



October 12, 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's annual licensing inspection on June 3, 2019, June 4, 2019, and August 22, 2019 of the above facility, the violations 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.

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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *RED ROSE MANOR*

License Number: *326530*

Address: *38 COTTAGE AVENUE, LANCASTER, PA 17602*

County: *LANCASTER*

Region: *CENTRAL*

Administrator

Name: *Bonnie Hogarth*

Phone: *7173948999*

Email:

Legal Entity

Name: *GMK LIMITED*

Address: *38 COTTAGE AVENUE, PA, 17602*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *04/18/2007*

Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *29*

Waking Staff: *22*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal, Complaint*

Inspection Dates and Department Representative

06/03/2019 - On-Site: Laura Heemer, Jason McCloskey

06/04/2019 - On-Site: Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30*

Residents Served: *29*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *21*

Are 60 Years of Age or Older: *14*

Diagnosed with Mental Illness: *21*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *0*

Have Physical Disability: *0*

60a - Staff/Support Plan

Regulations

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On various over night shifts, including March 17, 2019, no staff persons with the proper training and certification to administer medications were on duty in the home. Resident 1 requires immediate access to nitroglycerin tablets for chest pain and Resident 2 requires immediate access to a prescribed Epi-pen for allergic reactions. The home has not provided proper staffing to address the need for residents' medication administration at any time of the day.

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 whom work 11-7 shift will be med teched trained and able to administer medications requested by residents. If not med tech staff person that is med tech will be present in building during those hours - corrected 6/30/19

(Continued on page 2A)

Legal Entity Representative

GMK Limited/Karen Gestewitz
Signature

Karen Gestewitz owner
Printed Name and Title Date 7/3/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/31/2019 (Date) Plan of correction implementation status as of (Date)

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

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

2600.60a

The Administrator will review the schedule prior to its implementation to ensure that there is always a staff member on duty who has up-to-date training for medication administration.

BAS 7/29/19

GMK Limited/Karen Gorkarty 7/30/19

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct Care Staff Person B began providing unsupervised ADL services on 4/18/2019. However, the staff person did not complete the Department-approved direct care training course and pass the competency test until 6/4/2019.

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.)

Upon hire all new staff will complete all training and competency test before any floor work. It will be automatically filed next to criminal checks which is required before any direct care work. This will be continually monitored and charted for accomplishment. Comp test was completed on 6/4/19 shown on site to inspector. See Attached

Legal Entity Representative Done (Continued on page 3A)

Am Khalil / Karen Gentry
Signature

Karen Gentry
Printed Name and Title

7/3/19
Date

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The above plan of correction is approved as of 7/31/2019 Plan of correction implementation status as of (Date) (Date)

The above plan of correction was approved by

BAS (Initials)

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

2600.65d

Within 15 days from the approval date of this plan, the Administrator will complete an audit all Direct Care Staff records to ensure that each person has the required trainings and has successfully passed the competency test. No staff person will be assigned Direct Care duties until he/she has had the required trainings and passed the competency test.

BAS 7/29/19

GMK Limited / Karen Gerwitz 7/30/19

127a - Portable Space Heaters

Regulations

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 6/4/2019, a simulated fire place/space heater with a switch labeled "heat" was plugged in and operational in the living room of the home.

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.)

Portable fireplace removed on 6/4/19 on site & placed on table while inspector was present. Remove permanently. No space heaters will enter premises at any time done 6/4/19

Legal Entity Representative

[Handwritten Signature]
Signature

Karen Cestewitz owner
Printed Name and Title

7/3/19
Date

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

141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The most recent medical evaluation for Resident 1 is missing the date of evaluation, Section 9 "Health status and Cognitive functioning", and Section 10 "Mobility needs assessment".

The most recent medical evaluation for Resident 3, signed by the physician 11/27/2018, does not include the date of the evaluation, Section 7 "Health status and cognitive functioning", and Section 9 "Medications" prescribed for 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.)

