

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to RONALD E. INSINGER

LEGAL ENTITY

To operate INSINGER'S PERSONAL CARE-SOUTH

NAME OF FACILITY OR AGENCY

Located at 6 EAST CENTRAL AVENUE, SOUTH WILLIAMSPORT, PA 17702

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 38

38

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 15,

2010

until April 15,

2011,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 202092

Robert E. Robinson

ISSUING OFFICER

Kenneth J. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: OCT 15 2010

Mr. Ronald E. Insinger, President
Insinger's Personal Care – South
6 East Central Avenue
South Williamsport, Pennsylvania 17702

Dear Mr. Insinger:

As a result of the Department of Public Welfare's (Department) licensing inspections on May 13, 2010 and July 27, 2010 of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
22a1/224a	II	32	\$5	\$160	5 calendar days from mailing date of this letter
51/52	II	32	\$5	\$160	5 calendar days from mailing date of this letter
63a	II	32	\$5	\$160	5 calendar days from mailing date of this letter
65g	II	32	\$5	\$160	5 calendar days from mailing date of this letter
105g2	II	32	\$5	\$160	5 calendar days from mailing date of this letter
132b	II	32	\$5	\$160	5 calendar days from mailing date of this letter
183d	II	32	\$5	\$160	5 calendar days from mailing date of this letter
85e	III	32	\$3	\$96	15 calendar days from mailing date of this letter
103g	III	32	\$3	\$96	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.


Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
7th and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.


Sincerely,



Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Insinger's Personal Care - South, 6 East Central Avenue, South Williamsport, Pennsylvania 17702		CURRENT LICENSE NUMBER 202091	
INSPECTION DATE(S) (Include all dates of the inspection) July 27, 2010		REGIONAL REPRESENTATIVE Ann O'Haire and Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 9-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION B.B. Bragioni	DATE 9/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	The 11/3/09 Violation Report was not posted anywhere in the home. The 5/3/10 Violation Report was not posted in a public and conspicuous place in the home, it was posted in the kitchen. Residents and visitors do not have unsupervised access to this area. RECEIVED SEP 24 2010	9-28-10	The violation report is now and will be in the future kept in a public place, the front hall, main entry.	9/27/10 B.B.


SCRANTON FIELD OFFICE
Adult Residential Licensing

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>J. Yonka Reed</i>	DATE <i>9-21-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Od Brangioni</i>	DATE <i>9/27/10</i>

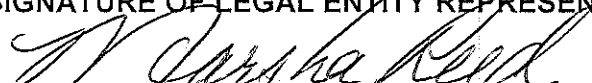
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18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	The home did not have signs posted at its entrances indicating that smoking is not allowed in the home, in accordance with the Clean Indoor Air Act.	<i>7-28-10</i>	<i>All no smoking signs was replaced at each entrance of the home, night cleaning staff are to watch for missing signs and replace them as needed in the future.</i>	<i>9/27/10 B.B.</i>

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20b1 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.	The home's record of financial transactions for residents #1, #2 and #3, completed on its "Financial Record of Deposits" form, did not include the date of each transaction, specify if the amount listed on the record was a deposit or withdrawal or include the current balance.	8-3-10	<p>Administrator was unclear of regulation thinking financial records only needed kept if the home was representative payee.</p> <p>The home now will keep financial records of financial transactions with residents, stating dates, income deposits, withdrawals and current balance, and a copy will be given quarterly to the residents designated person.</p>	9/27/10 B.O.

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20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	Staff person A, who is the administrator, stated that quarterly statements are not completed for any of its residents for whom it receives PNA money from their caseworkers to distribute to the residents. This includes residents #1, #2 and #3.	8-3-10	Administrator was unclear of regulation. The Administrator now and in the future will complete a quarterly statement for designated person and or Caseworker with itemized account of financial transactions. Residents #1, #2 and #3 do not receive PNA from their Caseworkers.	9/27/10 B.B.

