

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

September 3, 2024

[REDACTED], OWNER
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 08/01/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: RED ROSE MANOR License #: 32653 License Expiration: 01/26/2025
 Address: 38 COTTAGE AVENUE, LANCASTER, PA 17602
 County: LANCASTER Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED]

Legal Entity

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

[REDACTED] of Occupancy

Type: C-2 LP Date: 04/18/2007 Issued By: Department of Labor and Industry

Staffing Hours

Resident Support Staff: Total Daily Staff: 26 Waking Staff: 20

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident, Fine Exit Conference Date: 08/01/2024

Inspection Dates and Department Representative

08/01/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 30 Residents Served: 26
 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: 16
 Diagnosed with Mental Illness: 23 Diagnosed with Intellectual Disability: 4
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

08/01/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/23/2024

08/16/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/26/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/23/2024

Inspections / Reviews *(continued)*

08/23/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/03/2024

09/03/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

85b - Infestation

1. Requirements

2600.

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

Description of Violation

On [redacted] at [redacted], there was a live bed bug observed on Resident 1's bed.

Repeated Violation - 05/30/2024 and 03/11/2024, et al

Plan of Correction

Accept [redacted] - 08/23/2024)

[redacted] pest control was called out to spray room #1 and #2 on 8/5/2024. There was no activity found. Administrator and staff are monitoring the rooms daily and spraying with alcohol. We are also working with [redacted] to get the remanding rooms sprayed. there is a series of three sprays every 8 weeks we started our third spray on 8/5/2024. Starting in September we will have remanding rooms sprayed. Administrator is waiting on a return call to set up dates for other rooms. Administrator and staff will continue to monitor all rooms and sitting areas also dining room. administrator will call Kirchner's if any activity. Education step administrator will hold meeting on august 22, 2024. Staff will be retrained on bed bug information. Administrator and other staff monitoring from 7/30/2024 thru current and will continue indefinitely. There will be daily and weekly. Every Tuesday 1st floor, every Thursday 2nd floor, Friday's common areas. This will be ongoing. On august 26 ,2024 training information will be sent to Department of human Services Licensing.

Licensee's Proposed Overall Completion Date: 08/26/2024

Implemented [redacted] - 09/03/2024)

185a - Implement Storage Procedures

2. 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 [redacted] at [redacted] Resident 2's medication administration record (MAR) states that the resident had a blood sugar reading of [redacted]. However, the blood sugar reading in the resident's glucometer was [redacted]

Repeated Violation - 05/30/2024 and 03/11/2024, et al

Plan of Correction

Accept [redacted] - 08/23/2024)

Administrator and Supervisor Started to monitor Resident#2s blood sugars and monitors This was started on [redacted] we do a weekly audit, please see attached. The staff person who made the errors has been pulled off medications until she can be retrained. [redacted] was pulled on [redacted] The Administrator currently only has Three staff giving medications, the Administrator checks the MAR book daily. Owner and Administrator will monitor this schedule If this works out, we will be having no more than three MedTech's doing medications. Administrator will monitor this closely. schedule goes to 8/30/2024. Education step will be at a meeting on august 22,2024.All materials from Diabetic training will be provided to staff for reading blood sugar monitoring all areas will be gone over for retraining paper will be signed by staff who are MEDtech's, and a copy sent by august 27 ,2024. to licensing.

185a Implement Storage Procedures (continued)

Administrator will do training and will send training On 8/27/2024. Weekly audits accu chek signs off started 6/19/2024 and is ongoing by Administrator and Supervisor. See attach

Licensee's Proposed Overall Completion Date: 08/27/2024

Implemented ([redacted] - 09/03/2024)

187d - Follow Prescriber's Orders

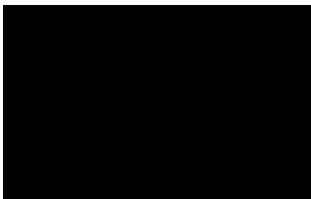
3. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 2 has an order for Insulin [redacted] with a sliding scale dosage of the following:



On [redacted] at [redacted], the resident had a blood sugar reading of [redacted]. However, the resident was administered [redacted] units instead of [redacted] units.

On [redacted] at [redacted], the resident had a blood sugar of [redacted]. However, the resident was administered [redacted] instead of [redacted].

Repeated Violation 05/30/2024

Plan of Correction

Accept ([redacted] - 08/23/2024)

Administrator and Supervisor, our now monitoring resident #2s sliding scale. see above attachments. This was started 6/20/2024. The staff person was pulled from doing medications on 8/4/2024. Administrator has limited the amount of med. techs giving medication. for future is this works well we will continue to limit staff doing medications. 8/30/2024. Education meeting for employees on august 22 ,2024. reading sliding scale right so number of units is given properly. Administrator will do this training, completed paperwork will be sent Monday august 26 2024. Resident 2 being monitored daily by staff, audits done weekly by Administrator and Supervisor. Charts attached for Resident #2.

Licensee's Proposed Overall Completion Date: 08/26/2024

Implemented ([redacted] 09/03/2024)