On admission and physical admission/rator will review & check right hand corner of MASI & DIME making like they are reviewed and completed correctly
Implemented 6/5/19

(Continued on page 5A)

Legal Entity Representative

GMK Limited / Red Rose Manor
Signature

Karen Gestewitz owner
Printed Name and Title
Date 7/3/19

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

2600.141b1

Within 20 days from the approval date of this plan, the Administrator will complete a review of the most recent DMEs for all current residents to ensure that they have been completed in full. Any found to be incomplete will be completed with the physician's sign-off on the additions.

BAS 7/29/19

GMK Limited/Kaw Gentry 7/30/19

182b - Prescription Medication

Regulations

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Staff Person C administered the morning medications to residents on 5/25/2019 through 5/28/2019 prior to the staff person completing the required Medication Administration training and passing the competency test on 5/30/2019.

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.)

No person pass meds without supervision by med tech trainer is present. All training procedures will be followed. Implemented 6/30/19. Staff person C took competency test on 6/30/19 - Comptest implemented with required documents before working Floor as a requirement - 6/30/19

(Continued on page 6A)

Legal Entity Representative

Signature *Imk Limited / Red Rose Manor*

Printed Name and Title *Karen Costewitz owner*

Date *7/3/19*

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

2600.182b

Immediately, the Administrator review of staff medication training records and the past 30 days MARS to ensure that only members with up-to-date medication administration training and certification are providing this care service. Any staff person identified to be in need of medication administration training and certification will not perform this service until the requirements have been satisfied.

BAS 7/29/19

Within 10 days from the approval date of this plan, the Administrator will provide re-training to all staff that only staff with up-to-date training and certification can perform medication administration.

BAS 7/29/19

Gmk Limited Karen Gentry 7/30/19

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 6/4/2019, a 200 ML bottle of liquid Nystatin, prescribed for Resident 1, was located in the unrefrigerated medication cart. The bottle is labeled with directions to refrigerate the medication.

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.)

When Items delivered from pharmacy staff is to review any labeling for proper storage and use of items. Memo reviewed at staff meetings and on site and also at time med tech training. Done 7/2/19

(Continued on page 7A)

Legal Entity Representative

Signature *GMK Limited Karen Gostawitz*

Printed Name and Title *Karen Gostawitz owner* Date *7/3/19*

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Plan of correction implementation status as of (Date)

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

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

2600.183e

Commencing upon the approval date of this plan, the Administrator will perform medication cart audits to ensure the proper storage of medications. These audits will occur weekly for a period of four weeks weeks and then monthly thereafter.

BAS 7/29/19

GMK Limited Karen Gerty

7/30/19

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 1 is provided with multiple containers of Lidocaine cream at one time. The home has not implemented a system track the number of tubes the resident receives and on 6/4/2019 the home was unable to account for how many tubes of Lidocaine cream should be stored in the home for Resident 1.

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 pharmacy deliveries & pick ups will monitor ongoing and overflow will be listed in treatment card. All papers from pharmacy will be signed & maintain until supplies are depleted for accountability of medications

(Continued on page 8A)

Legal Entity Representative

[Handwritten Signature]
Signature
Karew Gestewitz
Printed Name and Title
owner
Date 7/3/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/31/2019
(Date)

Plan of correction implementation status as of
(Date)

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

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

2600.185a

Within 15 days from the approval date of this plan, the Administrator will create a written policy to account for and track resident medications when multiple containers of a medication are delivered. At a minimum, this policy will include the establishment of a log that documents the following:

- The delivery date and number of container's delivered for each delivery.
- The date when a container(s) is removed from storage for administration or destruction, initialed by the staff person who removed the container.
- A periodic audit of the containers to ensure a proper count and identify expired medications, initialed by the staff person who performed the audit.

Within 5 days of the completion of the written policy, the administrator will provide training on the policy to the staff.

BAS 7/29/19

The administrator will review the logs on at least a monthly basis to ensure compliance with the policy and evaluate its efficacy. These monthly reviews will occur for a period of no less than 6 months.