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<p>22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.</p> <p>224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.</p>	<ul style="list-style-type: none"> •Resident # 4: Preadmission form was incomplete. The form did not address the diagnosis, medications, cognitive status and behavioral status. •Resident # 5: Preadmission form was incomplete. The form did not address diagnosis, medications, no cognitive status and behavioral status. The front page did not have any boxes checked that would indicate the residents present level of functioning. <p>Repeated Violation – 11/3/09</p>	<p>7-28-10</p>	<p>Resident #4 at time of Preadmission had not seen a Physician in thirty years, took no medications all diagnoses was unknown, all the preadmission form has been completed!</p> <p>Resident #5 preadmission form has been completed and in the future all residents preadmission forms will be completed at the time of screening.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date 9/27/10 Initials (DPW) S.B.</p>

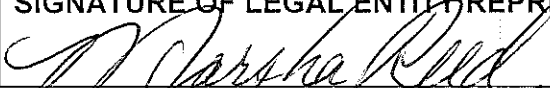
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28f-1 Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.	Resident # 6 did not have a final itemized financial statement in their record. This individual was discharged to a skilled nursing setting on 6/22/10.	8-3-10	<p><i>Resident # 6 has a final itemized financial statement.</i></p> <p><i>Residents will be provided with an itemized financial account of their funds, including notification of funds still owed the home or due residents from refund within 30 days of termination of services.</i></p>	9/27/10 B.B.

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<p>51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults).</p> <p>52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.</p>	<p>The personnel file for direct care staff member B, whose start date was 6/2/10, did not contain a finalized PA criminal history background check in accordance with the OAPSA. This staff person has been completing unsupervised ADL services to residents.</p> <p>In addition, this staff person has been retained beyond the 30-day provisional hiring period.</p> <p>Repeated Violation – 11/3/09</p>	<p>7-27-10</p>	<p>The home on the first day of hire had staff member B complete a criminal history background check, at the time of inspection the home had not yet received criminal history report back. In the future no staff will work until criminal history check has been received by the home.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date 9/27/10 Initials (DPW) B.B.</p>

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54a Direct care staff persons shall have the following qualifications: (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	Direct care staff person B, whose start date was 6/2/10, did not have a high school or GED diploma or active registry status on the PA nurse aid registry. This staff person's record did not contain any information that they was enrolled in a GED program and will receive their GED within 6 months after hire.	7-28-10	<i>Direct care staff B had a high school diploma on file with The home at time of hire, at the time of inspection Staff person B file could not be located.</i>	9/27/10 B.S.

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57b Direct care staff persons shall be available to provide at least one hour per day of personal care services to each mobile resident.	Review of the staff schedule indicated that the home did not provide 1 hour of personal care service for each of the 32 mobile residents present in the home on 7/24/10 and 7/26/10. Only 30.5 hours were available on 7/24/10 and only 29 hours were available on 7/26/10. Direct care staff persons provide both direct care services to and ancillary services for the residents.	<i>7-28-10</i>	<i>Administrator reviewed personal care hours allowed on last years inspection at the time of inspection regular ancillary staff was on vacation, replacement staff did not do as much direct care as normal sched. Staff does, extra 3 hours have been added to insure all personal care hours are provided.</i>	Steps have been taken to correct violation; full compliance is not verifiable. <i>9/27/10</i> <i>S.B.</i> Date Initials (DPW)

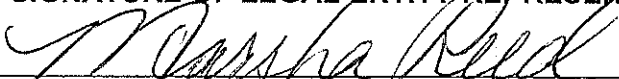
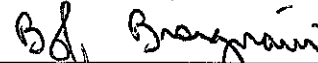
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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	Review of the staff schedule for the 11pm – 7am shift on 7/26/10 indicated that no staff was trained in CPR or First Aid from 4am – 6am. Staff person B worked alone and was not trained in either CPR or First Aid. Repeated Violation – 11/3/09	8-3-10	<p><i>Staff person B was scheduled for CPR & First aid at earlier times Avail. class, and when first hired worked ancillary with direct care staff, in the future all staff will have completed CPR and first aid before working alone.</i></p> <p><i>The Administrator will review the home's staff schedule on a weekly basis to ensure that there is at least one staff</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date: 9/27/10 Initials (DPW): <i>B.B.</i></p>

with current First Aid/CPR training scheduled to work on each shift. Bob B. 9/27/10


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64c An administrator shall have at least 24 hours of annual training relating to the job duties.	Staff person A, who is the administrator, only completed 20 hours of the required 24 hours of Department-approved 2009 annual administrator trainings. The administrator identified the training year as 1/1/09 through 12/31/09.	10/15/10 12/31/10	The Administrator will complete 4.0 hours of annual approved administrator training for the 2009 training year and provide verification to the Department's Northeast Regional licensing office by 10/15/10. The certificate(s) will indicate "For 2009 Training". In addition, administrator will complete 24 hours of approved administrative training for the 2010 training year and provide documentation by 12/31/10. <i>Administrator submitted a six hour training from February of 2010</i> <i>The 6 hour training submitted from 2/1/10 will be marked for</i>	Steps have been taken to correct violation; full compliance is not verifiable 9/27/10 AS Date Initials (DPW)


