



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 05 2014

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

RE: Red Rose Manor
License #: 326530

Dear Ms. Gestewitz:

As a result of the Department of Public Welfare's licensing inspection on July 3, 2014 and July 8, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period August 30, 2014 to August 30, 2015 was issued on May 16, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

JH

Enclosure
License Inspection Summary

Violation Report: 32653 - 07/03/2014 - Rouse, McKinley
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.25(b) - 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.

2a. DESCRIPTION OF VIOLATION

- The contract for Resident #1, admitted on 04/01/2014, was not signed by the payor.
- The contract for Resident #2, admitted on 10/07/2013, was not signed by the resident.

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 17. - SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

GMK Limited / Red Rose Manor / Karen Gerhart

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

GMK Limited / Red Rose Manor / Karen Gerhart Date 7/7/14

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

The above plan of correction is approved as of 7-2-14
 (Date)

Plan of correction implementation status as of 7-2-14
 (Date)

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

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

1

CITATION: 2600. 25

CHANGE THAT WILL BE MADE:

From this date 8/14/14, when doing a contract the administrator will make sure to have the resident and/or resident payee sign the contract in all the appropriate signature places

WHO WILL MAKE THE CHANGE? administrator

WHEN WILL THE CHANGE BE MADE? 8/20/14

HOW WILL THE CHANGE BE MADE? When the resident file is complete the file will be placed on the owners desk and [redacted] will review them for errors.

WHAT SYSTEM AND TRAINING WILL OCCUR SO THE VIOLATION IS NOT MADE AGAIN?

The owner will go over the facilities financial Agreement with administrators. So they have the knowledge of all signatures needed. Any new residents file will be placed on owners desk for review. For the resident 1 citation the contract was sent to the payee for signature. The payee is on vacation, we are asking her to sign and send back to us by 8/14/14. when we get the contract back

we hope by 8/20/14 we will send the signed contract to you

SIGN _____
DATE _____

GMK Limited / Red Rose Manor / Karen Gestewitz
GMK Limited / Red Rose Manor / Karen Gestewitz
7/7/14

2

Violation Report: 32653 - 07/03/2014 - Rouse, McKinley
PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

2a. DESCRIPTION OF VIOLATION

-The contract for Resident #1, admitted on 04/01/2014, does not include the home's intended use for 50% of the rent rebate that the home collects.

-The contract for Resident #2, admitted on 10/07/2013, does not include the home's intended use for 50% of the rent rebate that the home collects.

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 3 A of 17. -SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Gmk Limited/Red Rose Manor/Karen Goherty

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

Gmk Limited/Red Rose Manor/Karen Goherty

Date 7/7/14

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

The above plan of correction is approved as of 9-2-14
(Date)

Plan of correction implementation status as of 9-2-14
(Date)

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

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

2)

CITATION: 2600.25

SE

CHANGE THAT WILL BE MADE:

From this date 8/4/14 forward the administrator doing the contract will have the intend use for the rent rebate monies write on the contracts.

WHO WILL MAKE THE CHANGE? administrator's

WHEN WILL THE CHANGE BE MADE? Immediately 8/4/14

HOW WILL THE CHANGE BE MADE? When new resident contracts are complete the file will go to the owner for review. [redacted] will confirm the homes intended use for rent rebate monies is stated on the rent rebate form.

WHAT SYSTEM AND TRAINING WILL OCCUR SO THE VIOLATION IS NOT MADE AGAIN?

The owner will go over the facilities rent rebate with the administrator's so they have the knowledge of the intended use of the rent rebate monies the home collects.

SIGN _____
DATE _____

Gmk Limited / Red Rose

7/7/14

3

Violation Report: 32653 - 07/03/2014 - Rouse, McKinley
PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600
2600.26(c) - The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

2a. DESCRIPTION OF VIOLATION
The home's quality management plan review from June 2013 through June 2014 did not include a review the home's complaint procedures or the home's violations from the home's license inspection summary of 6/12/2013.