BAS 7/29/19

Imk Limited Handwritten 7/30/19

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 5/25/2019 through 5/28/2019, morning medications were administered by Staff Person C, but Staff Person D initialed the Medication Administration Record with her own initials to document that the medications were provided to the residents.

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 new med techs will be observed and paperwork completed before working independently on the floor 6/10/19 Done

(Continued on page 9A)

Legal Entity Representative

GM Kliment / Karen Gaskurtz
Signature

Karen Gaskurtz
Printed Name and Title

7/3/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/31/2019
(Date)

Plan of correction implementation status as of
(Date)

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(Initials)

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

2600.187b

Immediately: The administrator will review the medication administration test scores for all staff who are performing medication administration. Any staff member who has not scored at least a 90 out of 100 on the test will be removed from medication administration duties until the staff member has successfully passed the test with a minimum score of 90.

BAS 7/29/19

Within 10 days, training will be provided to the staff who perform medication administration on proper documentation for the administration and only the person who actually performs the administration can initial the MAR.

BAS 7/29/19

Gmk Limited Karen Gerty 7/30/19

221c - Post Activity Calendar

Regulations

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

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.)

A current weekly activity calendar was onsite but not updated. Our calendar will be checked every Monday by owner or administrator to make sure activities are listed for proper dates. Calendar was updated on second day of inspection and has been since tracked up to 7/3/19

Legal Entity Representative

[Handwritten Signature]
Signature

Karen Gustewitz
Printed Name and Title

owner 7/3/19
Date

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

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

225a - Assessment 15 Days

Regulations

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 5's initial assessment, dated 2/19/2019, does not include Resident 5's diagnoses of dementia and restless leg syndrome.

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 initial Assessment was completed 2/19/19 & finalized RASP 3/5/19 not sure of this Violation - please explain

(Continued on page 11A)

Legal Entity Representative

[Handwritten Signature]
Signature

Karen Cestewitz owner 7/3/19
Printed Name and Title Date

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The above plan of correction is approved as of 7/31/2019 (Date) Plan of correction implementation status as of (Date)

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

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

2600.225a

Immediately: The Resident Assessment and Support Plan (RASP) for Resident 5 will be updated.

BAS 7/29/19

Within 10 days from the approval date of this plan, the Administrator will audit the most recent RASPs for all current residents to ensure the assessments are completed in full.

BAS 7/29/19

JMK Limited/Kennedy Property 7/30/19

227a - Support Plan 30 Days

Regulations

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident 4's initial support plan, completed 4/17/19, does not document the home's plan to meet the resident's need for the diagnoses of A-fib, HTN and Cognitive and safety issues.

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 support will be reviewed by administrator and designer in timely manner and indicated by star in right hand corner and contain all diagnoses and any safety issues as needed -
6/30/19

(Continued on page 12A)

Legal Entity Representative

[Handwritten Signature]
Signature

Karen Costewitz owner
Printed Name and Title
Date 7/3/19

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The above plan of correction is approved as of 7/31/2019
(Date)

Plan of correction implementation status as of
(Date)

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

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

2600.227a

Immediately: The Resident Assessment and Support Plan (RASP) for Resident 4 will be updated.
BAS 7/29/19

Within 10 days from the approval date of this plan, the Administrator will audit the most recent RASPs for all current residents to ensure the plans document all of the necessary support services associated with the resident's diagnoses and needs

BAS 7/29/19

GMK Limited Kawa Gerty 7/30/19

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The Support Plan developed for Resident 1 on 12/13/2018 does not include diagnosis of restless leg syndrome and the home's plan to meet the need for this diagnosis. Resident 1 is also diagnosed with chest pain and has a prescription for Nitrostat, but this information is not documented on this support plan.

Resident 3 has a diagnosis of depression and is prescribed medications for the diagnosis. The resident's support plan, developed 12/13/2018, does not include this diagnosis or the home's plan to meet the residents need in relation to the diagnosis.

