

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to INSINGER'S PERSONAL CARE HOME, INC.

LEGAL ENTITY

To operate INSINGER'S BOARDING HOME

NAME OF FACILITY OR AGENCY

Located at 673 CAMPBELL STREET, WILLIAMSPORT, PA 17701

(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 20  
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 November 23, 2010 until November 23, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 202100

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. 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

DEC 02 2010

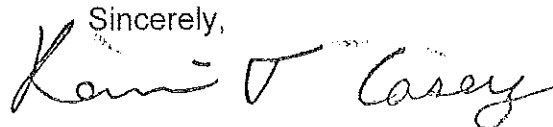
Mr. Ronald E. Insinger, President  
Insinger's Personal Care Home, Inc.  
Insinger's Boarding Home  
673 Campbell Street  
Williamsport, Pennsylvania 17701

Dear Mr. Insinger:

As a result of the Department of Public Welfare's licensing inspection on August 26, 2010 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.

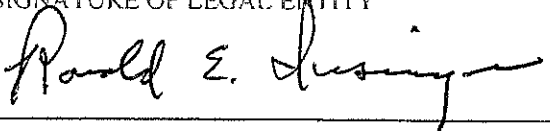
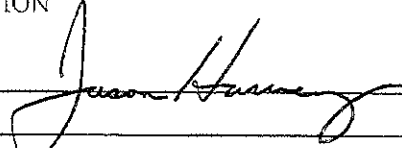
A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

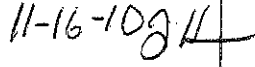
Sincerely,  


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 Insingers Boarding Home, 673 Campbell Street, Williamsport, PA 17701		CURRENT LICENSE NUMBER 202100	
INSPECTION DATES (Include all dates of the inspection) 08/26/2010		REGIONAL REPRESENTATIVE Gerald Dumas, 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 	DATE 10-28-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-16-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
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 resident # 1 and # 2 completed on its Financial Record of Deposits form did not include the date of each transaction or specify if the amount listed on the record was a deposit or withdrawal or include the current balance.	8-27-10	<p>The Homes Administrator was unclear on the form that needed to be used the home now uses the sign off sheet when PNA is given along with the quarterly financial summary other than disbursing the PNA the home holds no money for residents, and in the future a financial record showing dates, amount of deposit, withdrawal &amp; balance on a financial summary.</p>	11-16-10 

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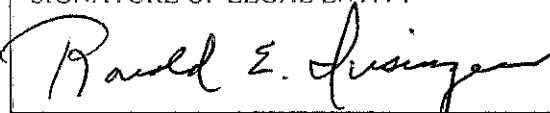

NOV 02 2010

SCRANTON FIELD OFFICE  
Adult Residential Licensing

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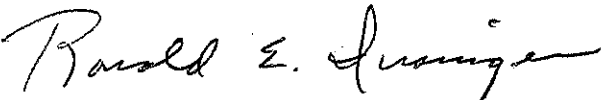
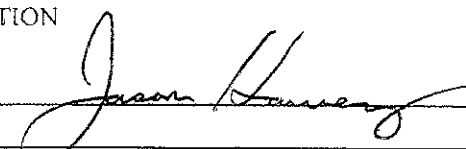
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20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	Residents #1 ( Date of Admission 2/18/10) and #2 ( Date of Admission 12/12/05) did not receive any quarterly itemized financial statements for the year 2010. There is no record of previous quarterly statements for resident #2.  Repeated Violation - 5/13/09	8-27-10	The homes did not receive residents income directly, resident #1 income went into [redacted] bank account, Resident #2 is [redacted] own payee and would pay [redacted] own room and board from [redacted] bank account as of Aug. 2010 resident #2 closed [redacted] account and [redacted] check was sent to the homes address, resident #2 has a financial record put in place under the regulation 2068 and will be sent quarterly to residents designee.	Steps have been taken to correct violation; full compliance has not been verified Date 11-16-10 Initials (DPW)


VIOLATION REPORT  
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57b Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.	A review of the staff schedule for 8/21/10 indicated that only 16 hours of direct care were scheduled and available to be provided to residents. There were 17 mobile residents present in the home on that date.	8-29-10	The home had went from last years inspt. of allowed hours. in thinking there were enough direct care hours, the home has added more ancillary hrs. so that direct care staff can provide more direct care, the homes direct care hrs. are now and will remain enough for the home at full capacity.	11-16-10 JH

