

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 24, 2011 until November 24, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 202100

Robert E. Robinson

ISSUING OFFICER

R. C. King

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.

PW 628 - 01/11



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

JAN 06 2012

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 November 8, 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 'R. Melusky', written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S BOARDING HOME, 673 CAMPBELL STREET WILLIAMSPORT, PA 17701		CURRENT LICENSE NUMBER 202100	
INSPECTION DATES (Include all dates of the inspection) 11/15/2011 11/8/11		REGIONAL REPRESENTATIVE Ann O'Haire, Jesse Hummel	
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, President</i>			
SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 12-7-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann O'Haire</i>	DATE 12-14-11

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
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 reportable incident policy does not include written procedures for investigation and management of reportable incidents.	11/9/11	<p><i>The Administrator has reviewed the homes policy on reportable incidents and Conditions and though the home has always implemented a investigation and management procedures it is now added to the homes policies on reportable incidents and Conditions.</i></p>	<p><i>AG</i> 12-14-11</p>

RECEIVED

DEC 12 2011

SCRANTON FIELD OFFICE
Adult Residential Licensing

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

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SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 12-7-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>June Grayson</i>	DATE 12-14-11

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and co signed by the resident's designated person if any, if the resident agrees.	The contract dated 4/29/11 for Resident #1 was not signed by the resident .	11/8/11	Resident #1 had reviewed [redacted] Contract with the administrator on 4-29-11, the resident needed to sign in three separate areas and had missed one of the signatures. The administrator will in the future check all signed areas at time contract is reviewed.	12-14-11 <i>AG</i>

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>BONALD E. Insinger, President</i>			
SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 12-7-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Grayson</i>	DATE 12-14-11

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
41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.	Resident #1 did not receive a copy of the resident rights and/or the complaint procedures upon admission on 04/29/11.	11/8/11	Resident #1 had reviewed [redacted] rights at the time we reviewed [redacted] Contract on 4-29-11. The Administrator will check all signatures at the time contracts are reviewed in the future.	AJ 12-14-11

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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care worker "A" did not have a record in their staff file that they possessed any of the following required documents: A state board of education recognized high School diploma ,state recognized GED or an active C.N.A certificate. This person provides direct care to residents.	11-9-11	<i>Direct Care Staff A had trouble locating needed documentation. The home knew staff A had just completed a CNA Certification and did possess qualifications of high school diploma or GED. In the future, adm. will review employee records during hiring & orientation period to insure compliance.</i>	<div style="text-align: right;"> Steps have been taken to correct violation. Full compliance is not verified. Date: _____ Initials: _____ </div>

Ans 12-14-11

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

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SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 12-7-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Grayson</i>	DATE 12-14-11

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
services with reasonable skill and safety.				

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SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 12-7-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Swager</i>	DATE 12-14-11

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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 CPR shall be present in the home at all times.	Staff person A did not have a copy of an current CPR & First aid card in their employee file. This staff person is on the work schedule alone on the 11:00 pm to 7:00am shift and on Sundays & Mondays and alternate Thursdays and Saturday. This staff person was scheduled to work independently on the following days: 11/6/11-11/7/11-11/10/11-11/13/11-11/14/11-11/19/11-11/20/11 and 11/21/11.	12-8-11	The homes administrator believed the CPR and first aid was included in the CNA Certification when asked for current CPR & first aid, her card was not current. Staff A was placed on Ancill. duty and will be working with current CPR & 1st aid staff until 12-8-11 her CPR & first aid class is completed.	Steps have been taken to correct violation; full compliance is not verified. Date: 12/14/11 Initials: DSW

Adm used new schedule to insure only properly trained

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SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 12-8-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Trojano</i>	DATE 12-14-11

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
85a Sanitary conditions shall be maintained.	<ul style="list-style-type: none"> The second floor bathroom identified as bath #2 had a stream of what appeared to be dried fecal matter dripping down the exterior of the commode. Bathroom #2 had a heavy build up of black color mold on the floor along the shower floor and wall area of the shower. 	11/8/11	The Administrator had discussed with residents the importance of letting staff know when a accident occurs. as well as discussing the importance of maintaining sanitary conditions with the staff, and to insure sanitary conditions. bathrooms are being cleaned on all shifts not just third shift.	<i>AT</i> 12-14-11

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SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 12-7-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne H. Haggard</i>	DATE 12-7-11

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
95 Furniture and equipment shall be in good repair, clean and free of hazards.	<p>The home had several metal and wood radiator covers that were missing some elements allowing for exposed sharp and jagged edges. These dangerous radiator covers were located in the resident's dining room, resident bedroom #6 and the 2nd floor bathroom identified as bathroom #2.</p> <p>The bathroom located across from resident bedroom #3 had plastic handrails that were cracked and broken off.</p> <p>Repeated Violations: 08/26/2010</p>	12-22-11	<p>The home had the radiators fixed temporarily until the new radiator covers came, that owner had ordered.</p> <p>The home had replaced the bathroom hand rail.</p> <p>The Administrator will complete a walk thru inspection weekly to insure the home is in good repair.</p>	<p>Steps have been taken to correct violation; full compliance is not verified.</p> <p>Date: 12/22/11 Initials: (S) (S)</p>

