



AUG 02 2013

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

Dear Ms. Ingram:

As a result of the Department of Public Welfare's licensing inspection on June 12, 2013, 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.

Your regular license for the period of August 30, 2013 to August 30, 2014 was issued on June 12, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" followed by a stylized flourish and the number "198".

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 32653 - 06/12/2013 - OPake, Hope
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
 Twenty-three hours of direct care are provided daily. According to the home's census during the two weeks prior to the inspection, twenty-seven to twenty-nine hours of direct care staffing were required.

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.

See Attached Page 2A of 7. -82

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Gmk Limited / Karen Gestewitz</i>	Date <i>7/3/13</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>7-10-13</u> (Date)	Plan of correction implementation status as of <u>7-10-13</u> (Date)
The above plan of correction was approved by <u>82</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

2600.57 pg 2 violation

BE

Specific Changes Made:

more direct care hours provide on schedule (see Attached Highlighted Area)

Who Will Make Change:

Staff - By providing more hours
administrator - checking schedules weekly

When Will Change Be made:

June 21 - 2013

How will change be made:

adding more staff hours
checking weekly (make sure 1 hr personal care provided to each mobile resident)

System for no recurring violation:

weekly schedule check of required hours

Training:

administrator now train to check and make sure each mobile resident has 1 hr per day of personal care -

Violation Report: 32653 - 06/12/2013 - OPake, Hope
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On May 31, 2013 and June 3, 7, 8 and 9, 2013, Staff Person A worked alone during the 3-11 PM shift. The home could not produce a copy of Staff Person A's CPR and First Aid training certifications.

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.

See Attached page 3A of 7. - 2E

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

GMK Limited / Red Rose Manor Karen [Signature]

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

GMK Limited / Red Rose Manor Karen [Signature] Date 7/3/13

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 (Date)

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 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

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

2600.63 pg 3 violation

gg

Specific Changes Made:

Chart made so CPR if staff had training prior to Red Rose is in chart at time of hire - must have proof - proof provided on June 25th - taped to your office

Who Will Make Change:

Administrator - by charting documents needed at time of hire all documents that are needed must be present

When Will Change Be made:

June 25th

How will change be made:

Received [redacted] [redacted] documentation on 25th - From now on will use ^{check} documentation needed at time of Hire

System for no recurring violation:

Using chart when hiring

Training:

Chart will be attached to Front of new hire chart - administrator Advised No Staff will be present on floor without proper documentation in File.

Violation Report: 32653 - 06/12/2013 - OPake, Hope
PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600
2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
The home's record of direct care staff training does not include Staff Person A's first day orientation in general fire safety and emergency preparedness on 4/22/2013.

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.

See Attached
was told to send in
as per phone conversation
Rebecca Riel & Bowie
Hogarth 7/2/13
as verification.
The home will keep documentation of
training accessible to Agents of
the Department, as requested. - BE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *GMK Limited / Red Rose Manor / Karen Gertman*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *GMK Limited / Karen Gertman* Date *7/3/13*

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Violation Report: 32653 - 06/12/2013 - OPake, Hope
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home's fire drill evacuation time on October 25, 2012 was two minutes and forty-four seconds. The home does not have a designated evacuation time from a fire safety expert.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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See Attached Page 5A of 7. - 2E

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *GMK Limited / Karen Gestearty* Date *7/3/13*

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2600.132 violation

pg 5

(update) P. 5 of 7
82

Morning of 7/3/13 before sending papers ~~_____~~ called from Fire Company will do supervised fire drill on 7/9/13 to allow for extra time needed on fire Drills - will send documentation when received.

Specific Changes Made:

No change to time as of 7/2/13 (still keeping 2 1/2 min fire drill will documentation) took papers for change to Hayfette Fire Dept said they would forward to Chief on 6/24/13

Who Will Make Change:

on 7/2/13 Zoning Code call owner of Red Rose discussed situation explained we may need more time they are checking will get back to me on 7/3/13

When Will Change Be made:

I informed them I would like forms completed in at least 2 weeks for state 7/17/13

How will change be made:

We will keep standard time set by state at 2 1/2 minutes until time may be used by Fire Chief (last 9 fire drills were 2 1/2 or less)

System for no recurring violation:

all forms will be followed if allotted time documented either by DPW or Fire Company

Training:

IF time runs over 2 1/2 min we will review fire drill and redo drill so we are in compliance all staff has been informed.

(or designated evacuation time) -82

(Any new documentation received we will fax to DPW office per time change for fire drills)

Violation Report: 32653 - 06/12/2013 - O'Pake, Hope
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The fire drill record for the home listed a drill conducted on 10/25/2013 during sleeping hours. The next drill held during sleeping hours did not take place until 5/17/2013, seven months later.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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See Attached - Page 6A of 7

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Signature of Legal Entity Representative
 (Required on EVERY Page) *CMK Limited / Kam Grestwitz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CMK Lim. Fed/Karew Grestwitz* Date *7/3/13*

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2600.132
page 6

Page 6 of 7.

GE

Specific Changes Made:

Third shift drill will be every
3 months

Who Will Make Change:

administrator

When Will Change Be made:

6/13/13

How will change be made:

By following fire drill schedule chart

System for no recurring violation:

By following fire drill schedule and
checking documentation charts for fire drills
every month

Training:

Administrator decision to have
overnight fire drills every three
months —

Staff will be informed

see Attached chart —

Violation Report: 32653 - 06/12/2013 - OPake, Hope
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Staff Persons B, C, and D administer medications to residents in the home. The staff persons have not successfully completed the Department-approved medications administration course.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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See Attached - Page 7A of 7-2E

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 (Required on EVERY Page) SMK Limited / Karu Bestwitz

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) SMK Limited / Karu Bestwitz Date 7/3/13

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2600.190 pg 7 violation

Page 7A of 7

22

Specific Changes Made:

All documentation from this point forward will contain Student cert, skill checklist, initial training & annual practicum

Who Will Make Change:

Train the trainer / med-tech trainer

When Will Change Be made:

6/17/13

How will change be made:

Using DPW medication standard training forms

System for no recurring violation:

per Outlook recurring calendar - example attached

Training:

Med-tech trainer will use Outlook calendar for review dates and use of standard DPW form for documentation. To maintain a current status with ongoing training