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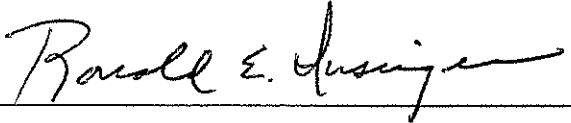
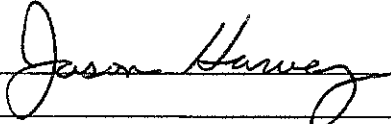
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64c An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.	The home's administrator, Marsha Reed completed only 20 hours of the required 24 hours of Department approved annual administrator trainings for 2009. The training year 1/1/09 -12/31/09.	8-27-10	The Administrator did not realize the CPR & F.Aid Class would not count, and a training completed in Feb of 2010 will be used to make up the 4 missed hrs. The Administrator at this time has 26 hrs of training remaining for the 2010 training year.	11-16-10 

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>The following poisonous materials were stored unlocked and accessible to residents, as indicated below:</p> <p>Stored on the landing between the first and second floors of the west-side fire escape stairwell, there were (2) - 116 fluid ounce cans of "Valspar" Latex Satin Porch and Floor Paint. The manufacturer's labels on them stated, "IF SWALLOWED: Drink 2 glasses of water. Get medical attention immediately."</p> <p>The second floor common bathroom had the following poisonous materials stored next to and under the sink:</p> <ul style="list-style-type: none"> <li>• "Valutime" Bathroom Cleaner and Mildew Stain Remover, 22 fluid-ounce can - Manufacturer's label stated "If swallowed...call a physician or a Poison Control Center immediately"</li> <li>• "Krylon" Frosted Glass Finish, 6 ounce can - Manufacturer's label stated: "Harmful or fatal if aspirated into lungs" and "If swallowed</li> </ul>	8-26-10	<p>The home has removed all poisonous materials to a locked shed. The homes walls had just been painted and the painter was unaware of the homes regulations. Staff and Administrator now check for poisonous materials on a daily bases and with any home improvements the poisonous materials will be supervised when in use and kept locked up when not in use in the future.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <u>11-16-10</u>                  Initials (DPW) <u>[Signature]</u></p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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	<p>...Get medical attention or contact a Poison Control Center immediately"</p> <ul style="list-style-type: none"> <li>• "True Value" Interior Acrylic Latex, 1 gallon can – The manufacturer's label stated: "Ingestion: ...Get medical attention immediately"</li> </ul> <p>The administrator stated that residents were not assessed for unsupervised access to poisons.</p>			<p>See Previous Page</p>

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	The smoke detector at the top of the main wooden staircase was hanging from the ceiling by the wires.  <b>Repeated Violation - 5/13/09</b>	<i>8-30-10</i>	<i>The <del>has</del> had the smoke detector replaced by maintenance and staff when doing rounds will check daily for any future smoke detectors, 11-16-10, and replacement of batteries, or light bulbs, in the future.</i>	

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SIGNATURE OF LEGAL ENTITY <i>Barold E. Insinger</i>	DATE <i>10-28-2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE <i>11-26-10</i>

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	In bedroom # 2, shared by two residents, the bed on the right side of the room did not have a source of lighting which could be turned on/off at bedside. There was not a shared source of lighting between the two resident beds.	<i>8-27-10</i>	<i>A lamp has been placed on the right side of bedroom #2. in the future staff will check when doing hourly rounds for bed side lighting. Chair &amp; any replacement of light bulbs in the future.</i>	<i>11-16-10 JA</i>

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101r2 Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	<ul style="list-style-type: none"> <li>• The slats of the window blinds were caked with dust in bedroom #s 1, 2, 4, 5, 6, 7 and 8.</li> <li>• In bedroom # 5, the south-side window did not have a window covering on it.</li> <li>• In bedroom # 6, the 3 sets of windows only had sheer curtains on them which did not provide privacy for the residents.</li> </ul> <p><b>Repeated Violation - 5/13/10</b></p>	<i>8-30-10</i>	<p><i>The home has replaced all the window blinds in bedrooms #1, 2, 4, 5, 6, 7 and 8, that will provide privacy for the residents and staff will check daily to see that all window coverings are adequate and in place in the future.</i></p>	<i>11-16-10 [Signature]</i>