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 page 4 A of 17. - SE

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

Signature of Legal Entity Representative
(Required on EVERY Page) *DMK Limited / Red Rose Manor Karen Gesteritz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *DMK Limited / Red Rose Manor / Karen Gesteritz* Date *7/7/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 9-2-14
(Date)

The above plan of correction was approved by SE
(initials)

Plan of correction implementation status as of 9-2-14
(Date)

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

CITATION: 2600.26

Page 4 A of 17

SE

CHANGE THAT WILL BE MADE:

From this date 8/14/14 forward while doing the Quality management report the administrator will not leave any steps out of the quality management report.

WHO WILL MAKE THE CHANGE? administrator

WHEN WILL THE CHANGE BE MADE? Immediately 8/14/14

HOW WILL THE CHANGE BE MADE? After administrator has the quality management paper complete, the owner will review to make sure all steps are complete, including a review of complaint procedures and areas of improvement needed, based on the home's last license inspection summary. -SE

WHAT SYSTEM AND TRAINING WILL OCCUR SO THE VIOLATION IS NOT MADE AGAIN?

The owner will review quality management report after the administrator completes it.

SIGN _____
DATE _____

GMK Limited / Red Rose Manor
7/7/14

4

Violation Report: 32653 - 07/03/2014 - Rouse, McKinley
PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

There was a total of 27 residents in the home on 06/29/2014. The required personal care service hours for the daylight shift were 20.5 hours, but the home only provided 19.5 personal care service hours that day.

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 5A of 17. - SE

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/12/2013

Signature of Legal Entity Representative (Required on EVERY Page) *CMK Limited / Red Rose Manor / Karen Lester*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CMK Limited / Red Rose Manor* Date *7/7/14*

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

The above plan of correction is approved as of 9-2-14 (Date)

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

Plan of correction implementation status as of 9-2-14 (Date)

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

(4)

CITATION: 2600.57 - off by 1 hour 2E

CHANGE THAT WILL BE MADE:

First of All we will be keeping a daily census so we make sure 75% of Personal Care Services are during waking hours

WHO WILL MAKE THE CHANGE?

Administrator or Designated person who can make schedule changes.

WHEN WILL THE CHANGE BE MADE?

change made August 5th 2014
6 AM Early morning shift for that day of anyone going to be out 24 hours or more

HOW WILL THE CHANGE BE MADE?

By a daily census chart made kept at Nurses Station in binder for that calendar day so personal care hours are calculated right and followed.

WHAT SYSTEM AND TRAINING WILL OCCUR SO THE VIOLATION IS NOT MADE AGAIN?

This will be implemented into end of third shift beginning of first shift procedures as of August 5th 2014 for daily census report will be at Nurses Station & filled out. All staff will be trained for this procedure so personal care hours are correct. This will not re-occur because we can collect info from census report Daily Schedule will be regulated in accordance to daily census

SIGN: Gmk Limited / Red Rose Manor / Kaw
DATE: 7/7/14

5

Violation Report: 32653 - 07/03/2014 - Rouse, McKinley
PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.64(f) - A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's record of administrator training for Staff Person A, does not include the length of seven courses.

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 G A of 17. - BE

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

Signature of Legal Entity Representative
(Required on EVERY Page) *GMK Limited / Red Rose Manor / Kara Gesterly*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *GMK Limited / Red Rose Manor / Kara Gesterly* Date *7/7/14*

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

The above plan of correction is approved as of 9-2-14
(Date)

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

Plan of correction implementation status as of 9-2-14
(Date)

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

5

CITATION: 2600.64

Page 6A of 17

CHANGE THAT WILL BE MADE:

Make sure certificate length on them

WHO WILL MAKE THE CHANGE?

Administrators

WHEN WILL THE CHANGE BE MADE?

8/5/14

HOW WILL THE CHANGE BE MADE?

OW Computer print out

will attend KAIROS health system Education. will receive 12 hour. plus does monthly Computer inservices by end of year. 30 hours will be attended. A copy will given to all facilities will always stay current to maintain license.

WHAT SYSTEM AND TRAINING WILL OCCUR SO THE VIOLATION IS NOT MADE AGAIN?