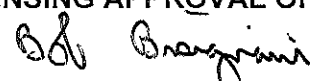
the 2009 training year and will not be applied to the 24 hours of required training for the 2010 training year. Bob S. 9/27/10

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<p>65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:</p> <p>(1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.</p>	<p>Staff person B, whose start date was 6/2/10, did not receive trainings in #s 1 through 5 of this regulation prior to or during the first work day.</p> <p>Repeated Violation – 11/3/09</p>	<p>7-28-10</p>	<p>Staff person B did have orientation prior to first day of work. at time of inspection staff person B file could not be located at the time of inspection</p>	<p>9/27/10 S.S.</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Insinger's Personal Care - South, 6 East Central Avenue, South Williamsport, Pennsylvania 17702		CURRENT LICENSE NUMBER 202091	
INSPECTION DATE(S) (Include all dates of the inspection) July 27, 2010		REGIONAL REPRESENTATIVE Ann O'Haire and Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
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(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers.	(Continued from the previous page)		<i>see previous page</i>	<i>see previous page</i>

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

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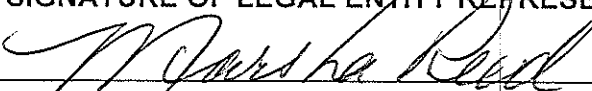
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	Staff person B, whose start date was 6/2/10, did not receive trainings in #s 1 through 4 of this regulation within 40 working hours. Repeated Violation – 11/3/09	7-28-10	Staff person B did have orientation within 40 scheduled working hours in the following resident rights, Emergency medical plan, Mandatory reporting of Abuse and neglect, reportable incidents and condition, staff person B file could not be located at the time of inspection.	9/27/10 G.S.

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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65d Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the following: (i) Safe management techniques. (ii) ADL's and IADL's.	Staff person B, whose start date was 6/2/10, did not complete #s 1, 2, or 3 of this regulation prior to completing unsupervised ADL services to residents. Staff person B did not complete the required Department-approved direct care on-line training course.	9-10-10	Staff person B did complete #1, #3 but did not complete #2 before providing unsupervised ADL services, request were given by administ. Staff person was called to the homes office and test was completed on 9-10-10, in the future all staff will complete state approved competency test at orientation.	9/27/10 G.S.

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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(iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable.	(Continued from the previous page)		See previous page	See previous page

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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(xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention. (xiii) Universal precautions. (xiv) These regulations. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration	(Continued from the previous page)		see previous page	see previous page

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Marsha Bell</i>	DATE 9-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Bd. Binigami	DATE 9/27/10

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<p>65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:</p> <p>(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (5) Falls and accident prevention.</p>	<p>Staff persons C (hired 6/9/03) and D (hired 1/22/08) did not receive the required annual trainings in #s 1 and 2 of this regulation in the 2009 training year.</p> <p>In addition, staff person D did not receive required annual training in # 5 of this regulation in the 2009 training year.</p> <p>The administrator identified the staff training year as 1/1/09 through 12/31/09.</p> <p>Repeated Violation – 11/3/09</p>	<p>7-28-10</p>	<p><i>Direct Care and Ancillary staff will receive annual training in the following, fire safety, Emergency preparedness procedures, and Falls and accident prevention. Administrator will in the future reschedule any staff missing trainings.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 9/27/10 Initials (DPW): B.S.</p>

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Marsha Reed</i>		DATE <i>9-21-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>OB Bergman</i>
			DATE <i>9/27/10</i>

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85a Sanitary conditions shall be maintained.	There is a meat slicer next to the kitchen refrigerator, which had what appeared to be dried meat particles that had splattered the side of the refrigerator and was not cleaned.	<i>7-28-10</i>	<i>Ancillary staff has cleaned the refrigerator and will see in the future that area be kept clean and sanitary.</i>	<i>9/27/10 B.B.</i>

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

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85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	The outside dumpster was overflowing with black garbage bags and clear plastic wrap which prevented the lids from closing. Repeated Violation – 11/3/09	7-30-10	The dumpster had been emptied, staff has been asked to distribute garbage more evenly, garbage was piled on one side of the dumpster, also a larger dumpster was delivered to insure the dumpster is kept covered in the future.	Steps have been taken to correct violation, full compliance is not verifiable Date 9/27/10 Initials (DPW) S.B.

