



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 05 2015

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 Human Services' annual licensing inspection on July 24, 2015 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,

  
Matthew J. Jones  
Director <sup>MSH</sup>

Enclosure  
License Inspection Summary



Violation Report: 32653 - 07/24/2015 - OPake, Hope  
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The Documentation of medical evaluation (DME) for Resident #1, signed by the physician on February 24, 2015, does not include the following:

- date resident evaluated
- date form completed
- special health or dietary needs

The DME Addendum Sheet does not include the following:

- resident name
- date resident examined
- date form completed
- special diet
- diagnosis or purpose for Risperdal and Lithium Carb Capsules.

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.*

This violation from the previous administrator, and the violation is corrected during survey will be reviewed and will have chart order form placed stating that form was reviewed and all required areas will be completed on the form. Will be entered as part of the chart to ensure all DME's and Prescreening are completed to department standards from 9/5/2015 and on. Administrator and designee will be responsible for this task.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Karen Gestewitz / Gmk Limited*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Karen Gestewitz / Gmk Limited* Date *9/5/2015*

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>10-15-15</u><br>(Date) | Plan of correction implementation status as of <u>10-15-15</u><br>(Date)  |
| The above plan of correction was approved by <u>GE</u><br>(Initials)     | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 32653 - 07/24/2015 - OPake, Hope  
 PCH Name: RED ROSE MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**  
 The pre-admission screening forms for Residents #1 and #2 do not include determinations that the residents can safely use and avoid poisonous materials.

**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.*

This violation from the previous administrator, and the violation is corrected during survey will be reviewed and will have chart order form placed stating that form was reviewed and all required areas will be completed on the form. Will be entered as part of the chart to ensure all DME's and Prescreening are completed to department standards from 9/5/2015 and on. Administrator and designee will be responsible for this task.

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

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

|  |                    |
|--|--------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Karen Gostewitz / GMK Limited</i> | Date <i>9/5/15</i> |
|--|--------------------|

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>10-15-15</u><br>(Date)<br><br>The above plan of correction was approved by <u>GC</u><br>(Initials) | Plan of correction implementation status as of <u>10-15-15</u><br>(Date)<br><br><input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |
|--|---|

Violation Report: 32653 - 07/24/2015 - OPake, Hope  
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600  
 2800.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 Resident #2's record does not include a photograph.

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.

Pictures of all resident will be done as part of the admission process from 9/5/2015 on by the administrator or designee. All pictures will be updated every two years as part of a home activity. All picture will to department standards from 9/5/2015 and on.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Karen Gesterwitz / JMK Limited*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Karen Gesterwitz / JMK Limited*      Date *9/5/15*

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>10-15-15</u><br>(Date)<br><br>The above plan of correction was approved by <i>ee</i><br>(Initials) | Plan of correction implementation status as of <u>10-15-15</u><br>(Date)<br><input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |
|--|---|