



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 14 2016

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 21, 2016 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32653 - 07/21/2016 - Bomberger, Cybil
 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

On 07/14/16 and 07/18/16 the home only provided a total of 24 hours of personal care services during each 24 hour period. There were 26 residents present in the home on these dates.

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.

Steps to correct violation - Hired two new people and trained as shown on schedule - 29 residents 1 resident in Rehab
 Date corrected 8/9/16 Need 28 hours per day while resident is rehabing will cover 29 hours of direct care services to meet residents needs

To Prevent - Keep full roster of trained & educated staff to utilize staff to meet all direct care hours to meet the daily census.

[Handwritten signature]
 Schedule

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Karen Grestwitz owner / G-MK Limited*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen Grestwitz owner / G-MK Limited* Date *8/9/16*

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

The above plan of correction is approved as of <u>8/10/16</u> (Date)	Plan of correction implementation status as of <u>8/10/16</u> (Date)
The above plan of correction was approved by <u>AGS</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 - 07/21/2016 - Bomberger, Cybil
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The overnight fire drills conducted on 12/16/15 at 11:30 pm and 3/9/16 at 12:30 am had two staff persons participating in the drill. However, the home is only staffed with one staff person from 11 pm to 6:30 am.

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.

Drill
 8/9/16
 By [redacted] all evacuation will be handled by 1 staff member [redacted]

Drill conducted Fire drill by Admin or the Admin or Redesignated person periodically. 1-2 staff counted as additional staff or participate in the evacuation

*see 8/9/16 drill attached

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

Signature of Legal Entity Representative (Required on EVERY Page) Karen Gestewitz owner of MK Limited

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Karen Gestewitz owner of MK Limited Date 8/9/16

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

The above plan of correction is approved as of 8/10/16 (Date)

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

Plan of correction implementation status as of 8/10/16 (Date)

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

Violation Report: 32553 - 07/21/2016 - Bomberger, Cybil
 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.

2a. DESCRIPTION OF VIOLATION

Prednisone 20 mg. tablets prescribed to Resident 1 to be taken 2 per day for 4 days does not appear on the Medication Administration Record (MAR).

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.

7/21/16 corrected on day of inspection
 all staff when receiving scripts from any physisian - be happy
 setting must be written on MAR. all med are to be written
 in MAR when received by pharmacy to be given.
 Staff member was reeducated on incident - incident
 was reported to state and whenever any med is given
 will be documented in MAR. Staff causing violation signed
 documentation for prednisone memo.
 *see Attached Memo written in main with Dosage

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Karen Gestewitz / owner / CMK Limited

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

Karen Gestewitz / owner / CMK Limited

Date *8/9/16*

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The above plan of correction is approved as of 8/10/16
 (Date)

Plan of correction implementation status as of 8/10/16
 (Date)

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

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

Violation Report: 32653 - 07/21/2016 - Bomberger, Cybil
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa. Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 The pharmacy label for prescribed prednisone 20 mg tablets dated 07/20/16 states to take 2 tablets for 4 days. On 7/21/16, there were six tablets remaining. There is no documentation of the two tablets being administered to Resident 1.

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.

Collected 7/21/16
 Staff member stated she gave prednisone to Resident 1 but did not document in MAR that she forgot to write onto MAR. Staff member was educated about MARs usage and proper documentation. Staff member also received a memo on procedures for MARs. Staff member's own MARs Book will be gone over daily by administrator to ensure proper usage and documentation. Errors done or not documented in MARs will be corrected.

* See Attached Memo
 Memo

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

Signature of Legal Entity Representative
 (Required on EVERY Page) Karen Bastewitz / owner / Gmk Limited

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Karen Bastewitz / owner / Gmk Limited Date 8/9/16

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