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

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			DATE 9/27/10

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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit located adjacent to the first floor medication room was missing gauze pads, a thermometer, adhesive tape and scissors.	9-30-10	The first aid kit has been restocked with gauze pads, scissors, a thermometer, and adhesive tape. The home had extra supply for restock when used, staff will check supplies when MARs are checked monthly, as well as staff are to let the home know of any supplies used, to insure that in the future all supplies are replaced.	9/27/10 B.G.

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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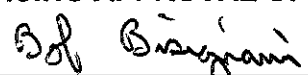
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101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	The record of resident # 4 did not contain a statement in writing from the resident requesting the use of a folding chair. A folding chair was the only type of chair for this resident to sit on in his/her bedroom.	7-30-10	Resident #4 understood and signed a statement saying a folding chair was the type of chair used in his room to sit on, all residents using folding chairs in their rooms will have in the future a signed statement in their file, signed statements will be reviewed yearly with residents contract and at time of admission.	9/27/10 B.B.

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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101r-2 Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	In bedroom # 5, the window shade which was closest to the exit door would not roll-up to allow light into the room.	8-10-10	<i>The home has replaced the window shade in room #5 and has inspected all windows for shade replacement, in the future staff will inspect all windows, and shades at time of rooms being cleaned weekly to insure all shades are clean and in good working order.</i>	<i>9/27/10 S.S.</i>

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The freezer located in the basement nearest to the stairs did not have a thermometer.	7-28-10	A thermometer was replaced in the freezer nearest to the steps. The home has ordered new thermometers for replacement and will be checked weekly wial	9/27/10 B.B.

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103g Food shall be stored in closed or sealed containers.	One 25 pound of bag of flour and one 25 pound bag of sugar stored in the lower kitchen island cupboard were not sealed. Repeated Violation – 11/3/09	<i>9-30-10</i>	<i>The home will now and in the future keep all opened food in a sealed container. The Administrator will conduct weekly physical checks of the home's kitchen and food storage areas to ensure that all food is stored in sealed containers in compliance with this regulation.</i>	<div style="border: 1px solid black; padding: 5px; transform: rotate(90deg); transform-origin: center;"> Steps have been taken to correct violation; full compliance is not verifiable Date <i>9/27/10</i> Initials (DPW) <i>B.B.</i> </div>

Bob B. 9/27/10


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105g-2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The exterior vent for the home's clothes dryers was not cleaned. There was a thick buildup of lint and a large clump of lint came out of the vent when checked. Repeated Violation – 11/3/09	7-29-10 10/29/10	The lint was cleaned from the vent and external ductwork and will be kept clean weekly in the future. The Administrator will document the weekly cleaning of the vent and external/internal ductwork for the home's clothes dryer on a log sheet, which will be	Steps have been taken to correct violation; full compliance is not verifiable. 9/27/10 S.B. Date Initials (DPW)

maintained for review Bob B. 9/27/10

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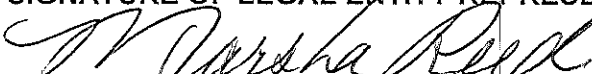
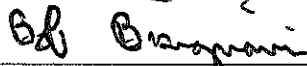
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130b The smoke detectors specified in 130a shall also be located in hallways.	<p>The first floor hallway did not have a smoke detector located within 15 feet of bedrooms #4 and #5.</p> <p>The second floor hallway did not have a smoke detector located within 15 feet of bedroom # 10.</p>	7-29-10	Maintenance has placed additional smoke detector in hall near bedroom # 10, #4 and #5 and in the future all smoke detectors will be placed in hallways within 15 feet of bedrooms.	9/27/10 B.S.

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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home did not have a fire safety inspection and supervised fire drill conducted by a fire safety expert within the past 12 months prior to the date of inspection. Repeated Violation – 11/3/09	9-30-10	Administrator contacted fire safety expert [redacted] requesting documentation of last fire safety inspection that was on 2-15-10, last fire inspection documented was July 11, 2009. [redacted] stated he will be returning from New Jersey mid September.	Steps have been taken to correct violation, full compliance is not verifiable Date 9/21/10 Initials (DPW) B.B.