Double check papers before leaving in service out going Show owner all papers to verify length of courses and all updates for training

SIGN

DATE

C-MK Limited / Red Rose Manor / Karen Gierlitz
7/7/14

Violation Report: 32653 - 07/03/2014 - Rouse, McKinley
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.85(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 following 2013 annual trainings for Direct Care Staff Person B do not include the dates that the trainings were completed on the employee's training record:

- *Older Adult Protective Services Act
- *Required Admission Paperwork
- *Criminal Background Checks
- *Resident Rights
- *Epi-Pen

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 7 A of 17 - &E

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/20/2013
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Signature of Legal Entity Representative (Required on EVERY Page)	Date
<i>CMK Limited / Red Rose Manor / Kan [Signature]</i>	<i>7/7/14</i>

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>CMK Limited / Red Rose Manor / Karen [Signature]</i>	<i>7/7/14</i>

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

The above plan of correction is approved as of 7-2-14
 (Date)

The above plan of correction was approved by &E
 (Initials)

Plan of correction implementation status as of 7-2-14
 (Date)

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

CITATION: 2600.05

Page 7 A of 17

CHANGE THAT WILL BE MADE:

SE

The form that we are using from this date 8/1/14 forward has the date, month, day, year and certificates added to it

WHO WILL MAKE THE CHANGE? Administrator

WHEN WILL THE CHANGE BE MADE? Immediately 8/1/14

HOW WILL THE CHANGE BE MADE?

The change was made by creating a new form that the date, month, day, year and certificates were added. So that we will always keep track of when each training was complete

WHAT SYSTEM AND TRAINING WILL OCCUR SO THE VIOLATION IS NOT MADE AGAIN?

The facility will use the new form that was created and the staff will fill the form out after they have completed each training. Owner will check training book for accuracy

SIGN

DATE

Gymk Limited / Red Rose Mower / Karen
7/7/14 / [Signature]

Violation Report: 32653 - 07/03/2014 - Rouse, McKinley
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

On 07/08/2014, the window at the top of the steps in Resident Room #6 was open, but did not have a screen.

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 8 A of 17. - SE

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 Gestewitz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Gmk Limited / Red Rose Manor* Date *7/7/14*

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

The above plan of correction is approved as of 9-2-14
 (Date)

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

Plan of correction implementation status as of 9-2-14
 (Date)

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

⑦

CITATION: 2600.92

Page 8A of 17

CHANGE THAT WILL BE MADE:

LE

Screen was put in
day inspector stood there and
watched me 7/8/14 install screen
he was fine with it it was oversight.

WHO WILL MAKE THE CHANGE?

The owner made change 7/8/14

WHEN WILL THE CHANGE BE MADE?

was made on 7/8/14

HOW WILL THE CHANGE BE MADE?

Screen was install they are
portable window screens

WHAT SYSTEM AND TRAINING WILL OCCUR SO THE VIOLATION IS NOT MADE AGAIN?

When the Room is cleaned each
week windows and lights will be
checked to make sure they are in good
repair and are functional.

All Staff cleaning Rooms were informed
on 7/8/14 and also owner has been doing weekly
also on monthly check list check.
new color and under light screens see Attached

SIGN AMC Limited/ Ken Rose
DATE 7/7/14

Manoo/Ken Guster

Violation Report: 32653 - 07/03/2014 - Rouse, McKinley
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 On 07/08/2014, the bedside lights in Rooms #8 & #11 for Residents #2 & #3, respectively, were not operable.

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 9A of 17. - GE

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/Korea Herdewitz*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Gmk Limited/Red Rose Manor/Korea* Date *7/7/14*

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

The above plan of correction is approved as of 9-2-14
 (Date)

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

Plan of correction implementation status as of 9-2-14
 (Date)

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

80

CITATION: 2600.10

Page 9A of 17

ge

CHANGE THAT WILL BE MADE:

all Lamps will be checked weekly by person cleaning room to make sure they are operable. There is also a new Colony under other for screens windows lights on administrator's monthly check list

WHO WILL MAKE THE CHANGE?

Staff daily by checking owner and admin. Staff or owner weekly Administrator on monthly check list

WHEN WILL THE CHANGE BE MADE?

8/4/14 new sheet made all staff informed

HOW WILL THE CHANGE BE MADE?