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 diagnosis will be listed on support plan and ✓ in right corner of document for completion. Also any other concern or diagnosis will be documented so the home can meet the need of residents pertaining to these diagnosis. This will be checked by administering rates files updated 6/30/19

Legal Entity Representative

(Continued on page 13A)

Signature: *Amk limited / Kara Stentz*

Printed Name and Title: *Kara Costewitz owner* Date: *7/3/19*

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The above plan of correction is approved as of 7/31/2019 (Date) Plan of correction implementation status as of (Date)

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

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

2600.227d Immediately: The Resident Assessment and Support Plans (RASP) for Resident 1 and Resident 3 will be updated.

BAS 7/29/19

Within 10 days from the approval date of this plan, the Administrator will audit the most recent RASPs for all current residents to ensure the plans document all of the necessary support services associated with the resident's diagnoses and needs

BAS 7/29/19

GMK Limited/Karen Galt 7/30/19

254c - Records Storing

Regulations

2600.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

On 6/3/2019 at 9am, the home's office at the rear of the living room was unlocked with no staff person in it. This room contained the Medication Administration Record log book on top of the medication cart and resident charts in an unlocked cabinet.

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.)

Memo all Records shall be stored in a locked or secured area or container including MAR Book all other documents pertaining to residents

6/30/19

(Continued on page 14A)

Signature of Legal Entity Representative: *Imk Limited Karen Costerwitz*

Legal Entity Representative



Signature

Signature and Date of Karen Costerwitz: *Karen Costerwitz* 7/3/19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/31/2019 (Date)

Plan of correction implementation status as of (Date)

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

- Implementation status checkboxes: Fully Implemented, Partially Implemented - Adequate Progress, Partially Implemented - Inadequate Progress, Not Implemented

2600.254c

Within 10 days from the approval date of this plan, the administrator will provide staff re-education on the proper storage of resident records and confidential information.

BAS 7/29/19

The Administrator will monitor compliance during daily walk-throughs of the facility.

BAS 7/29/19

GM & Limited Karen Hesterty 7/30/19

Violation Report

Facility Information

Name: RED ROSE MANOR

License Number: 32653

Address: 38 COTTAGE AVENUE, LANCASTER, PA 17602

County: LANCASTER

Region: CENTRAL

Administrator

Name: Karen Gestewitz

Phone: 7173948999

Email:

Legal Entity

Name: GMK LIMITED

Address: 38 COTTAGE AVENUE, LANCASTER, PA, 17602

Certificate(s) of Occupancy

Type: C-2 LP

Date: 4/18/2007

Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 28

Waking Staff: 21

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Interim

Inspection Dates and Department Representative

08/22/2019 - On-Site: Israel Springs, Kellis Cargile

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30

Residents Served: 28

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 27

Are 60 Years of Age or Older: 20

Diagnosed with Mental Illness: 27

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 0

Have Physical Disability: 0

60a - Staff/Support Plan

Regulations

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home has residents, including Resident #1, who are unable to self-medicate. On 8/1/19, 8/9/19, 8/10/19, 8/11/19, 8/12/19, 8/16/19, 8/17/19, and 8/21/19 no staff with current training and certification to perform medication administration were scheduled during the overnight hours of 10:30pm to 6:00am.

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.)

As specified in all residents assessments from 8/22/19 on all staff on all shifts have current training and certification to perform medication administration. Implemented will be a check off list for initial training which will include all staff being med tech trained before solely being responsible for any of their shifts including third shift. All new training will be checked - see Attached (Continued on page 2A)

Legal Entity Representative

Gmk Limited / Red Rose Manor *[Signature]* Gmk Limited / Red Rose Manor *[Signature]* 9/3/19
Signature Printed Name and Title Date

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The above plan of correction is approved as of 9/6/2019 Plan of correction implementation status as of 9/6/2019
(Date) (Date)
The above plan of correction was approved by BAS
(Initials) Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

2600.60a

The Administrator will review the schedule prior to its implementation to ensure that there is always a staff member on duty who has up-to-date training for medication administration.

BAS 9/6/19