

Department of Human Services  
Bureau of Human Service Licensing

September 27, 2022

[REDACTED]

GMK LIMITED  
38 COTTAGE AVENUE  
LANCASTER, PA, 17602

RE: RED ROSE MANOR  
38 COTTAGE AVENUE  
LANCASTER, PA, 17602  
LICENSE/COC#: 32653

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *RED ROSE MANOR* License #: *32653* License Expiration: *08/30/2021*  
Address: *38 COTTAGE AVENUE, LANCASTER, PA 17602*  
County: *LANCASTER* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *GMK LIMITED*  
Address: *38 COTTAGE AVENUE, LANCASTER, PA, 17602*  
[REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *04/18/2007* Issued By: *L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *29* Waking Staff: *22*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*  
Reason: *Renewal, Complaint* Exit Conference Date: *07/20/2021*

**Inspection Dates and Department Representative**

07/20/2021 - On-Site: [REDACTED]

**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: *28*

**Number of Residents Who:**

Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: *19*  
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *4*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**07/20/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/22/2021*

**08/31/2022 - POC Submission**

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/08/2022*

09/20/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/27/2022*

09/27/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 3c - Post Current License

## 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

## Description of Violation

On 07/20/21, the home's certificate of compliance, dated 08/30/21, was not posted in a conspicuous and public place in the home.

## Plan of Correction

**Accept**

A time of inspection new certificate of compliance dated 8/30/2021 was posted in a public place. This will be posted yearly in a timely manner and be available to public .the certificate of compliance was posted on 7/20/21 by administrator. the administrator will check quarterly that certificate is in place.

Completion Date: 09/01/2022

## Document Submission

**Implemented**

A time of inspection new certificate of compliance dated 8/30/2021 was posted in a public place. This will be posted yearly in a timely manner and be available to public .the certificate of compliance was posted on 7/20/21 by administrator. the administrator will check quarterly that certificate is in place. 91/2022 plan implemented

## 141a 1-10 Medical Evaluation Information

## 1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department's request.

## Description of Violation

Resident 1's most recent medical evaluation (DME) was completed [REDACTED]. The DME did not contain the resident's height, weight and immunization history.

## Plan of Correction

**Directed**

will review current (DME) on current basis before filing height ,weight ,,immunizations is done on resident #1 will initial top corner of DME WHEN REVIEWED. files will be checked quarterly by administrator, the home now has a check list for reviewing

(Directed)

Administrator completed an audit of all current DMEs for completion on 8/5/2021. ([REDACTED] 9/6/22)

Completion Date: 09/01/2022

## 141a 1-10 Medical Evaluation Information (continued)

**Document Submission****Implemented**

will review current (DME) on current basis before filing height ,weight ,,immunizations is done on resident #1 will initial top corner of DME WHEN REVIEWED. files will be checked quarterly by administrator, the home now has a check list for reviewing plan implemented 9/1/2022

(Directed)

Administrator completed an audit of all current DMEs for completion on 8/5/2021. ( [REDACTED] 9/6/22) plan implicated 9/1/2022

## 171b5 - First Aid Kit

**1. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

**Description of Violation**

The traveling first aid kit does not include scissors, a breathing shield or eye coverings.

**Plan of Correction****Accept**

SCISSORS, BREATHING SHIELD, GOOGLES WERE PUT IN FIRST AID KIT AT TIME OF INSPECTION 7/20/2021 PLAN TO CHECK ALL FIRST AID KITS MONTHLY BY CHARTING.the administrator placed all items in first aid box, boxes are checked monthly by administrator.

**Completion Date:** 09/01/2022

**Document Submission****Implemented**

SCISSORS, BREATHING SHIELD, GOOGLES WERE PUT IN FIRST AID KIT AT TIME OF INSPECTION 7/20/2021 PLAN TO CHECK ALL FIRST AID KITS MONTHLY BY CHARTING.the administrator placed all items in first aid box, boxes are checked monthly by administrator. plan implicated 9/1 2022

## 224c - Preadmission Screening

**1. Requirements**

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

**Description of Violation**

Resident #2's preadmission screening form, dated [REDACTED], does not include the name or signature of the individual completing the form.

**Plan of Correction****Directed**

ERROR WAS CORRECTED & FORM INCLUDES NAME &SIGNATURE OF PERSON COMPLETING FORMS. INITIAL CORNER OF FORMS BEFORE FILING. Administrator will do audit on all files quarterly

(Directed)

Administrator completed an audit of all pre-admission screenings for completion on 7/28/2021. [REDACTED] 9/6/22)

**Completion Date:** 09/01/2022

224c - Preadmission Screening (continued)

**Document Submission** **Implemented**

ERROR WAS CORRECTED & FORM INCLUDES NAME & SIGNATURE OF PERSON COMPLETING FORMS. INITIAL CORNER OF FORMS BEFORE FILING. Administrator will do audit on all files quarterly

(Directed)

Administrator completed an audit of all pre-admission screenings for completion on 7/28/2021. ( [REDACTED] 9/6/22) plan implicated

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**Description of Violation**

Resident #4's assessment was completed on [REDACTED] and does not include that the resident uses a [REDACTED] which is housed in the resident's room.