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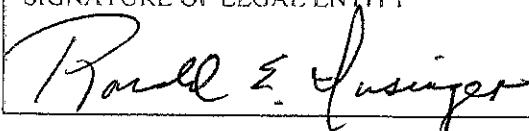
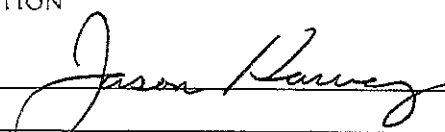
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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	On 8/26/2010 at 1:30 p.m., there was no thermometer in the Freezer located in the basement.  <b>Repeated Violation – 5/13/09</b>	<i>8-27-10</i>	<i>The home had replaced the Thermometer in that freezer and has extra thermometers for replacement, a weekly check is done on temp. and staff had found the missing thermometer under the freezer, they are now taped in place to insure in the future they stay in place.</i>	<i>11-16-10 JH</i>

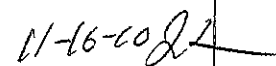
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105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The interior of the external lint duct was filled with lint. In addition, the entire window where the duct was exposed to the outside was covered with lint 3" deep. The window measured 23" in width and 15" in height; the exterior portion of the window frame was covered by a mesh screening material.	<i>8-30-10</i>	<i>The piece of mesh on the exterior of the window was removed, window is still air tight, but no lint can accumulate outside the window, and vents are cleaned weekly, and on the the cleaning sched.</i>	<i>11-16-10 JH</i>

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124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed in an evacuation.	8-27-10  12-15-09 was compl.	<i>The administrator at the time of inspection could not locate the signed document stating the local fire dept. received the home disaster preparedness Plan, it was found in fire safety training file were it was placed in error, Administrator will in the future will keep all forms needed for DPW in one binder.</i>	11-16-10 

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132a An unannounced fire drill shall be held at least once a month.	The administrator stated that a fire drill was conducted on 4/22/10 at 5:00am. The administrator acknowledged that the lone staff person on duty knew in advance of the drill, timed the drill and was also a participant in the drill. Fire drills must be unannounced to both residents and staff of the home. In the future, home will need to have one staff who alone has knowledge of a fire drill and conducts the drill ( e.g. administrator or other staff person) while any other staff member(s) should not be informed in advance of the drill.	<i>8-27-10</i>	<i>The administrator will now and in the future conduct unannounced fire drills monthly, with no participation in the fire drill.</i>	<i>11-16-10</i>

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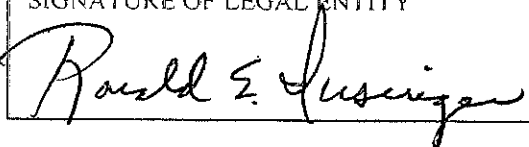
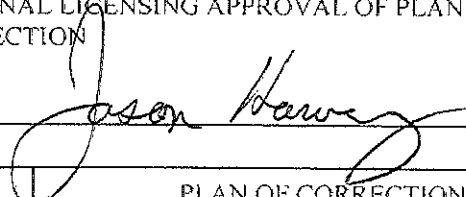
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	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Mont</th> <th style="text-align: left; border-bottom: 1px solid black;">Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Time</th> <th style="text-align: left; border-bottom: 1px solid black;">Evac. Time</th> <th style="text-align: left; border-bottom: 1px solid black;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct				No	Nov				No	Dec				No			<i>See Previous Page</i>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE <i>10-28-2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE <i>11-16-10</i>

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141a The medical evaluation shall 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	The medical evaluation for residents # 3 ( dated 6/1/10) did not include immunizations and # 1 (dated 3/24/10) did not include allergies, diet and body positioning.	<i>9-9-10</i>	<i>The medical evaluation for residents #1 and #3 were sent to their physician for completion, all residents medical evaluations will be checked by management and Administrator for their completion before placed in residents file in the future.</i>	<i>11-16-10</i>

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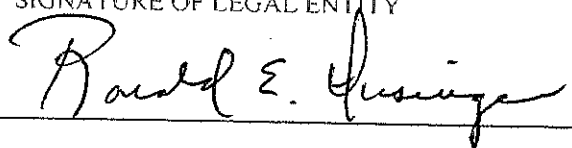
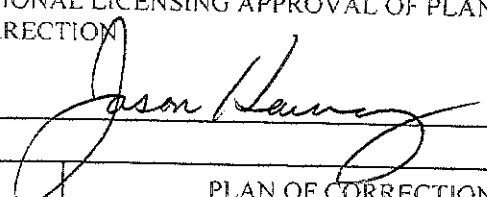
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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				See Previous Page 2

