

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 \_\_\_\_\_

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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 (MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 March 14, 2011 until March 14, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 202090

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

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.



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

ADULT RESIDENTIAL LICENSING

MAR 11 2011

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

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 licensing inspection on November 1, 2010 and January 19, 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.

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

Sincerely,

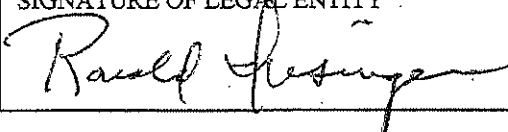

A handwritten signature in black ink, appearing to be 'RM', written over a horizontal line.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

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

Page 1 of 4

NAME AND ADDRESS OF PERSONAL CARE HOME Insinger's Personal Care - South, 6 East Central Avenue South Williamsport, PA 17703		CURRENT LICENSE NUMBER 202092	
INSPECTION DATES (Include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
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 12/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-24-11

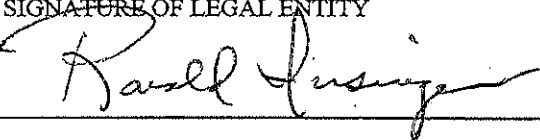

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
224a A determination shall be made within 30 days prior to admission 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>The preadmission screening in the record of resident #1 (dated 10/15/10) did not indicate who completed the preadmission screening, the resident's diagnoses, or special care needs, if any.</p> <p>The preadmission screening in the record of resident #2 (dated 10/2/10) did not indicate the resident's diagnoses, special care needs, or behavioral needs, if any.</p> <p>The preadmission screening in the record of resident #3 (dated 9/29/10) did not indicate the resident's diagnoses or behavioral needs, if any.</p> <p>The preadmission screening in the record of resident #4 (dated 9/9/10) did not indicate the resident's special care needs or behavioral needs, if any.</p> <p>The preadmission screening in the record of resident #5 (dated 10/4/10) did not indicate the resident's behavioral needs, if any.</p>	11-1-10	<p><i>Administrator had completed several screenings within a matter of days and had forgot to sign resident #1 screening at the time of the screening the residents diagnoses and care needs were unknown, resident #2 diagnoses, care and behavioral needs were unknown at the time of screening, resident #3 diagnoses and behavioral needs were unknown at the time of screening - cont.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: _____ Initials: (DPW)</p> <p style="text-align: center;">DCV 2-24-11</p>

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

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SIGNATURE OF LEGAL ENTITY <i>Ronald Insinger</i>	DATE 12/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valence</i>	DATE 2-2-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
	Repeated Violations: 07/27/2010 11/03/2009	11-1-10	resident # 4 special care needs and behavioral needs were unknown at the time of screening resident # 5 behavioral needs did list heavy tobacco use, at the time of screening administrator was unaware of any other behavioral needs.	See page 1 of 4
	<p>Re: Tele call this date w/ adm. [redacted] The Administrator will document on each new pre-admission assessment what the resident states may be their behavioral and/or special needs. Administrator will not use the term "unknown" because it implies that the resident question regarding resident behavioral or special needs was not asked of the resident. Dev 2-24-11</p>	on-going	In the future Administrator will mark as known on screenings if the information is unknown.	

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85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	The home's exterior garbage dumpster was full and overflowing to the point that the left side lid of the dumpster was elevated and unable to be closed.  Repeated Violations: 07/27/2010 11/03/2009	11-4-10	<p style="font-size: 1.2em; margin: 0;"><i>Administrator had a resident meeting on 11-4-10 asking residents not to put anything in dumpster allowing the staff to do it for them, now Auxiliary shifts at 6am and 6pm will check daily to insure garbage distributed evenly and if at any time dumpster is close to full to contact disposal service the home uses.</i></p>	<p style="font-size: 0.8em; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="margin: 0;">Date: 2-24-11 Initials (DPW): DCV</p>

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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 exterior vent had an accumulation of lint, a handful of lent was pulled off during the physical site check of the exterior vent.  Repeated Violations: 07/27/2010 11/03/2009	11-2-10	The Administrator had at the time of inspection a schedule of weekly cleaning and for the amount of laundry being done in the home. The administrator now has vents cleaned twice weekly, and administrator had checked vents a day prior to see if there has been any lint build up. There was not and will be checked in the future to see if extra cleaning needs to be scheduled.	Steps have been taken to correct violation; full compliance is not verifiable Date: 2-2-11 Initials (DPW):

