



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING  
Central Region Field Office  
1401 North 7<sup>th</sup> Street  
Harrisburg, Pennsylvania 17102-1810

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**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: May 27, 2011**

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

Dear Ms. Gestewitz:

As a result of the Department of Public Welfare's licensing inspection on April 27, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations 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. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

  
Cybil Bomberger  
Regional Licensing Director

Enclosure  
Violation Report

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RED ROSE MANOR, 38 COTTAGE AVENUE LANCASTER, PA 17602	CURRENT LICENSE NUMBER 326531
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INSPECTION DATES (Include all dates of the inspection) 04/27/2011	REGIONAL REPRESENTATIVE Denny Granahan, Serena Chou
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)  
*Karen Gestowitz Admin/owner*

SIGNATURE OF LEGAL ENTITY <i>Karen Gestowitz</i>	DATE 5/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Borsley</i>	DATE 5/27/11
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183e 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.	On 4/27/2011, the Novolin insulin for resident #1 and the Lantus insulin for resident #2 had not been labeled with their opening dates. The manufacturers' instructions indicate to use within 28 days of opening. Since both insulin containers were opened, it is unclear whether they were still within 28 days of use.	4/28/11  4/28/11  4/29/11 and ongoing	Insulin bottles was labeled w/date opened  Staff were retrained to remember to date insulin containers w/date opened  Admin. will check on a weekly basis that insulin containers are properly dated. Staff will be trained as needed. If Admin. is not available the designated person will do this. This check off is located in front of med book.	Steps have been taken to correct violation; full compliance is not verifiable 5/27/11 Date Initials (DPW)

PCH Division  
Central Region Field Office

MAY 20 2011

**RECEIVED**

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RED ROSE MANOR, 38 COTTAGE AVENUE LANCASTER, PA 17602		CURRENT LICENSE NUMBER 326531	
INSPECTION DATES (Include all dates of the inspection) 04/27/2011		REGIONAL REPRESENTATIVE Denny Granahan, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Karow Cestewitz Jowder</i>			
SIGNATURE OF LEGAL ENTITY <i>Karow Cestewitz</i>	DATE <i>5/17/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cylo B... ..</i>	DATE <i>5/27/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<ul style="list-style-type: none"> <li>• On 4/26/2011 at bedtime, resident #3's Trazadone, 50mgs, was administered. The staff person administering medications did not initial or record the date and time of administration.</li> <li>• On 4/26/2011, resident #4's Temazepam, 15mgs, was administered. The staff person administering medications did not initial or record the date and time of administration.</li> </ul>	<p><i>4/27/11</i></p> <p><i>4/28/11</i></p> <p><i>4/28/11 and ongoing</i></p>	<p><i>Owner interviewed staff #314</i> <i>Verified meds were given.</i> <i>mar's were initiated accordingly.</i></p> <p><i>Staff trained to use double ✓ system, for each shift coming on to ✓ going off staff med Book for blank spots. Collections will be made as needed.</i></p> <p><i>Admin. will review med book 5 days a week for any documentation errors. Errors will be immediately resolved and staff retrained as needed.</i></p> <p><i>If Admin. is not available, the designated person will do this. This checkoff is located in front of med book.</i></p>	<p><i>Steps have been taken; correct violation; full compliance is not verifiable</i></p> <p><i>5/27/11</i> Date</p> <p><i>Ca</i> Initials (DPW)</p>