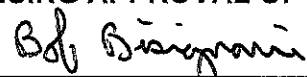
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Insinger's Personal Care - South, 6 East Central Avenue, South Williamsport, Pennsylvania 17702		CURRENT LICENSE NUMBER 202091	
INSPECTION DATE(S) (Include all dates of the inspection) July 27, 2010		REGIONAL REPRESENTATIVE Ann O'Haire and Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 9-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 9/28/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	Direct care staff persons E, F and G administered insulin to residents as per staff person A, who is the administrator. These staff persons have not properly completed the Department-approved medications administration course and are not qualified to administer medications.	8-3-10	The homes medication Administ. trainer has re-trained with [redacted] so that she can train the homes direct care staff to administer medication. The staff person A does not nor has in 2 or 3 years given medication, at the time of inspection Administrator stated that ^{unacceptable} plan of correction	9/28/10 B.B. <div style="border: 1px solid black; padding: 2px; transform: rotate(-90deg); transform-origin: center;"> Steps have been taken to correct violation: full compliance for verifiable date 9/28/10 Initials (DPW) </div>

As per phone conversation with Administrator, staff persons E, F and G have been retrained to administer medications in compliance with this regulation. Bob B. 9/28/10

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

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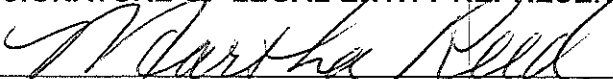
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident # 8: Novolog 100 units to be given according to sliding scale, was not dated at time of opening. This medication has a shelf life of 28 days after opening of the medication, according to the manufacture's instructions. Repeated Violation – 11/3/09	7-27-10	The home has received by delivery date that the earliest the Insuline should have been opened was July 26. The home will in the future date when open all OTC, Cam's and Samples.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9/27/10 S.S.</p> <p>Date Initials (DPW)</p>

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Marsha Reed</i>	DATE <i>9-21-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ed Brignani</i>	DATE 9/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (12) Diagnosis or purpose for the medication, including pro re nata (PRN). Continued from above	<ul style="list-style-type: none"> •Resident #8: Simvastatin 40 mg tab to be taken at bedtime did not have a diagnosis listed on the medication administration record (MAR) Lisinopril 40 mg tab, take 1 tab daily did not have a diagnosis listed on the MAR. •Resident # 9: Citalopram HBR 40 mg tab, take 1 tab in the am did not have a diagnosis listed on the MAR. Docusate Sodium 100 mg cap, take 2 caps by mouth daily did not have a diagnosis listed on the MAR. 	<i>7-30-10</i>	<i>The home has contacted the pharmacy service that prints the homes MAR's requesting that all diagnosis be printed on medication record, and med. staff review MAR's before being used.</i>	<i>9/27/10 S.S.</i>

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	Resident # 9 did not have their Milk of Magnesia 30 ml, take as needed, was not on hand and available at time of inspection.	7-27-10	Resident # 9 did have Milk of Magnesia at the time of inspection. A bottle was found in the med. cabinet for resident #9 dated 7-12-10.	9/12/10 B.B.

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

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH, 6 East Central Avenue, South Williamsport, PA 17702		CURRENT LICENSE NUMBER 202091
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010	REGIONAL REPRESENTATIVE Michele Moskalczyk, Florence Badiarz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Ronald E. Insinger</i>	DATE 6-30-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bd. Bagnini</i>
		DATE 8/9/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 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)	5 DATE COMPLIANCE VERIFIED BY DPW
22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department. 141a-1 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 medical evaluation for resident #1 admitted 2-16-10 was not dated and the temperature section was left blank. Resident #5's medical evaluation dated 12-14-09, under the medication section stated "see attached". The attached document was not signed or dated by the resident's doctor who filled out the medical evaluation form.	6-18-10	<i>Now and in the future all residents medical evaluations will be reviewed by administration and or management before being placed in residents file to insure that they are completed, a note is also sent with each med evaluation asking the doctor to list all medications on the MASI and not to attach them.</i>	8/9/10 B.S.

