

Department of Human Services
Bureau of Human Service Licensing

August 30, 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 06/14/2022, 06/22/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Alex Shambach
ashambach@pa.gov

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: *08/30/2022*
Address: *38 COTTAGE AVENUE, LANCASTER, PA 17602*
County: *LANCASTER* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *7173948999* Email: [REDACTED]

Legal Entity

Name: *GMK LIMITED*
Address: *38 COTTAGE AVENUE, LANCASTER, PA, 17602*
Phone: *7173948999* Email: [REDACTED]

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: *27* Waking Staff: *20*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *06/22/2022*

Inspection Dates and Department Representative

06/14/2022 - Off-Site: [REDACTED]
06/22/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *27*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *20* Are 60 Years of Age or Older: *21*
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *10*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/14/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/08/2022*

Inspections / Reviews (*continued*)

07/15/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/22/2022*

08/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/17/2022*

08/30/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 10/11/21, at 10:00 AM and on 11/3/21, Staff Person A was aware of and was investigating allegations that Staff Person B had yelled at residents. These allegations were not reported to the local area agency on aging or to the Department.

Plan of Correction

Directed

ALL INVESTIGATIONS ON ABUSE WILL BE REPORTED TO OFFICE OF AGING, OLDER ADULT PROTECTIVE SERVICES, ALSO HUMAN SERVICES. THIS IS TO PART OF RED ROSE MANOR POLICS AND PROCEDURES. THIS IS TO BE REPORTED IMMIDIATLY WHEN SITUTION OCCURS AND ON RESTRICTION OF STAFF MEMBER ARE TO BE IMPLEMENTED IMMEDIATLY. we have training records for staff on 5/1/2022 also staff A was retrained 6/10/2022. we now have a reportable incident checklist, also a new policy, we will be doing a quarterly quality management plan. I do have attachments but they wont scan.

(Directed)

All staff will be retrained on recognizing and reporting abuse. A record of all staff trained and the training materials used will be kept by the home. The training shall be completed by 8/17/22. The home shall complete quarterly quality management reviews including reportable incidents and conditions and abuse as well as review training progress for these topics. The quality management review shall occur quarterly and the first review shall occur at the conclusion of the above-mentioned training. AS 8/8/22

Completion Date: 08/03/2022

Document Submission

Implemented

ALL INVESTIGATIONS ON ABUSE WILL BE REPORTED TO OFFICE OF AGING, OLDER ADULT PROTECTIVE SERVICES, ALSO HUMAN SERVICES. THIS IS TO PART OF RED ROSE MANOR POLICS AND PROCEDURES. THIS IS TO BE REPORTED IMMIDIATLY WHEN SITUTION OCCURS AND ON RESTRICTION OF STAFF MEMBER ARE TO BE IMPLEMENTED IMMEDIATLY. we have training records for staff on 5/1/2022 also staff A was retrained 6/10/2022. we now have a reportable incident checklist, also a new policy, we will be doing a quarterly quality management plan. I do have attachments but they wont scan.

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16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

16c - Written Incident Report (continued)**Description of Violation**

On 10/11/21, at 10:00 AM and on 11/3/21, Staff Person A was aware of and was investigating allegations that Staff Person B had yelled at residents. These allegations were not reported to the local area agency on aging or to the Department.

Plan of Correction**Directed**

Even if situation is unfounded all red rose staff and owner are now educated of importance of Communications and reporting all incidents or conditions to state and administrator or owner will report immediately, to office of aging will be receiving report as soon as incident or condition occurs. staff A WAS RETRAINED ON 6/10/202 HAVE ATTACHMENTS ON ALL THIS BUT, WILL NOT SCAN

(Directed)

All staff will be retrained on recognizing and reporting reportable incidents and conditions. A record of all staff trained and the training materials used will be kept by the home. The training shall be completed by 8/17/22. The home shall complete quarterly quality management reviews including reportable incidents and conditions and abuse as well as review training progress for these topics. The quality management review shall occur quarterly and the first review shall occur at the conclusion of the above-mentioned training. AS 8/8/22

Completion Date: 08/03/2022

Document Submission**Implemented**

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(Directed)

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20b1 - Financial Records**1. Requirements**

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for Residents 1, 2, and 3.

Resident 1's ledger is inaccurate showing a balance of \$295 on 6/21/21 with a withdrawal of \$40 resulting in a balance of \$175. This \$80 shortage was carried through until 7/23/21 when the resident's money was exhausted.

