



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 20, 2014

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

RE: Red Rose Manor
326530

Dear Ms. Gestewitz:

As a result of the Department of Public Welfare's licensing inspection on October 1, 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.

Sincerely,

Gloria Emick
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: RED ROSE MANOR		License Number: 32653
Address: 38 COTTAGE AVENUE, LANCASTER, PA 17602		County: Lancaster
Administrator: Georgia Nickel & Bonnie Hogarth		Region: CENTRAL
Legal Entity Name: GMK LIMITED		
Legal Entity Address: 38 COTTAGE AVENUE, LANCASTER, PA 17602		
Certificate(s) of Occupancy Other 10/08/1981 L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 29 Waking Staff: 22		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/01/2014: McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>NOV 10 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 30 Number of Residents Served: 29 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 20 Are 60 Years of Age or Older: 18 Have Mental Illness: 7 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 32653 - 10/01/2014 - McCloskey, Jason
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.42(q) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 stated that s/he has been setting tables in the dining room for eight months. Staff Person A documented in the home's shift-change book that on 8/14/14 s/he instructed Resident #1 to give corn flakes to diabetic residents. Resident #1 has not been compensated for setting tables or giving food to residents.

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.

2600.42 Q- Resident of the home are not require or expected to provide service of a paid employee with the facility.

All employee were in-serviced on correct way of documentation and proper wording of situation within the home.

Staff was also in-serviced on the diabetic, non-diabetic food and resident rights.

Staff Member A was present for in-services provided.

Residents will not be required to perform duties that the home's staff are responsible for. -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 Gustafson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *GMK Limited / Red Rose Manor / Karen Gustafson* ^{Date} *11/5/14*

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

The above plan of correction is approved as of <u>11-12-14</u> (Date)	Plan of correction implementation status as of <u>11-12-14</u> (Date)
The above plan of correction was approved by <u>BE</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 - 10/01/2014 - McCloskey, Jason

PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

Resident #2 has a documented history of disruptive behavior in the home. According to records obtained from the home, Resident #2 was:

- agitated and arguing with residents on 8/7/13 during the 7 am - 3 pm shift
- arguing with another resident on 8/8/13 during the 11 pm - 7am shift
- agitated and threatening several residents on 8/9/14 during the 7 am - 3 pm shift
- very agitated on 8/10/14 during the 7 am - 3 pm shift
- very loud and agitated all day on 8/13/14 during the 6:30 am - 3 pm shift
- threatening several residents and pointing finger at staff in a threatening manner on 10/1/14 on the 11 pm - 7 am shift

The home has not implemented positive interventions to modify or eliminate the behavior of this 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.

2600.201- Resident has had issue and 1 on 1 has been providing to Family has been notified about the need of their assistance with resident. Staff has been in-serviced the proper steps to handle behaviors and documenting the needs are met to safety and other within the home. Our household guidelines have been reviewed with resident and staff Members.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

CMK Limited / Red Rose Manor Karen Jenkins

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

CMK Limited / Red Rose Manor / ^{Karen} _{Date} 11/5/14

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

The above plan of correction is approved as of 11-12-14
(Date)

Plan of correction implementation status as of 11-12-14
(Date)

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

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

Violation Report: 32653 - 10/01/2014 - McCloskey, Jason
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #2 has a prescription for Ativan to be administered as needed for agitation. The medication was given to the resident every day from 8/1/14 through 8/20/14.

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.

The home will schedule an appointment for Resident # 2 with the resident's primary care physician to obtain a medical diagnosis for the prescription of Ativan. -GE

2600.202- All resident receiving anti-psychotic or behavior medications will have 2 Non-medical interventions prior to administration a PRN medication. These will be documented prior in the notes for a positive outcome for resident. All staff was in-service on technique.

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 Kam Gestert*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *GMK Limited / Red Rose Manor Kam Gestert* Date: 11/5/14

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

The above plan of correction is approved as of <u>11-19-14</u> (Date)	Plan of correction implementation status as of <u>11-19-14</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