



pennsylvania

DEPARTMENT OF HUMAN SERVICES

OCT 16 2017

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 31, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

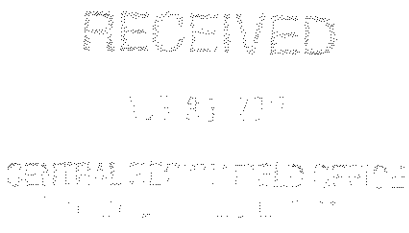
Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License 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: 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 Labor and Industry		
Staffing Hours Resident Support: NM Total Daily Staff: 28 Waking Staff: 21		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/31/2017: OPake, Hope; Heemer, Laura		
Off-Site Inspection Dates and Inspectors, if Applicable <div style="text-align: center;">  </div>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 30 Number of Residents Served: 28 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: 14 Are 60 Years of Age or Older: 16 Have Mental Illness: 26 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 32653 - 07/31/2017 - 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 July 15, 20 and 30, 2017, 28 residents were present in the home. On these dates, there were no staff persons present in the home who were certified in First Aid.

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.

All staff are CPR/FA trained on hire and re-certified when due. All new hires will present documentation on hire that is current. If not, Administration will schedule within First 7 days of hire to complete this task of being CPR/FA certified. Not one employee will work alone until all CPR/FA is completed.

Administrator will monitor staff CPR/FA certifications by reviewing expiration dates, scheduling training for re-certifications and discussing at periodic quality management reviews. -SE

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen Costantini / Gmk Limited* Date *8/28/17*

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

The above plan of correction is approved as of <u>9-1-17</u> (Date) The above plan of correction was approved by <u>SE</u> (Initials)	Plan of correction implementation status as of <u>9-1-17</u> (Date) <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
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Violation Report: 32653 - 07/31/2017 - OPake, Hope
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On July 31, 2017, the refrigerator labeled #1 had a temperature of 70 degrees Fahrenheit. The refrigerator labeled #2 had a temperature of 45 degrees Fahrenheit.

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.

New refrigerator was purchased and delivered on 8/1/17 - see attached - Monitor temps for 1 week and temp were within range on new refrigerator. Old refrigerator was removed by Brubaker's on day new one was brought to Red Rose. Will monitor monthly to maintain temp. by Administrator

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Karew Gestwitz / GMK Limited*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karew Gestwitz / GMK Limited* Date *8/28/17*

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The above plan of correction is approved as of 9-1-17
 (Date)

The above plan of correction was approved by *KG*
 (Initials)

Plan of correction implementation status as of 9-1-17
 (Date)

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

Violation Report: 32653 - 07/31/2017 - OPake, Hope
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On July 31, 2017, there was an accumulation of lint in the lint traps of both dryers in the home.

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.

Log is done daily and after each shift. Dryers were labeled to remove lint after each load. This will be monitor frequently through out all shifts by administrator and house mgr.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen Gestowitz / Gmk Limited* Date *8/28/17*

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Violation Report: 32653 - 07/31/2017 - OPake, Hope
 PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The last fire safety inspection by a fire safety expert was conducted on September 14, 2015.

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 Confirmation of Email
 [Redacted] will meet Red Rose
 Sept 17-2017. [Redacted] is Chief of Fire
 Co explain problems in past about Fire Co will be
 being compliant. [Redacted] will now do all more
 fire drill and ~~annual~~ yearly inspection
 to keep us compliant - after 9/12/17 next day
 Red Rose will fax copy of Fire Drill: Safety
 inspections to Human Services.

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
 (Required on EVERY Page) Karen Gostewitz / GMK Limited Date 8/28/17

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 (Date)

Plan of correction implementation status as of 9-1-17
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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