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SCRANTON FIELD OFFICE
 Adult Residential Licensing

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

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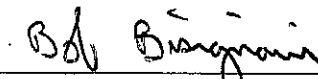
1 REGULATION 55 Pa.Code § 2600,	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission. 227a 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.	The support plan for resident #2, dated 12-25-09 was found blank in the following areas: Vision; care services; Hearing; Mental Health; Behavioral care services; Personal Hygiene; Mobility and Social/Recreational. Within the past 2 months, this resident had two cataract surgeries for cataract removal which was not addressed on this document as required.	5-14-10	The support plan has been completed and in the future will be tracked by date when due. The Administrator will ensure that all support plans for residents are completed in a timely manner and that they are filled out in their entirety and updated as needed to address all of the residents needs. 8/9/10 B.B.	8/9/10 B.B.

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract for resident #3 dated 4-15-10 and the contract for resident #4 dated 5-3-10 were only signed by the residents. No other signatures were on these documents.	5-14-10	<i>Administrator has had these contracts signed and has reviewed all contracts for their completion and in the future all contracts will be signed at the time of admission.</i>	8/9/10 B.S.

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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83a The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.	Resident's were observed watching television in the facility living room wearing heavy sweatshirts and jackets. The temperature in the area was measured at 64.3°F. The thermostat located on the wall in this area was set at 60°F and was registered at 66°F. Several residents stated that it is often cold in the facility.	May 13, 2010	The heat was turned up and will maintain a temperature of 70° to 72° There was some vary warm weather in the prior week. In the future temperatures will be checked rightly with staff rounds.	8/9/10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Ronald C. Insinger</i>		DATE 6-30-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Birmingham</i>
		DATE 8/9/10	

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				DATE COMPLIANCE VERIFIED BY DPW
85a Sanitary conditions shall be maintained.	<p>Located in the new addition of the home were 10 ceiling lights. All 10 ceiling lights had numerous dead bugs lying in the covers.</p> <p>Common resident bathroom located in the new section across from resident bedroom letter "F" had BM covering the outside of the toilet and splattered on the floor.</p> <p>Second floor full bathroom located on the left side of resident bedroom #12, a 6" x 12" section of the shower was moldy.</p> <p>A strong urine odor was identified in the main floor common bathroom off the living room area.</p>	5-14-10	<p><i>The homes cleaning staff has removed a light cover and cleaned them and has been added to cleaning list.</i></p> <p><i>The Bath Room in the new section will be checked regularly every two hrs. for sanitation (there are two residents that have Bowel disorders) All Bath Rm. Showers, tubs, toilets, Sink & floors will all be kept clean and checked in the future.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"><i>8/9/10 B.S.</i></p> <p>Date Initials (DPW)</p>

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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93b Each porch shall have a well-secured railing.	Located at the front main entrance on <u>Campbell Street</u> , is a 6" concrete step entering the home in need of a well secured railing. <i>(Central Ave.)</i>	<i>5-18-10</i>	<i>The home had hand support installed, the Contractor did not have room to install a full rail, the home will in the future maintain safe secure hand support for entrances that are not level.</i>	<i>8/9/10 B.B.</i>

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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			DATE 8/9/10

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	<p>The emergency lighting located outside of resident bedroom letter "C" was inoperable.</p> <p>Second floor common bathroom had a shower door off the hinges and propped up inside of the shower area in need of repair.</p> <p>The second floor emergency exit which leads down a flight of enclosed steps to the outside, the light was inoperable. The stair case was very dark and hazardous in the event of an emergency evacuation.</p>	5-18-10	<p><i>The homes had Contractor replace the battery to the emergency light, all emergency lighting will be checked by staff each month with fire drills. The Shower door had come out of its track the day prior and the Contractor was contacted and the repairs were made.</i></p>	8/9/10 B.S.

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	A fire drill conducted at the home on 5-7-10 had an evacuation time of 2 minutes, 40 seconds. There is no letter from a fire safety expert to allow for the additional time.	5-17-10	<i>Additional fire drills will be held for the month if the time is over 2 1/2 min. and fire safety issues will be addressed with the residents at resident meeting to help them understand the severity.</i>	8/9/10 B.S.

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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144c-2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	Located in the new addition of the home, off the rear exit by the exterior dumpster, were cigarette butts littering the ground. This area is located by an exit and is not a designated smoking area identified by the home.	5-14-10	<i>The ground was cleaned, a staff stated a smoke receptacle was placed there for a length of time before throwing it away, and the receptacle was knocked over. The area was cleaned and all staff and residents are reminded that it is not a designated smoking area.</i>	Date: 8/9/10 Initials (DPW): <i>B.B.</i> Steps have been taken to correct violation; full compliance is not verifiable.

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SCRANTON FIELD OFFICE
Adult Residential Licensing