**RECEIVED**

DEC 27 2010

SCRANTON FIELD OFFICE  
Adult Residential Licensing

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 DATES (Include all dates of the inspection) 01/19/2011		REGIONAL REPRESENTATIVE Jason Harvey, Leslie Patton	
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SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE <i>2-4-2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doree C. Belance</i>	DATE <i>2-24-11</i>

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16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's policy regarding reportable incidents does not indicate the home's preventative methods or investigative methods regarding reportable incidents.	<i>1-20-11</i>	<p><i>The Administrator was unaware the home's policy on reportable incidents and conditions also had to contain investigative and preventative methods.</i></p> <p><i>The home has developed a addendum to the policy implementing the investigative &amp; prevention of reportable incidents, as well as a six month quality management review addressing reportable incidents and conditions.</i></p>	<i>DCV 2-24-11</i>
<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="font-size: 2em; margin: 0;"><b>RECEIVED</b></p> <p style="margin: 5px 0 0 0;">FEB 07 2011</p> <p style="margin: 0 0 0 0;"><b>SCRANTON FIELD OFFICE</b> Adult Residential Licensing</p> </div>				

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85a Sanitary conditions shall be maintained.	<p>On 1/19/11, at 12:35, the common bathroom located on the first floor next to room #4 contained stained feces on the toilet seat.</p> <p>The bath tub in common bathroom located on the second floor next to room #10, contained hair and dirt on the floor of the tub and green mold on the shower curtain.</p> <p>The floor around the toilet was covered with dry urine in the common bathroom located in the rear bedroom area of the home next to room F.</p>	<i>1-25-11</i>	<p>The home has residents with incontinency issues and in the past residents have let staff know if there is a issue of cleanliness, also bathrooms were cleaned nightly.</p> <p>The home now has posted a sign asking residents to please tell staff if there is a issue of cleanliness in any bathroom as well as staff doing two hour checks daily.</p>	<i>DCV 2-24-11</i>

*Per Tele call w/ administrator [redacted] this date. The administrator will do random weekly physical checks of resident bedrooms and bathrooms checking that staff are doing 2 hour checks and bathrooms are clean DCV 2-24-11*

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100b The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.	On 1/19/11, at 12:05 pm an outside area of the home was covered with ice/snow as noted below:  The outside walkway leading from the rear left exit door on the side of the home out to back of the area of the home was covered in ice/snow.	<i>1-20-11</i>	<i>The home has contacted the snow removal persons to insure all ice and snow will be removed in a timely manner at all outside walkways, also we were having stormy weather during our inspection. Most removal is done after a storm in a timely manner in the future.</i>	Steps have been taken to correct violation; full compliance is not verifiable Date <i>2-4-11</i> Initials (DPW) <i>DZV</i>	

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103g Food shall be stored in closed or sealed containers.	A resealed bag of salisbury steaks were in the kitchen freezer and not dated.  Repeated Violations: 07/27/2010	1-19-11	The bag of salisbury steaks was dated and shown to the inspector. Food will continue to be dated when opened and kept sealed until used.	Steps have been taken to correct violation; full compliance is not verifiable  Date <i>Dev</i> Initials (DPW) 2-24-11
		on-going	The administrator will do periodic random weekly checks of all refrigerators and freezers to monitor staff for compliance and to ensure compliance with this regulation going forward into the future. Administrator will prepare a sign off log and initial the	

*Log to demonstrate that random checks are completed Dev 2-24-11*

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1031 Outdated or spoiled food or dented cans may not be used.	The frozen bag of fish sticks were unsealed in a box located in the home's kitchen freezer.	<i>1-19-11</i>	<i>The home staff checks dated food before use as well as keeping food sealed for freshness and to prevent freezer burn. Staff are trained yearly on food prep, handling, storing, and received training again on 1-28-11 to insure proper methods are used in the future.</i>	<i>DCU 2-24-11</i>

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132e A fire drill shall be held during sleeping hours once every 6 months.	Administrator A and staff person B stated a majority of the resident are asleep by 9:00pm and are awake at 6:00am when breakfast is served. Based upon "sleeping hours" as defined by administrator A and staff person B, the earliest a sleeping-hour fire drill could be conducted would be 9:30pm and the latest time would be 5:30am. The fire drill conducted on 8/31/10 at 9:10pm was not during sleeping hours. The home's records indicate the home is not conducting a fire drill during sleeping hours once every 6 months as the most recently conducted sleeping-hour fire drills were conducted on 5/17/10 at 10:30pm and 12/17/10 at 11:30pm.	1-28-11	The Administrator now has the home conducting three fire drills per year during sleeping hours of 9:30pm to 5:30am to insure that enough drills are done during sleeping hours in the future.	DCV 2-24-11
		on-going	Per Tele call this date w/ [redacted] the administrator will follow-up to make sure that 3 sleeping hours fire drills are conducted as per the Home's Plan of Correction. The Administrator will continue to conduct 3 sleeping hours fire drills as the Home's administrator has stated.	DCV 2-24-11

