets that only staff can open. Chain link dividers were installed, attached signs that read "Staff ONLY" to remind the residents to ask staff for assistance. These were placed on each side of the nurse's station door way. We explained to staff to keep cabinets locked at all times. We give out food/drink to the resident upon request.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Karen Gostewitz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Karen Gostewitz

Date

8/23/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8-31-12  
 (Date)

Verification of Legal Entity Representative Signature

8-31-12  
 (Date)

The above plan of correction was approved by

KG  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32653 - 06/05/2012 - Hoover, Douglas  
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.42(f) - A resident has the right to file complaints with any individual or agency and recommend changes in policies, home rules and services of the home without intimidation, retaliation or threat of discharge.

2. DESCRIPTION OF VIOLATION

The home has a census of 28 residents. 13 residents provided written statements. 8 residents, who provided statements, reported that they could not file a verbal or written complaint without fear of intimidation and retaliation by the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

We never want the residents to feel intimidated if they wish to file a complaint. We verbally reassured them to please feel free to file any complaints. We explained to please speak staff, or Management about anything & started a complaint comment concern, question box for the residents use. They may write their name or remain anonymous and place their paper in the box. [redacted] the Administrator made the complaint box. This will give the residents the opportunity to speak freely if they do have any comments, complaints. They may do this if they do not want to talk to staff face to face. To prevent another violation, we will continue to follow residents rights and assure them they do have the right to file a complaint at anytime with out feeling intimidated, retaliated or a threat of discharge. We assured the residents with a memo to sign and staff are to report to management of any resident complaints. Administrator will check the box daily and address any complaint, comment, concern, question. August 20, 2012

Repeat Violation: No | Date(s) of Previous Violation(s): | We started the complaint box.

Signature of Legal Entity Representative (Required on EVERY Page) *Karen Grestwitz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Grestwitz*

Date *8/23/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-31-12 (Date)

Verification of Legal Entity Representative Signature 8-31-12 (Date)

The above plan of correction was approved by KG (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32653 - 06/05/2012 - Hoover, Douglas  
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2. DESCRIPTION OF VIOLATION  
 The hot water temperature in the bathroom next to the nurse's station measured 126.8 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Prior to our June 5, 2012 inspection, our water pump was replaced. Apparently they did not recheck our water temp prior to leaving. I, the Administrator check water temps on a monthly basis on the 10<sup>th</sup> so the water temps were not done for the month of June. We immediately notified UGI and they came out to adjust water temp. After they reset it, water temps are in range and on our 7/15/12 inspection there was no violation on the temp. We continue monthly water temp checks and document the temperature so it does not exceed 120°. We want to prevent anyone from being scalded from the water temp exceeding the limit. Staff and residents were notified that if water temps feel too hot, to please let Management know as soon as possible so we can check the temperature of the water.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Karen Gerschwitz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Karen Gerschwitz*      Date *8/23/12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8-31-12</u> (Date)	Verification of Legal Entity Representative Signature <u>8-31-12</u> (Date)
The above plan of correction was approved by <u>KG</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32653 - 06/05/2012 - Hoover, Douglas  
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2. DESCRIPTION OF VIOLATION

The outside fire exit step by room #8 did not have a handrail.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A well secured handrail was placed by fire exit doorway <sup>estair's room</sup> (#8). The handrail was installed by 6/15/12. This handrail was placed by <sup>the</sup> doorway to help prevent falls and to provide safe evacuation during an emergency. We need to be sure all exits, <sup>estair's</sup> fire exits have a well secured handrail for safe evacuation. This was installed by owner of Red Rose Manor. On the most recent inspection on 7/12/12 there was NO other violation on the handrail.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Karen Bestewitz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Karen Bestewitz</i>	Date <i>8-23-12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8-31-12</u> (Date)	Verification of Legal Entity Representative Signature <u>8-31-12</u> (Date)
The above plan of correction was approved by <u>KB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32653 - 06/05/2012 - Hoover, Douglas  
 PCH Name: RED ROSE MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

**2. DESCRIPTION OF VIOLATION**  
 The home has a census of 28 residents. 13 residents provided written statements. 8 residents, who provided statements, reported that they do not receive advance notice of menu changes. One resident, who consented to be interviewed, stated that he/she never knows what is going to be served for the next meal, much less advance notice of menu changes.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff or the cook will give residents advance notice of any menu changes. Staff/cook will post the change on the menu itself which is posted in a conspicuous and public place and is accessible to residents in advance of the meal. They will post change as soon as possible when staff know of change. Staff/cook will verbally notify the residents and post the change on the menu. If we continue to keep residents informed of any changes, they will know what is being served and if they wish to request the alternative, it will be served to them and they will know in advance what they will be eating at that meal. memo made to staff to notify the residents of any changes in staples

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Karen Gostewitz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Karen Gostewitz*      Date *8-23-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8-31-12</u> (Date)	Verification of Legal Entity Representative Signature <u>8-31-12</u> (Date)
The above plan of correction was approved by <u>EG</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32653 - 06/05/2012 - Hoover, Douglas

PCH Name: RED ROSE MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2. DESCRIPTION OF VIOLATION**

The June 2012 medication administration record, for all residents, contains only the initials for Staff A who administered medications on 6/1/12, 6/2/12 and 6/3/12, but no accompanying name.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff will continue to sign the Medication Administration signature page and initial. This allows us to look at initials on MAR and refer back to this page to find their signature (All Med-Tech's sign this page) [redacted] Administrator checks for all med-tech signatures and initials. We will continue with signature page and check it daily for placement of sheet which is located in front of med book (Staff who change med sheets ever monthly know to leave this page). The staff member A, no longer is employed at Red Rose Manor.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Karen Gesteritz*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Karen Gesteritz

Date

8-23-12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of

8-31-12  
(Date)

Verification of Legal Entity Representative Signature

8-31-12  
(Date)

The above plan of correction was approved by

*SE*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented



Violation Report: 32653 - 07/12/2012 - Hoover, Douglas

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2. DESCRIPTION OF VIOLATION**

There were 4 unlocked gray, plastic tackle boxes sitting on the outside porch, containing medications labeled with the names of the residents and their physicians.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff will keep medication cassette boxes locked up in Administrator/owner's office when they are delivered to the home until emptied and replaced with old med cassettes. We will keep them locked up until pharmacy picks them up the next day. When old cassettes are placed in the box, staff is to remove the label and shred it due to residents name on it. Staff were told verbally to start this 7/17/12 but did not have them sign the memo until 8/13/12. Staff is aware of the key to the office is in our locked cabinet by nurses station. So we will continue to keep boxes locked up in our office, make and shred the labels and keep the office key accessible to staff. Staff have signed the memo to follow procedure to protect resident privacy.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Karen Bestewitz

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Karen Bestewitz</u>	Date <u>8-23-12</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8-31-12</u> (Date)	Signature of Legal Entity Representative <u>8-31-12</u> (Date)
The above plan of correction was approved by <u>BZ</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32653 - 07/12/2012 - Hoover, Douglas

**1. REGULATION 55 Pa.Code §2600**

2600.20(b)(2) - Resident funds shall be disbursed during normal business hours within 24 hours of the resident's request.

**2. DESCRIPTION OF VIOLATION**

The home has 22 residents who receive SSI benefits. SSI checks are deposited in the home's business account on the 1st and 3rd of each month. The personal needs allowance of \$85.00 is disbursed to SSI residents on the 10th of every month. These residents do not have access to their funds from the time the SSI check is received, either on the 1st or 3rd, until the 10th of each month.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Resident's \$85.00 allowance will be disbursed prior to their SSI checks coming in. [REDACTED] the owner will begin this 7/30/12. She will disperse their allowance on the 30th of each month prior to their checks coming in. They will receive this for the month ahead. This is done so the residents' funds are available to them. We had a memo made up for residents to sign so they are aware of this change and that they agree.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Karen Gershteyn*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Karen Gershteyn*

Date *8-23-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of *8-31-12*  
(Date)

Signature of Legal Entity Representative *8-31-12*  
(Date)

The above plan of correction was approved by *GC*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32653 - 07/12/2012 - Hoover, Douglas

**1. REGULATION 55 Pa.Code §2600**

2600.20(b)(5) - Commingling of resident funds and home funds is prohibited.