Check all light screens by owner weekly staff daily when cleaning rooms Administrator on monthly check off sheet -

WHAT SYSTEM AND TRAINING WILL OCCUR SO THE VIOLATION IS NOT MADE AGAIN?

all staff was informed by owner on situation staff check daily owner will check weekly when doing walk through Administrator will check monthly chart -

SIGN JMK Limited / Red Rose Motel / Karen Stenberg
DATE 7/7/14

4

Violation Report: 32653 - 07/03/2014 - Rouse, McKinley
PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 07/08/2014, the following items were found in the upright freezer that were opened, undated and/or unsealed:
*12 frozen chicken breasts
*15 precooked Salisbury steaks
* 9 precooked breaded chicken patties
* 2.5 lb. bag of chicken nuggets

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 10 A of 17. -be

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Gmk Limited / Red Rose Manor / Kara Garbath</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Gmk Limited / Red Rose Manor / Kara Garbath</i>		Date <i>7/7/14</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>9-2-14</u> (Date)		Plan of correction implementation status as of <u>9-2-14</u> (Date)	
The above plan of correction was approved by <u>GE</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	

9

CITATION: 2600.103

BE

CHANGE THAT WILL BE MADE:

7/8/14 All bags that were not completely closed were thrown out that day. We had been buying the bags you press closed and they were not staying closed so we are not using the one's with the plastic zip lock slider ^{with dates}

WHO WILL MAKE THE CHANGE?

Kitchen Staff, owner, all staff and Administrator

WHEN WILL THE CHANGE BE MADE?

was made 7/8/14

HOW WILL THE CHANGE BE MADE?

all bags and storage was checked for frig and Freezers to make sure they were all closed and sealed and dated

WHAT SYSTEM AND TRAINING WILL OCCUR SO THE VIOLATION IS NOT MADE AGAIN?

All staff will be informed of different plastic bag containers were using to make sure food is stored in closed & sealed containers. all purpose labels were bought for freezer bags that cannot be written on.

SIGN
DATE

Imp Limited / Reel Ross Marie Kaye
7/7/14
Letterby

10

Violation Report: 32653 - 07/03/2014 - Rouse, McKinley
PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's most recent submission of the home's emergency procedures to the local emergency management agency was dated 03/12/2014. 2013 - SE

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 11 A of 17. - SE

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

Signature of Legal Entity Representative
(Required on EVERY Page) *GMK Limited / Red Rose Manor Home* *Karen Gentry*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *GMK Limited / Red Rose Manor Home* *7/7/14*

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

The above plan of correction is approved as of 9-2-14
(Date)

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

Plan of correction implementation status as of 9-2-14
(Date)

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

CITATION: 2600.107(d)

Page 11A of 14

BE

CHANGE THAT WILL BE MADE:

The facility will have the emergency procedures reviewed and updated annually

The 2014 review of the home's plan was forwarded to the local emergency management agency and a confirmation letter was received in July, 2014. - BE

WHO WILL MAKE THE CHANGE? Administrator 8/4/14

WHEN WILL THE CHANGE BE MADE? Immediately 8/4/14

HOW WILL THE CHANGE BE MADE? The changes will be made by keeping a schedule as to when the annual emergency procedures are due.

WHAT SYSTEM AND TRAINING WILL OCCUR SO THE VIOLATION IS NOT MADE AGAIN?

The annual date will be marked on a calendar on the owners desk 1 month in advance so we are always on time for the emergency procedures.

SIGN
DATE

Gme Limited / Red Rose Manor
7/7/14
Kam Gortuety



Violation Report: 32653 - 07/03/2014 - Rouse, McKinley
PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures are not posted in a conspicuous and public place in the home. The procedures are kept in the "emergency FEMA" binder in the basement.

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 12 A of 17. - SE

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>CMK Limited/Red Rose Manor/Karen Gasterberg</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CMK Limited/Red Rose Manor/Karen Gasterberg</i>		Date <i>7/7/14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>9-2-14</u> (Date)	Plan of correction implementation status as of <u>9-2-14</u> (Date)	
The above plan of correction was approved by <u>SE</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	

BE

CITATION: 2600.123(b)

CHANGE THAT WILL BE MADE:

The change that will be made is the emergency preparedness will be in a book marked violation report & Emergency management, and the book will be hanging on the Bulletin board upstairs in a public place

WHO WILL MAKE THE CHANGE? Administrator

WHEN WILL THE CHANGE BE MADE? Immediately 8/1/14

HOW WILL THE CHANGE BE MADE? There will be a shelf installed upstairs for all books to be placed on, so all public coming in to the facility can see.