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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 initial medical evaluation in the record of resident #1 (admitted 10/15/10) was completed 12/10/10. The medical evaluation was not completed within 30 after admission to the home and therefore was not completed in a timely manner.	1-19-11	<i>The Administrator has residents MA-51 sched. on 11-16-10 and [redacted] MD had cancelled. Staff and Administrator try to sched MA-51's prior to being due but the M.D.'s still cancell. One thing the home has started is that all new admissions have a completed MA-51 prior to admission. in addition the legal entity is</i>	Dev 2-24-11

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 DATES (Include all dates of the inspection) 01/19/2011		REGIONAL REPRESENTATIVE Jason Harvey, Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>RONALD E. INSINGER</i>			
SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE <i>2-4-2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Darlene C. Valence</i>	DATE <i>2-24-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
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.			<i>also seeking an alternative of offering the residents and determining the accessibility of a qualified physician coming to the home twice a year to complete medical evaluations</i>	<i>See previous page 8 of 13</i>

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INSPECTION DATES (Include all dates of the inspection) 01/19/2011		REGIONAL REPRESENTATIVE Jason Harvey, Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>ROBERT E. Insinger</i>			
SIGNATURE OF LEGAL ENTITY <i>Robert E. Insinger</i>	DATE <i>2-4-2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C Valene</i>	DATE <i>2-24-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
141a 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 annual medical evaluation in the record of resident #2 (dated 9/8/10) did not indicate the resident's age, height, medical history and body position needs, if any. The initial medical evaluation in the record of resident #1 (dated 12/10/10) did not specify the resident's age, if the resident has a communicable disease, and required treatment(s), if any. The annual medical evaluation in the record of resident #3 (dated 1/12/11) did not indicate prescribed medications and required treatment(s), if any. The annual medical evaluation in the record of resident #4 (dated 10/25/10) did not indicate the resident's temperature and body positioning needs or required treatment(s), if any.	<i>2-9-11</i>	<p style="font-size: small; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: small; margin: 0;">Date <i>2/24/11</i> Initials (DPW) <i>DCV</i></p> <p style="margin: 0;"><i>The Administrator at one time would review MASI before they were placed in residents files, that was unclear to some of the new staff but now is. The Administrator has taken or tasked the medical evals. of residents #1, #2, #3 and #4 to their physicians for completion, we have received all of them but resident #4 it is being mailed, in the future Administrator will review all med. evals before there filed.</i></p>	

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SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE <i>2-4-2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Valence</i>	DATE <i>2-24-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
141b1 A resident shall have a medical evaluation: (1) At least annually.	The most recently completed annual medical evaluation in the record of resident #2 was completed 9/8/10. The previous medical evaluation was completed 8/9/09. The most recent medical evaluation should have been completed by 8/24/10 with a provided 15-day flex and was therefore not completed in a timely manner.	<i>1-20-11</i>	<p><i>The staff had sched. resident #2 medical evaluation prior on 8-5-10 and MD had cancelled. Administrator DeV and Staff try to sched MA-51's prior to being due but the physicians cancelled. The legal Entity is seeking an alternative of offering residents a qualified physician coming to the home to complete medical evaluations, twice a year in the future if accessible.</i></p>	<i>DeV 2-24-11</i>

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SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE <i>2-4-2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Valencia</i>	DATE <i>2-24-11</i>

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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	Staff persons who administer medication did not print their name on the "master key" created for January 2011.  Repeated Violations: 07/27/2010	<i>1-28-11</i>	<i>The Administrator has reviewed regulation 187a at a staff training to ensure all med-administering staff initial, sign and print their names on the master key before administering medication there first worked day of each month, it ensure this does not happen in the future.</i>	Steps have been taken to correct violation; full compliance is not verifiable Date <i>2-24-11</i> Initials (DPW) <i>DPW</i>

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SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE <i>2-4-2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen A. Delaney</i>	DATE <i>2-24-11</i>

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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.	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 2em; margin: 0;"><b>RECEIVED</b></p> <p style="margin: 0;">FEB 07 2011</p> <p style="margin: 0;"><b>SCRANTON FIELD OFFICE</b> Adult Residential Licensing</p> </div>		<i>All previous page</i>	<i>See previous page 12 of 13</i>