Resident #5's assessment was completed on 0 [REDACTED] 1 and does not include a [REDACTED] The resident has a [REDACTED] [REDACTED] their room.

**Plan of Correction**

**Directed**

RESIDENT#4 THE ASSESMENT WAS COMPLETED INCLUDING [REDACTED], WHICH IS IN RESIDENTS. RESIDENT#5 THE ASSESMENT WAS COMPLETD INCLUDING HAS [REDACTED] WHICH IS IN RESIDENTS ROOM. ADMINISTRATOR WILL REVIEW BEFORE FILING. the administrator is responsible, audit will be done quarterly

(Directed)

Administrator updated Resident #4 and Resident #5's support plans on [REDACTED]. Administrator also completed an audit on all support plans for completion on 8/8/2021. ( [REDACTED] 9/6/22)

Completion Date: 09/01/2022

**Document Submission**

**Implemented**

RESIDENT#4 THE ASSESMENT WAS COMPLETED INCLUDING [REDACTED] WHICH IS IN RESIDENTS. RESIDENT#5 THE ASSESMENT WAS COMPLETD INCLUDING HAS [REDACTED] WHICH IS IN RESIDENTS ROOM. ADMINISTRATOR WILL REVIEW BEFORE FILING. the administrator is responsible, audit will be done quarterly plan implemented 9/1/2022

(Directed)

Administrator updated Resident #4 and Resident #5's support plans on [REDACTED]. Administrator also completed an audit on all support plans for completion on 8/8/2021. [REDACTED] 9/6/22)

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

227g -Support Plan Signatures (continued)

**Description of Violation**

Resident #2 participated in the development of his/her support plan, dated [REDACTED] However, the resident did not sign the support plan nor is there an indication of the resident's inability to sign.

**Plan of Correction**

**Directed**

RESIDENT#2 SIGNED SUPPORT PLAN TO INSURE THAT ALL DOCUMENTS SUCH AS SUPPOT PLANS ARE COMPLETED ADMINISTRATOR WILL RECHECK AND INITAL BEFORE FILING. audit will be done quarterly and by administrator.

(Direct)

Resident #2's support plan was signed by resident on 7/21/2021. An audit was completed by Administrator on all current support plans for completion on 8/8/2021. ([REDACTED] 6/22)

**Completion Date:** 09/01/2022

**Document Submission**

**Implemented**

RESIDENT#2 SIGNED SUPPORT PLAN TO INSURE THAT ALL DOCUMENTS SUCH AS SUPPOT PLANS ARE COMPLETED ADMINISTRATOR WILL RECHECK AND INITAL BEFORE FILING. audit will be done quarterly and by administrator.

(Direct)

Resident #2's support plan was signed by resident on 7/21/2021. An audit was completed by Administrator on all current support plans for completion on 8/8/2021. ([REDACTED] 9/6/22) plan implectated 9/1/2022

185a - Implement Storage Procedures

**1. Requirements**

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**

On 07/20/21, there were three unopened boxes of [REDACTED] prescribed for Resident #6, that were not accounted for in the drug log.

On 07/20/21, [REDACTED] for Resident #2, was listed on the home's medication administration record (MAR) but not located in the medication cart.

Repeated Violation - 6/3/19

**Plan of Correction**

**Accept**

RESIDENT#6 STAFF WAS RETRAINED BY ADMINISTRATOR 7/21/2021 ABOUT THE URGENCY OF DOCUMENTION OF MEDS. RECEIVED IN A DAILY LOG . RESIDENT#2 STAFF RETRAINED TO BE PROMPT ON RECORDING MEDS. ADMINISTRATOT WILL CHECK MARS WITH MEDS WEEKLY AND DOCUMENT TO STAFF WHEN PRN MEDS NEED ORDERED 5 DAYS BEFORE

**Completion Date:** 08/21/2021

185a - Implement Storage Procedures (*continued*)**Document Submission*****Implemented***

*RESIDENT#6 STAFF WAS RETRAINED BY ADMINISTRATOR 7/21/2021 ABOUT THE URGENCY OF DOCUMENTION OF MEDS. RECEIVED IN A DAILY LOG . RESIDENT#2 STAFF RETRAINED TO BE PROMPT ON RECORDING MEDS. ADMINISTRATOT WILL CHECK MARS WITH MEDS WEEKLY AND DOCUMENT TO STAFF WHEN PRN MEDS NEED ORDERED 5 DAYS BEFORE plan implicated9/1/2022*