Resident 2's ledger shows a \$46 balance on 4/5/22. On 5/5/22, an \$85 deposit was made, however, the ledger shows a

20b1 - Financial Records (continued)

\$70 balance resulting in a \$61 shortage.

Resident 3's ledger reflects a balance of \$517, however, there is \$550 stored by the home for Resident 3. On 5/27/22, the ledger reflects a balance of \$559. On 6/7, a deposit of \$85 and a withdrawal of \$77 is noted, however, the balance is incorrectly noted as \$527 resulting in a shortage of \$40.

Plan of Correction

Accept

resident 1 see attached 2 papers shortage error money replaced and signed \$80. resident #2 see pharmacy report. resident#3 shortage replaced \$40. all papers replaced and checked owner will as of 7/15/22 take over all financial records and books. owner will check records weekly.

Completion Date: 07/11/2022

Document Submission

Implemented

resident 1 see attached 2 papers shortage error money replaced and signed \$80. resident #2 see pharmacy report. resident#3 shortage replaced \$40. all papers replaced and checked owner will as of 7/15/22 take over all financial records and books. owner will check records weekly. PLAN HAS BEEN IMPLEMENTED

85b - Infestation

1. Requirements

2600. 85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

The home is infested with bedbugs as evidenced by the presence of dead bedbugs in multiple bedrooms including rooms 10, 11, and 4. Two live bedbugs were observed in bedroom 10 including between a mattress and box spring as well as in a plastic four-drawer dresser.

Plan of Correction

Directed

room- [redacted] room 4 was sprayed and bombed no living activity room7 was done free and clear 7/7/22 7/11/22 room 11 has been sprayed and bombed on 6/24/22 . room4 has been monitored everyday no activity [redacted] s is coming on 7/18/22to do room11.6/24/22-7/7/22 7/11/22-7/18/22 home has made progress checked rooms everyday, all rooms, beds, common areas. checked daily. all beds have to covers with zippers and staff take all immediate actions. Once activity is seen staff call exterminator WE HAVE STARTED CHARTS ON ACTIVITY, AND ALSO ANDREMOVAL OFEVINCE FOR DEAD BUGS/DEBRIS ,CAN NOT SEND CHARTS DUE TO SCANNER.

(Directed)

By 8/17/22, the home shall create and implement the use of inspection checklists. The home shall inspect common areas and bedrooms daily for signs of infestation. These inspections and the results shall be recorded on the checklist. If signs of infestation are detected, a professional exterminator shall be sought for treatment. The home shall obtain and keep records of professional inspections, recommendations, and treatments. At the conclusion of treatment, or when directed by the exterminator, the home shall deep clean resident rooms to remove evidence of infestation including bugs and bug parts. AS 8/8/22.

Completion Date: 07/31/2022

85b - Infestation (continued)

Document Submission **Implemented**

room- [REDACTED] room 4 was sprayed and bombed no living activity room7 was done free and clear 7/7/22
 7/11/22 room 11 has been sprayed and bombed on 6/24/22 . room4 has been monitored everyday no activity
 .Kirchner's is coming on 7/18/22to do room11.6/24/22-7/7/22 7/11/22-7/18/22 home has made progress checked
 rooms everyday, all rooms, beds, common areas. PLAN HAS BEEN IMPLEMENTED checked daily. all beds have to
 covers with zippers and staff take all immediate actions. Once activity is seen staff call exterminator WE HAVE
 STARTED CHARTS ON ACTIVITY, AND ALSO ANDREMOVAL OFEVINCE FOR DEAD BUGS/DEBRIS ,CAN NOT SEND
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 shall obtain and keep records of professional inspections, recommendations, and treatments. At the conclusion of
 treatment, or when directed by the exterminator, the home shall deep clean resident rooms to remove evidence of
 infestation including bugs and bug parts. AS 8/8/22.

92 - Windows

1. Requirements

2600.

- 92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

A window pane in bedroom 10 is broken and covered with a floor tile and tape.

Plan of Correction **Accept**

7/5/22 red rose Maintenace removed floor tile and tape, measured glass in window replaced and in good repair. all
 windows and doors will be maintained in good repair.

Completion Date: 07/11/2022

Document Submission **Implemented**

7/5/22 red rose Maintenace removed floor tile and tape, measured glass in window replaced and in good repair. all
 windows and doors will be maintained in good repair. PLAN HAS BEEN IMPLEMENTED