WHAT SYSTEM AND TRAINING WILL OCCUR SO THE VIOLATION IS NOT MADE AGAIN?

THE administrator will place the emergency preparedness and the violation reports emergency management book on a shelf where the public can see, the owner and administrator will check them on a monthly basis to make sure they are up to date.

SIGN
DATE

AMK Howard / Red Rose Mower / Kay
7/7/14
Hester

12

Violation Report: 32653 - 07/03/2014 - Rouse, McKinley
PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill records have 2 different evacuation times for the fire drill conducted on 10/30/2013. The home's form lists an evacuation time of 2 minutes and 27 seconds, while the Department's form indicates that the same drill took 2 minutes and 47 seconds.

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 13A of 17. - GE

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

Signature of Legal Entity Representative
(Required on EVERY Page) *CMK Limited / Red Rose Manor / Ken Gester*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *CMK Limited / Red Rose Manor / Ken Gester* Date *7/7/14*

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

The above plan of correction is approved as of 9-2-14
(Date)

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

Plan of correction implementation status as of 9-2-14
(Date)

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

12

CITATION: 2600.132

SE

CHANGE THAT WILL BE MADE:

From now on we are only going to use DPW's form Fire Drill Record. This will insure we for some reason are not documenting two different times. This will be more efficient 8/7/14

WHO WILL MAKE THE CHANGE?

Administrator - does fire Drill 8/7/14

WHEN WILL THE CHANGE BE MADE?

8/7/14

HOW WILL THE CHANGE BE MADE?

New Fire Drill only one form not two forms conducted by administrator on 8/7/14

WHAT SYSTEM AND TRAINING WILL OCCUR SO THE VIOLATION IS NOT MADE AGAIN?

Administrator was trained to only use DPW Fire Drill Record form so this mistake is not repeated.

SIGN
DATE

Jim Lindley / Red Rose Manor / Kay
7/9/14
[Signature]

13

Violation Report: 32653 - 07/03/2014 - Rouse, McKinley
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 safety letter dated 07/13/2013, gives a safe evacuation time of 2 minutes and 35 seconds. The home exceeded this time on 02/21/2014 at 11:00 pm when the evacuation time was 2 minutes and 50 seconds.

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 14 A of 17. - SE

Repeat Violation: No Date(s) of Previous Violation(s): 06/12/2013

Signature of Legal Entity Representative (Required on EVERY Page) *CMK Limited / Red Rose Manor / Kam Gerlach*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CMK Limited / Red Rose Manor* Date *7/7/14*

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

The above plan of correction is approved as of 9-2-14
(Date)

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

Plan of correction implementation status as of 7-2-14
(Date)

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

CITATION: 2600.132(d)

SE

CHANGE THAT WILL BE MADE: TO always try to get the residents out in the time given by the fire safety expert.

WHO WILL MAKE THE CHANGE? administrator

WHEN WILL THE CHANGE BE MADE? ~~Immediately~~ 8/7/14
Drill with fire safety expert.

HOW WILL THE CHANGE BE MADE? The fire safety expert and the administrator will do a fire drill on 8/7/14 to try to extend our evacuation time so that we have the amount of time needed to get our residents out.

* we had fire drill today 8/7/14 @ 5:30am and got the time extended to 2min 50sec See attached

WHAT SYSTEM AND TRAINING WILL OCCUR SO THE VIOLATION IS NOT MADE AGAIN? ^{paper}

The fire safety expert will retrain staff to see if they need more time over the 2min 35sec time that we currently have. On Aug 7, 2014 we will train with the fire safety expert to see if we need more time.

Documentation of fire safety training for staff shall be kept by the home. - SE

SIGN _____
DATE 7/7/14

Gmk Limited / Red Rose Maudie / Kaint
Dustin

14

Violation Report: 32653 - 07/03/2014 - Rouse, McKinley
 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).