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

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SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 12-7-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann O'Haire</i>	DATE 12-14-11

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
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 main refrigerator located in the kitchen of the home does not have an operable thermometer to ensure the food is being stored at the proper temperature. The basement chest style freezer did not have a thermometer at time of inspection. Repeated Violations: 08/26/2010	11-8-11	<i>The home does a weekly check of temperature to insure thermometers are operable and the temperatures are adequate. The Administrator placed a second thermometer in the kitchen refrigerator and both thermometers read 39°F. The homes administrator had found two thermometers in the chest freezer on 11-9-11 one was placed the day of inspection and we believe the other one was there but could not</i>	Steps have been taken to correct violation; full compliance is not verified. Date: 12-14-11 Initials: <i>Ann O'Haire</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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
105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryer according to the manufacturer's instructions.	The exterior dryer vent did not appear to have had regular cleaning maintenance. Two handfuls of wet soggy lint were removed at time of inspection. Repeated Violations: 08/26/2010	11-9-11	<p><i>The Homes Administrator in the past three weeks has checked the exterior dryer vent trying to find the cause of extra lint build up, and found on damp weathered days there was extra build up. The Homes Staff that clean the vent weekly will now also on wet, damp weathered days clean the vent additionally.</i></p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verified.</p> <p style="text-align: center;">Date: 12-14-11 Initials: (SP)</p>

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SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 12-7-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Arne Grayson</i>	DATE 12-14-11

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
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unobstructed.	The home's exterior fire escape was blocked by a black, plastic corrugated pipe. The home had placed this pipe there to drain rain water away from the structure. This was causing a blocked egress in the event of an emergency evacuation.	11-8-11	<p>The home has a plastic corrugated pipe placed to drain water away from the structure and exterior fire escape and in the past the homes staff has had to evacuate neighborhood children from the homes fire escape. The home normally keeps the plastic pipe behind the steps, the home will check at the time of vent cleaning weekly to ensure there are no obstructions on fire escape.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 12-14-11 Initials (DPM)</p>

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

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130h The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.	The home's emergency procedures do not include the procedures to be implemented in the event the home's smoke detectors or fire alarm system becomes inoperable.	11-9-11	The home was unable to locate the emergency procedure taken in the event the homes smoke detectors and or fire alarms became inoperable, it was located in the homes Disaster preparedness Plan. a copy is now placed in the homes policy and procedure manual.	<i>AG</i> 12-14-11

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SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 12-7-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherie Hiazio</i>	DATE 12-14-11

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
183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	The home stores its insulin in the refrigerator located within the kitchen. The refrigerator does not have an operable thermometer to determine that the prescription medication is being stored under proper conditions.	11-8-11	A second thermometer was placed in the refrigerator checking the temperature and the reading on both was 39°F. The home does keep extra thermometers on hand to insure that all good and prescription medications are stored under proper conditions.	<i>AG</i> 12-14-11

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	Resident #3 is prescribed the following medications; Carvedilol 12.5mg, Cilostazol 100mg, Simvastatin 20mg, and Lantus Insulin. The Medication Administration Record was not initialed by the staff administering the medications to indicate these medications were administered as prescribed on 11/6/11 at 8:00pm. Resident #4 is prescribed the following medications; Carbamazapine XR 400mg, Lorazepam .5mg, Primidone 250mg, Gabapentin 600mg, Citalopram HBR 10mg, Famotidine 20mg, and Risperadone 3mg. The Medication Administration Record was not initialed by the staff administering the medications to indicate these medications were administered as prescribed on 11/6/11 at 8:00pm. Resident #5 is prescribed Humulin Insulin. The Medication Administration Record was not initialed by the staff administering this medication to indicate this medication was administered as prescribed on 11/1/11 and 11/2/11 at 8:00pm.	11-8-11	The home contacted staff person [redacted] that worked on 11-6-11, that verified the medication was given but not Irish. When staff person [redacted] came to work on 11-8-11 3rd Shift she Irish circled and put explanation on the back of each MAR. This violation was also discussed at a Q.m meeting on 11-18-11	12-14-11

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE <i>12-7-2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann O'Haire</i>	DATE <i>12-14-11</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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #6 was admitted to the home on 10/19/11. The home did not complete an assessment for this resident as required.	<i>11-9-11</i>	<i>The homes Administrator missed in error the date due thinking it said due by 11-11-10. The administrator wanted it completed by 11-1-11 this made the assessment six days late, in the future all assessments will be completed 15 days after admissions the home has placed labels on residents files for reference to their due dates.</i>	<i>12-14-11</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S BOARDING HOME, 673 CAMPBELL STREET WILLIAMSPORT, PA 17701		CURRENT LICENSE NUMBER 202100	
INSPECTION DATES (Include all dates of the inspection) 11/15/2011 11/8/11		REGIONAL REPRESENTATIVE Ann O'Haire, Jesse Hummel	
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, President</i>			
SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 12-8-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anna Gray</i>	DATE 12-14-11

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
251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	The medical evaluation dated 5/19/11, completed for resident #1, has correction fluid over the resident's medication administration assessment.	11-8-11	Residents #1 physician was notified and had agreed to send a replacement medical evaluation. The homes administrator will review all residents medical evaluations to insure there completion and any errors.	A-2 12-14-11

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