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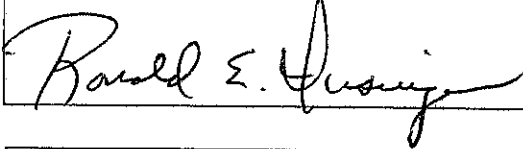
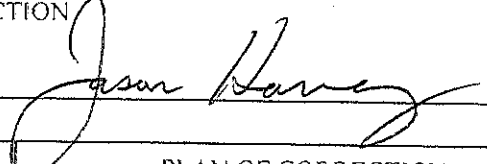
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144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	The designated outside smoking location, on the southeast side of the front porch, had two outdoor style chairs whose back and seat areas were made of a woven material. There were no tags/labels on these chairs to indicate that they were made of a fire-retardant material. Two residents were observed smoking in these chairs at the time of inspection.	<i>8-27-10</i>	<i>The chairs were moved to a non-smoking area and replaced with non flameable chairs, non flameable materials. Will not be allowed in designated smoking area and will be checked by staff daily in the future.</i>	<i>11-16-10</i>

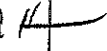
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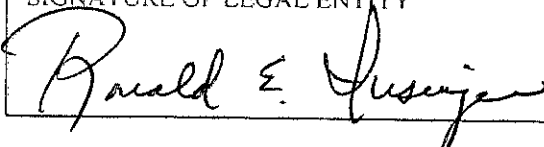
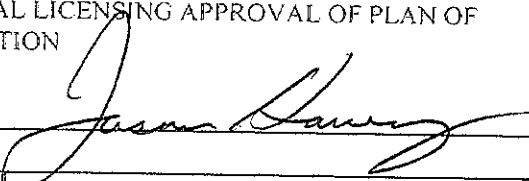
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181a A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.	The home did not have the prescribed PRN medication Benztropine MES # 1mg tab for resident # 6.	8-27-10	The home had ordered Benztropine MES 1mg. for resident #6, The medication had come in 8/27/10 all residents medications will be reordered when meds are down to a five day supply in the future.	Steps have been taken to correct violation; full compliance is not verifiable Date <u>11-16-10</u> Initials (DPW) <u>DPW</u>	

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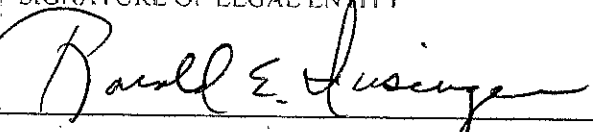
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182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	Staff person B administered medications to residents on 8/23/10, 8/24/10 and 8/25/10 and did not complete the required annual trainings of the Department-approved medication administration course, as noted below:  <u>Initial Training</u> had a student pass date of 5/14/09 <u>Initial Annual Practicum</u> had a student pass date of 8/21/09 • The required Student Certification Form was not completed <u>Annual Practicum</u> which was due by 8/21/10 • None of the 4 required MAR reviews were completed • None of the 2 required medication administration observations were completed  <b>Repeated Violation – 5/13/09</b>	8-27-10	<i>Staff person B has been retrained on 8/27/10 by The Homes medication trainer. All Initial Trainings, Initial Annual Practicum, and Annual Practicum will be kept up to date in the future for all direct care staff.</i>	11-16-10 

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(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (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.				See Previous page

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<ul style="list-style-type: none"> <li>• The August 2010 "master key", which was used in conjunction with the medication administration record, did not include the required printed name of the staff persons who administered medications in that month.</li> <li>• The staff person who administered the prescribed medication Alendronate Sodium 70mg tablet at 7am on 8/2/10 to resident # 6 failed to initial and date the August 2010 medication administration record.</li> <li>• The staff person who administered the prescribed medication Clonazepam 1mg tablet at 8am on 8/8/10 to resident # 7 failed to initial and date the August 2010 medication administration record.</li> </ul>	8-27-10	<p style="font-size: 1.2em; font-family: cursive;">The home has made a master key for each month's medication administration record, all staff administering medication will in the future print, initial and sign master key. Staff [redacted] was called into work. Staff [redacted] was called into work to verify medications were given and medication records were initialed. Staff in the future will check staff being relieved of duty medication records</p>	<p style="font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: 0.8em;">Date 11-16-10 Initials (DPW) [redacted]</p>

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				See Previous Page

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Adult Residential Licensing