2a. DESCRIPTION OF VIOLATION

The posted menu for July 4, 2014, listed fried eggs for breakfast, but the residents were served cereal instead of the fried eggs. The residents were not told in advance that there was going to be a menu change.

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 15 A of 17. - SE

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CMK Limited / Red Rose Manor* Date *7/7/14*

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

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 (Date)

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

Plan of correction implementation status as of 7-2-14
 (Date)

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

14

CITATION: 2600.162

CHANGE THAT WILL BE MADE:

If there is any change to menu all changes will be posted in the proper and adequate amt of time so residents will be informed. As of 7/8/14 all staff dealing w/ kitchen or menu was informed

WHO WILL MAKE THE CHANGE?

all kitchen staff all staff dealing w/menu

WHEN WILL THE CHANGE BE MADE?

7/8/14

HOW WILL THE CHANGE BE MADE?

By using sticky notes past papers for changes when kitchen or any other staff dealing w/menu makes change

WHAT SYSTEM AND TRAINING WILL OCCUR SO THE VIOLATION IS NOT MADE AGAIN?

All staff was informed by memo of changes and will follow accordingly so procedure is followed done by 7/8/14 - for all menu changes

SIGN Gmk Limited/Red Rose Manor
DATE 7/7/14
Kann
Gervais

5

Violation Report: 32653 - 07/03/2014 - Rouse, McKinley
PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Staff Person C opens medication pill packages using his/her teeth.

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 16 A of 17. -SE

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

Signature of Legal Entity Representative
(Required on EVERY Page) *GMK Limited / Red Rose Manor / Karen G. Steadley*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *GMK Limited / Red Rose Manor* Date *7/7/14*

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

The above plan of correction is approved as of 7-2-14
(Date)

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

Plan of correction implementation status as of 7-2-14
(Date)

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

15

CITATION: 2000.183(e)

CHANGE THAT WILL BE MADE:

NU Staff will open medication packets with their teeth.

WHO WILL MAKE THE CHANGE? Administrator

WHEN WILL THE CHANGE BE MADE?

Was addressed initially on 5/6/14 - see Attached

HOW WILL THE CHANGE BE MADE?

The staff member was talk to about this situation, [redacted] understands that this is unsanitary and will not open the medication packs with [redacted] teeth again

WHAT SYSTEM AND TRAINING WILL OCCUR SO THE VIOLATION IS NOT MADE AGAIN?

The owner retrained [redacted] on opening medication packets. [redacted] has been monitored while administering medications and [redacted] has not opened any other medication packets with [redacted] teeth. A memo was written up on this situation for [redacted] to sign so she is aware of how important the matter is see Attached

SIGN Gryt Limited / Real Rose Marie / Kandel
DATE 7/7/14

16

Violation Report: 32653 - 07/03/2014 - Rouse, McKinley
PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 has physician's orders for Percocet 5/325 mg tablets, take 1 tablet by mouth every 8 hours as needed for pain, but the home has not had this medication on hand since 06/04/2014.

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 17A of 17. - SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Kimberly Red Rose Manor Karen Gestadt*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kimberly Red Rose Manor Karen Gestadt* Date *7/7/14*

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

The above plan of correction is approved as of 7-2-14
(Date)

Plan of correction implementation status as of 7-2-14
(Date)

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

- Fully Implemented
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- Not Implemented

CITATION: 16

Page 17 A of 17

CHANGE THAT WILL BE MADE: -

SE

Whenever a resident runs out of medication we will call the Doctor and see if they want the medication continued or if they want it D/c, at that time we will check and change MAR Book, if needed.

WHO WILL MAKE THE CHANGE? -

all staff will be informed and make current changes when needed for violation

WHEN WILL THE CHANGE BE MADE?

7/30/14

7/30/14

HOW WILL THE CHANGE BE MADE?

all d/c orders will be handled immediately. Remove med from med cabinet - send back to pharmacy to be disposed of and also remove D/c med from our MAR

WHAT SYSTEM AND TRAINING WILL OCCUR SO THE VIOLATION IS NOT MADE AGAIN?

D/c orders are very important, all staff members will be verbally trained, and told about it, with memo. Administrator will follow up with daily checks of MAR Book -

SIGN Gmk Limited / Real Rose Mawar / Karew Gostewitz
DATE 7/7/14