**2. DESCRIPTION OF VIOLATION**

The home has 22 residents who receive SSI benefits. SSI checks are deposited in the home's business account on the 1st and 3rd of each month. The personal needs allowance of \$85.00 is disbursed to SSI residents on the 10th of every month. There is no separation of resident and home funds.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

██████████ the owner will pay the residents their \$85.00 allowance prior to their checks coming in. Then their checks will be deposited. This will begin 7/30/12. Residents will be paid on the 30th of each month for the month coming up. This is 50 Residents owe Red Rose Manor the balance for allowances received on the 30th plus Rental Balance. ██████████ will continue to pay the residents their allowance before the checks are deposited. We had a memo for residents on SSI to sign that they are aware of the change. This will ensure that there is no commingling of resident funds and home funds. -EE

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Karen Gostewitz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Gostewitz*      Date *8-23-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8-31-12</u> (Date)	Signature of Legal Entity Representative <u>8-31-12</u> (Date)
The above plan of correction was approved by <u>EE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32653 - 07/12/2012 - Hoover, Douglas

**1. REGULATION 55 Pa.Code §2600**

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

**2. DESCRIPTION OF VIOLATION**

Staff member A, who is the owner of the home, stated that quarterly accounts of financial transactions are not sent to the designated persons of residents who receive assistance with financial management.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

When resident or designated person for the resident sign the itemized account of financial transactions sheet on a quarterly basis, the staff member A - [redacted] Administrator are to make a copy and give to the residents and give to or send to the resident's designated person. We will begin this September 2012 on our next quarter to sign the sheet. I, Administrator [redacted] made a check list/chart to be sure a copy was given to the resident and the designated person on a quarterly basis. I will continue this chart to follow.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Karen Gesterwitz*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Karen Gesterwitz

Date 8-23-12

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of

8-31-12  
(Date)

Signature of Legal Entity Representative

8-31-12  
(Date)

The above plan of correction was approved by

KG  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32653 - 07/12/2012 - Hoover, Douglas

**1. REGULATION 55 Pa.Code §2600**

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

**2. DESCRIPTION OF VIOLATION**

Staff member A, who provides transportation to residents, did not have a thermometer, tweezers and eye coverings for the first aid kit in the personal vehicle.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

ON 8/16/12  
 Staff Member A [redacted] had filled the contents of the travel 1st AID kit with all required items. She completed the kit's contents with the tweezers, thermometer and safety eye shields. Now the kit is complete with all required contents. The Administrator, [redacted] will continue to check all first aid kits on a monthly basis. This is to be sure all kits have the required contents. I check the kits monthly on the 10th.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Karen Gesterwitz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Karen Gesterwitz

Date

8/23/12

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8-31-12  
 (Date)

Signature of Legal Entity Representative

8-31-12  
 (Date)

The above plan of correction was approved by

KG  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32653 - 07/12/2012 - Hoover, Douglas

**1. REGULATION 55 Pa.Code §2600**  
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2. DESCRIPTION OF VIOLATION**  
 The medication cart in the nurse's station was unlocked at 10:05 AM and accessible to residents and visitors.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

To keep residents safe and meds safe from contamination, spillage, theft, med cart must be lock at all times when not in use. Staff were all notified again as soon as possible of the violation and were then asked to sig a memo 8/13/12. A reminder note was also placed on <sup>the</sup> med cart to lock it. Staff will continuously check the med cart when not in use to be sure it is locked. Especially when walking away from the med cart, they need ~~to~~ to double check the lock.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Karen Gestewitz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Karen Gestewitz* Date *8-23-12*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8-31-12</u> (Date)	Signature of Legal Entity Representative <u>8-31-12</u> (Date)
The above plan of correction was approved by <u>SE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented