



MAILING DATE: May 8, 2019

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

RE: Red Rose Manor
Certificate #: 326530

Dear Ms. Gestewitz:

As a result of the Department's Bureau of Human Services Licensing inspection on January 30, 2019 of the above facility, the citations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Violation Report

**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: Karen Gestewitz		Region: CENTRAL
Legal Entity Name: GMK LIMITED		
Legal Entity Address: 38 COTTAGE AVENUE, LANCASTER, PA 17602		
Certificate(s) of Occupancy		
C-2 LP	I-2	
04/18/2007	03/03/2014	
L&I	Other	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 28	Waking Staff: 21
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
01/30/2019: Cargile, Kellie		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p align="right">Rec'd 4/8/19 GE</p>		
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: 19 Are 60 Years of Age or Older: 25 Have Mental Illness: 14 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 32653 - 01/30/2019 - Cargile, Kellie
PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2800
2800.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The ceiling in Resident Bedroom #2 has significant water damage from an upstairs shower resulting in peeling, cracking paint and bubbling drywall. Per residents of that bedroom, water has leaked down into the room from the ceiling.

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.

Have checked Facility and surfaces are in good repair. The ceiling in Room # 2 has been piced and coated. Scraped and painted and is in good repair. Making sure trained maintenance has check list so everything are in good repair and free of hazards. Ceiling completed
4/11/19

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

Signature of Legal Entity Representative
(Required on EVERY Page) Gmt Limited / Red Rose Manor / Karen Keston

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Gmt Limited / Red Rose Manor Date 4/12/19

DEPARTMENT USE ONLY (HOMES MAY NOT WRITE BELOW THIS LINE)

The above plan of correction is approved as of 5/8/19 (Date) Plan of correction implementation status as of 5/8/19 (Date)

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

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

#031 P.005/006

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04/08/2019 09:50

From:

Violation Report: 32653 - 01/30/2019 - Cergile, Keith
PCH Name: RED ROSE MANOR

1. REGULATION 55 Pa.Code §2640
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
On 1/30/19 at 9:15 am, the medication cart was unlocked and accessible to residents in an open nurses' station off of the living area of the home. At that time, the only staff member present in the building was on a different floor and approximately 2 residents were sitting in the living area.

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.

Staff member was given written warning about leave medication cart unsecured at anytime
Resident's are educated not to enter nurses area at monthly meetings
Staff member was interviewed about 5 nights and securing medication cart
see Attached
#1

04/12/19 09:54

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *CMK Limited Red Rose Manor* Date *4/12/19*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>4/12/19</u> (Date)	Plan of correction implementation status as of <u>4/12/19</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

#031 P.0067006

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From: