

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**
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 **March 15, 2012** until **March 15, 2013**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 202090

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

APR 17 2012

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

Mr. Ronald E. Insinger, Owner
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 January 23, 2012 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 read "R. Melusky", with a long horizontal stroke extending to the right.

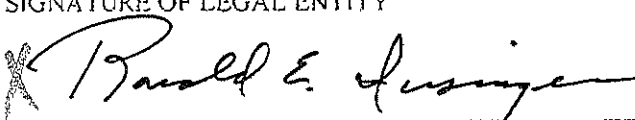

Ronald Melusky
Director

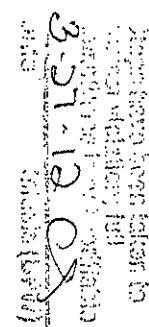
Enclosures
License
Violation Report

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH, 6 EAST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James 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 Insinger</i>			
SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl [Signature]</i>	DATE 3-27-12

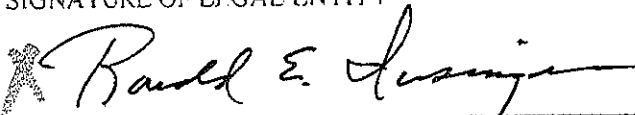
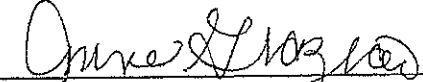
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
28f2 Refunds shall be made within 30 days of the resident's discharge.	<p>Resident # 1 was discharged from the facility on 9/2/11 and entered an inpatient Hospice Unit. Resident # 1 was given their PNA funds and their belongings were removed on this date. Resident # 1 passed away on 9/14/11 and the home had still not completed an itemized accounting of resident 's funds at the time of inspection.</p> <p>Resident # 2 was discharged from the facility to reside in the community with family on 8/1/11. The home had still did not completed an itemized account for Resident # 2 at time of inspection.</p>	<p>1/25/12</p> <p>1/25/12</p>	<p>A general itemized account page has been created and will be completed for every resident being discharged. Account page completed for Resident #1 and Resident #2 and added to files.</p> <p>A tracking system will be set up as a reminder - Adm will review monthly to insure compliance.</p>	<p>03-27-12</p> <p>Cheryl [Signature]</p> <p>DATE</p> <p>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</p>

RECEIVED
 MAR 01 2012
 SCRANTON FIELD OFFICE
 Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH, 6 EAST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Ronald Insinger</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-27-12

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
51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). 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	Direct Care Staff Person "A" was hired on 6/6/11. The home did not complete a PA Criminal History Background Check until 8/17/11, which is beyond the required 30 day time frame.	1/25/12	Staff person "A" had a DPW issued abuse and history clearance. I mistakenly thought this would suffice. After checking the regulations I did the clearance required by the regulations. When we have a new hire, I immediately do an online criminal record check w/ the Pa state police. This ensures that the 30 day time frame will be adhered to. Adm used review all new employee files to insure compliance.	

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 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Ronald Insinger			
SIGNATURE OF LEGAL ENTITY 	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-27-12

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
(relating to protective services for older adults) and other applicable regulations.				

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

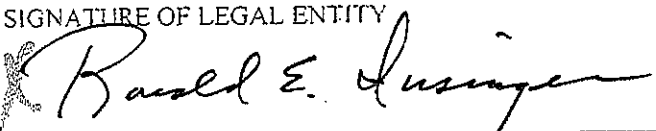

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH, 6 EAST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Ronald Insinger</i>			
SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann O'Haire</i>	DATE 3/27/12


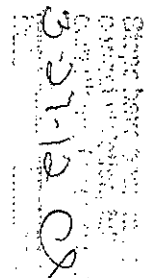
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
57b Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.	On Sunday 1/22/12 the home had 35 mobile residents residing in the facility. Based upon the number of residents and the resident's individual needs the home is required to provide at least 35 Hours of Direct Care Staffing Hours. On Sunday 1/22/12 the home only provided 25 Direct Care Hours for the residents. <i>* The adm. will continue to provide a minimum of 30 hours/week in an administrative capacity</i>	1/25/12	We are currently looking for new staff to hire and we are adding additional staff hours to each day during waking hours only. I am restructuring my administrative hours weekly and 10 hours per week will be used for direct care. The additional hours needed for direct care will be filled w a new time slot during the day. This is yet to be determined but a sample staff schedule is included. *	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;"> <p style="font-size: small; margin: 0;">Steph have been taken to correct viol. See list of corrections in the plan of correction.</p> <p style="font-size: small; margin: 0;">Date: <i>1/25/12</i></p> <p style="font-size: small; margin: 0;">Signature: <i>[Signature]</i></p> </div>

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH, 6 EAST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James 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 Insinger</i>			
SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann O'Haire</i>	DATE 3-27-12

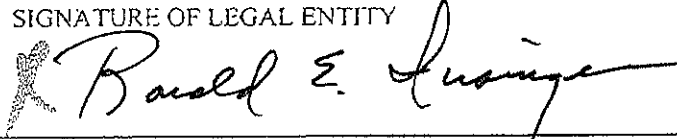
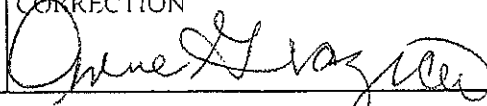
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
57d At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.	On Sunday 1/22/12 the home had 35 mobile residents residing in the facility. Based upon the number of residents and the residents individual needs the home is required to provide at least 26.25 Direct Care Hours during Waking Hours. On Sunday-1/22/12 the home only provided 18.5 Direct Care Hours to residents during Waking Hours. * The adm will review the schedule daily based on home's census and mobility needs of residents to insure the proper number of hours of direct care are being scheduled and provided. Adjustment will be made based on residents' needs. Adm will review weekly for compliance.	1/25/12	Same as 57b. The new staff, schedule changes will affect the entire week. 15 hours of administrator time will be devoted to direct care. This will be 3 hours M-F of direct care.*	<i>[Signature]</i> 3-27-12

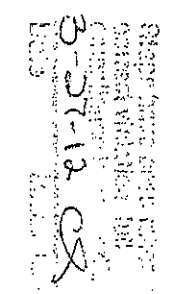
[Signature] 3-27-12

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH. 6 EAST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;"><i>Ronald Insinger</i></p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-27-12

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
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: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Direct Care Staff Person "A" first day of work was 6/6/11. Staff person "A" did not receive the required first day orientation in general fire safety and emergency preparedness until 6/8/11. Direct Care Staff Person "B" first day of work was 6/6/11. Staff person "B" did not receive the required first day orientation in general fire safety and emergency preparedness until 6/8/11. * Employee A will receive all necessary training as required in the regulation. The employee record will reflect such training as required.  3-27-12	1/25/12	From now on, the first day a new employee is here in the home for orientation, the general fire safety and emergency preparedness will be covered immediately. Staff will sign off on this their first day of employment. As per	

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 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;"><i>Ronald Insinger</i></p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-27-12

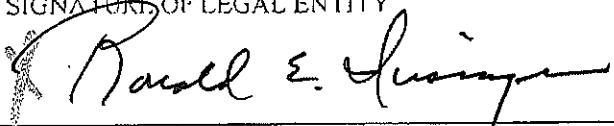
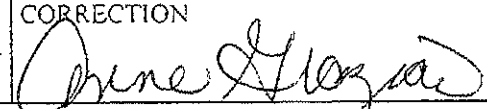
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			my conversation w/ DAW Jesse, he made a helpful suggestion that I create a checklist with all the items that need covered on the first day of employment. This will ensure everything required is done in a timely manner.	

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH, 6 EAST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James Hummel	
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 <i>Ronald E. Insinger</i>	DATE 2-28-2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chene Clayton</i>	DATE 03-27-12

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
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 (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Direct Care Staff Person "A" was hired on 6/6/11. On the date of inspection, Staff person "A" has still not received the required training in Resident Rights, the Emergency Medical Plan, Mandatory Reporting of abuse and neglect under the Older Adult Protective Services Act, or Reporting of reportable incidents and conditions. This training should have been completed within the first 40 hours of employment and prior to this staff person working in direct care of residents. Direct Care Staff Person "B" was hired on 5/6/11. On the date of inspection staff person "B" has still not received the required training in Resident Rights, the Emergency Medical Plan, Mandatory Reporting of abuse and neglect under the Older Adult Protective Services Act, or Reporting of reportable incidents and conditions. This required training should have been completed within the first 40 hours of employment and prior to this staff person providing direct care to residents.	1/28/12	Staff persons A & B have received the trainings on Resident Rights, emergency medical plan, mandatory reporting of abuse (OARSA) Reportable Incidents. Again, I will create a checklist of trainings that need covered in the first 40 hours. In the future Adm will review all new employee records w/in 40 hours of start	03-27-12 Chene Clayton Regional Licensing Director

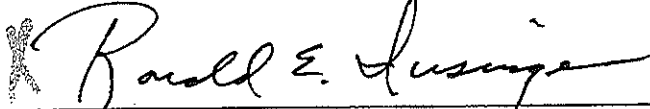
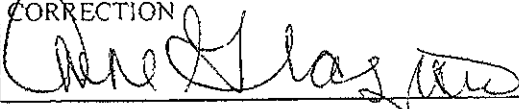
5-27-12
 work to insure
 regulatory compliance
 records & checks will be kept.

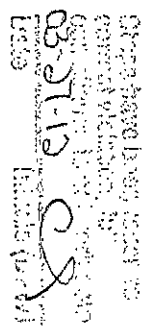
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH 6 EAST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;"><i>Ronald Insinger</i></p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-27-12

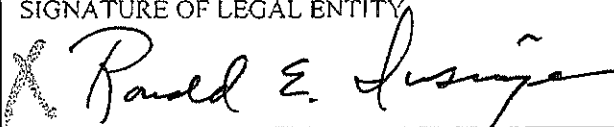

REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY

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

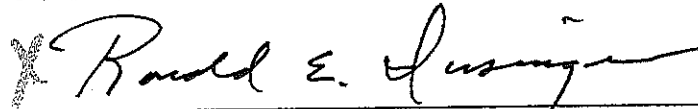

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH, 6 EAST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Ronald Insinger</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-27-12

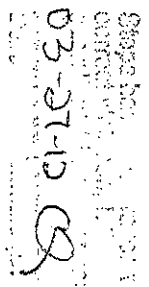
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (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. (3) Resident rights (under these	Direct Care Staff Person "D" was hired on 6/21/95. Staff person "D" did not receive the required annual training in Fire Safety and Emergency Preparedness Procedures, The Older Adult Protective Services Act or Falls and Accident Prevention for the 2011 training year. Direct Care Staff Person "E" was hired on 7/22/02. Staff person "E" did not receive the required annual training in Fire Safety and Emergency Preparedness Procedures, The Older Adult Protective Services Act or Falls and Accident Prevention for the 2011 training year.	1/28/12	Staff persons D + E received training for the annual requirements in Fire Safety, Emergency Preparedness, OAPSA, and Accident Prevention. As administrator I will make sure every staff person attends trainings when offered. In the future we adm will review annual training of direct care staff to insure compliance. Q 3/1/12	

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 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em; margin: 0;">Ronald Insinger</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 03-27-12

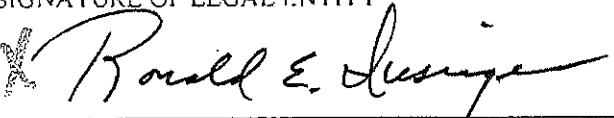

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

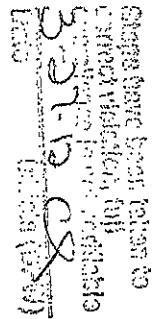
NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH, 6 EAST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATES (include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE; only unless multiple representatives produce the plan) <p style="text-align: center;">Ronald Insinger</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-27-12

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
103h Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.	At 2:25pm Department Representatives observed a large Ham Loaf thawing in a stainless steel pan sitting on top of the kitchen counter.	1/27/12	Staff was offered retraining on food prep, handling & proper storage of food using dpw materials, usda.gov materials The Adm or a designee will conduct weekly checks of food safety to insure compliance. OR 3/27/12	 3-27-12

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH 6 EAST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James 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 Insinger</i>			
SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann O'Haire</i>	DATE 3-27-12

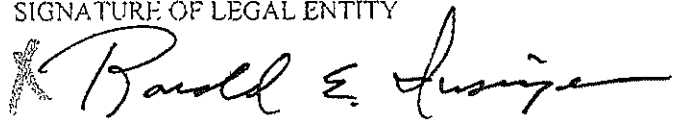
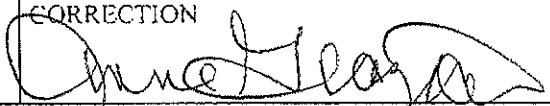
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY																																																																	
132a An unannounced fire drill shall be held at least once a month.	<p>The home's administrator staff Person "F" reported that they did inform staff to schedule fire drills on different shifts. The home's staff had prior notification of when a drill was to be held.</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/28/2011</td><td>11:10 PM</td><td>2 mins. 11 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/28/2011</td><td>01:45 PM</td><td>2 mins. 45 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/29/2011</td><td>02:30 PM</td><td>2 mins 10 secs</td><td>No</td></tr> <tr><td>Apr</td><td>04/17/2011</td><td>11:00 AM</td><td>2 mins. 18 sec</td><td>No</td></tr> <tr><td>May</td><td>05/14/2011</td><td>03:20 PM</td><td>2 mins. 7 secs</td><td>No</td></tr> <tr><td>Jun</td><td>06/14/2011</td><td>10:30 AM</td><td>2 mins 22 secs</td><td>No</td></tr> <tr><td>Jul</td><td>07/13/2011</td><td>02:45 AM</td><td>2 mins. 15 secs</td><td>No</td></tr> <tr><td>Aug</td><td>08/15/2011</td><td>09:30 AM</td><td>2 mins. 13 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/29/2011</td><td>11:00 PM</td><td>2 mins. 45 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/13/2011</td><td>10:50 AM</td><td>1 min 45 secs.</td><td>Yes</td></tr> <tr><td>Nov</td><td>11/01/2011</td><td>12:45 AM</td><td>2 mins 05 secs</td><td>No</td></tr> <tr><td>Dec</td><td>02/27/2012</td><td>10:05 AM</td><td>2 mins 35 secs</td><td>No</td></tr> </tbody> </table>	Month	Date	Time	Evac. Time	FSE	Jan	01/28/2011	11:10 PM	2 mins. 11 sec	No	Feb	02/28/2011	01:45 PM	2 mins. 45 sec	No	Mar	03/29/2011	02:30 PM	2 mins 10 secs	No	Apr	04/17/2011	11:00 AM	2 mins. 18 sec	No	May	05/14/2011	03:20 PM	2 mins. 7 secs	No	Jun	06/14/2011	10:30 AM	2 mins 22 secs	No	Jul	07/13/2011	02:45 AM	2 mins. 15 secs	No	Aug	08/15/2011	09:30 AM	2 mins. 13 sec	No	Sep	09/29/2011	11:00 PM	2 mins. 45 sec	No	Oct	10/13/2011	10:50 AM	1 min 45 secs.	Yes	Nov	11/01/2011	12:45 AM	2 mins 05 secs	No	Dec	02/27/2012	10:05 AM	2 mins 35 secs	No	2/10/12	<p>Previously I would tell staff when to hold the fire drills. From now on all fire drills will be determined by myself (administrator) or the owner. The fire drill will occur monthly, twice a year during sleeping hours. The owner or myself will determine when the alarm will be pulled - ADT will be notified.</p>	<p><i>Ann O'Haire</i> 3-27-12</p>
Month	Date	Time	Evac. Time	FSE																																																																	
Jan	01/28/2011	11:10 PM	2 mins. 11 sec	No																																																																	
Feb	02/28/2011	01:45 PM	2 mins. 45 sec	No																																																																	
Mar	03/29/2011	02:30 PM	2 mins 10 secs	No																																																																	
Apr	04/17/2011	11:00 AM	2 mins. 18 sec	No																																																																	
May	05/14/2011	03:20 PM	2 mins. 7 secs	No																																																																	
Jun	06/14/2011	10:30 AM	2 mins 22 secs	No																																																																	
Jul	07/13/2011	02:45 AM	2 mins. 15 secs	No																																																																	
Aug	08/15/2011	09:30 AM	2 mins. 13 sec	No																																																																	
Sep	09/29/2011	11:00 PM	2 mins. 45 sec	No																																																																	
Oct	10/13/2011	10:50 AM	1 min 45 secs.	Yes																																																																	
Nov	11/01/2011	12:45 AM	2 mins 05 secs	No																																																																	
Dec	02/27/2012	10:05 AM	2 mins 35 secs	No																																																																	

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH, 6 EAST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center;">Ronald Insinger</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/27/12

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
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.	The home did not have a stated fire evacuation time that was given by their fire safety expert. The home did hold a fire drill on 9/29/11 at 11:00pm that took 2 minutes and 45 seconds.	2/10/12	I have asked the fire chief to provide us in writing, what the required evacuation time is for our residents. He will be providing us with that information at the next drill in which he will be in charge of here at Insinger's. That will occur in April 2012. The adm will fax that letter to the NE Regional office	

@ 570-963-3018 upon receipt. 3-27-12

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

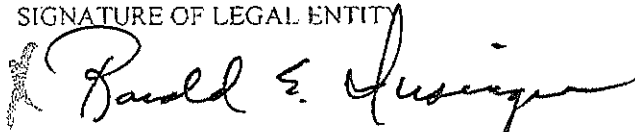

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH 6 EAST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em; margin: 0;">Ronald Insinger</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/27/12

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																																																																	
	<table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th style="width: 5%;"><u>Mont</u></th> <th style="width: 15%;"><u>Date</u></th> <th style="width: 15%;"><u>Time</u></th> <th style="width: 15%;"><u>Evac. Time</u></th> <th style="width: 10%;"><u>FSE</u></th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/28/2011</td><td>11:10 PM</td><td>2 mins. 11 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/28/2011</td><td>01:45 PM</td><td>2 mins. 45 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/29/2011</td><td>02:30 PM</td><td>2 mins 10 secs</td><td>No</td></tr> <tr><td>Apr</td><td>04/17/2011</td><td>11:00 AM</td><td>2 mins. 18 sec</td><td>No</td></tr> <tr><td>May</td><td>05/14/2011</td><td>03:20 PM</td><td>2 mins. 7 secs</td><td>No</td></tr> <tr><td>Jun</td><td>06/14/2011</td><td>10:30 AM</td><td>2 mins 22 secs</td><td>No</td></tr> <tr><td>Jul</td><td>07/13/2011</td><td>02:45 AM</td><td>2 mins. 15 secs</td><td>No</td></tr> <tr><td>Aug</td><td>08/15/2011</td><td>09:30 AM</td><td>2 mins. 13 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/29/2011</td><td>11:00 PM</td><td>2 mins. 45 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/13/2011</td><td>10:50 AM</td><td>1 min 45 secs.</td><td>Yes</td></tr> <tr><td>Nov</td><td>11/01/2011</td><td>12:45 AM</td><td>2 mins 05 secs</td><td>No</td></tr> <tr><td>Dec</td><td>02/27/2012</td><td>10:05 AM</td><td>2 mins 35 secs</td><td>No</td></tr> </tbody> </table>	<u>Mont</u>	<u>Date</u>	<u>Time</u>	<u>Evac. Time</u>	<u>FSE</u>	Jan	01/28/2011	11:10 PM	2 mins. 11 sec	No	Feb	02/28/2011	01:45 PM	2 mins. 45 sec	No	Mar	03/29/2011	02:30 PM	2 mins 10 secs	No	Apr	04/17/2011	11:00 AM	2 mins. 18 sec	No	May	05/14/2011	03:20 PM	2 mins. 7 secs	No	Jun	06/14/2011	10:30 AM	2 mins 22 secs	No	Jul	07/13/2011	02:45 AM	2 mins. 15 secs	No	Aug	08/15/2011	09:30 AM	2 mins. 13 sec	No	Sep	09/29/2011	11:00 PM	2 mins. 45 sec	No	Oct	10/13/2011	10:50 AM	1 min 45 secs.	Yes	Nov	11/01/2011	12:45 AM	2 mins 05 secs	No	Dec	02/27/2012	10:05 AM	2 mins 35 secs	No			
<u>Mont</u>	<u>Date</u>	<u>Time</u>	<u>Evac. Time</u>	<u>FSE</u>																																																																	
Jan	01/28/2011	11:10 PM	2 mins. 11 sec	No																																																																	
Feb	02/28/2011	01:45 PM	2 mins. 45 sec	No																																																																	
Mar	03/29/2011	02:30 PM	2 mins 10 secs	No																																																																	
Apr	04/17/2011	11:00 AM	2 mins. 18 sec	No																																																																	
May	05/14/2011	03:20 PM	2 mins. 7 secs	No																																																																	
Jun	06/14/2011	10:30 AM	2 mins 22 secs	No																																																																	
Jul	07/13/2011	02:45 AM	2 mins. 15 secs	No																																																																	
Aug	08/15/2011	09:30 AM	2 mins. 13 sec	No																																																																	
Sep	09/29/2011	11:00 PM	2 mins. 45 sec	No																																																																	
Oct	10/13/2011	10:50 AM	1 min 45 secs.	Yes																																																																	
Nov	11/01/2011	12:45 AM	2 mins 05 secs	No																																																																	
Dec	02/27/2012	10:05 AM	2 mins 35 secs	No																																																																	

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH, 6 EAST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James 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 Insinger</i>			
SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>		DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann O'Haire</i>
			DATE 3-27-12

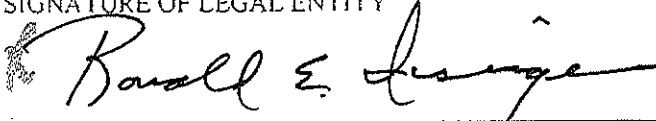

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general 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	Resident # 3 has a medical evaluation form dated 7/7/11 was incomplete. The home had a medication sheet attached to the resident's medical evaluation that was not signed and dated by resident's # 3 Physician. Repeated Violations: 11/01/2010 * - The Adm ora designee will review all med lvs. a tracking sheet will be used to insure compliance, correctness, completeness. This tracking sheet will be retained for review upon inspection. 02 3-27-12	1/28/12	We try to look over every piece of paper that comes back from the Dr. for each resident. We try to catch every area that a Dr. needs to initial. We faxed the Dr for [redacted] med list to be signed and we are waiting for the return fax. *	<i>W L D D</i>


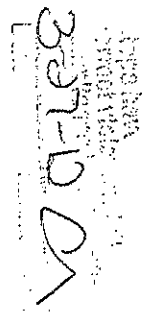
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH, 6 EAST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em; margin: 0;">Ronald Insinger</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-27-12

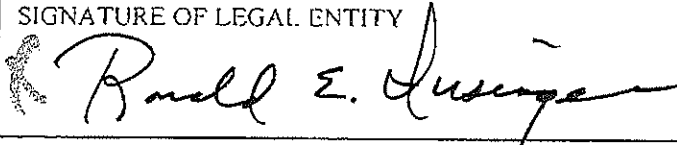
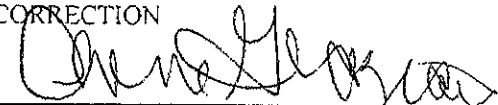
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication 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.				


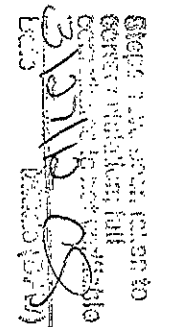
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH, 6 EAST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Ronald Insinger</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-27-12

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
181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	Resident # 4 has a medical evaluation form that states that this resident is capable of self medicating and does so with some medications, however the home's resident assessment and support plan does not reflect that this resident is able to self medicate.	1/28/12	We have changed the resident's assessment & support plan to reflect that the resident is able to self-medicate according to the MA-51. Adm will review resident records to insure med plans are in agreement w/assessments and support plans.  3-27-12	

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 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Ronald Insinger</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-27-12

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
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident # 5 has a resident contract that does not have included in the resident's contract that he/she was educated in their right to refuse medications if they feel they had been given in error.	1/28/12	Resident #5's contract has been amended + initialed by the resident. [redacted] understands that [redacted] has the right to refuse medications. I have added item Z regarding med refusal to blank contracts so that in the future it will not be forgotten. Adm used review res. contracts & records to insure compliance in all records. 	 3/27/12

NAME AND ADDRESS OF PERSONAL CARE HOME INSINGER S PERSONAL CARE SOUTH 6 EAST CENTRAL AVENUE SOUTH WILLIAMSPORT, PA 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATES (Include all dates of the inspection) 01/23/2012		REGIONAL REPRESENTATIVE Ann O'Haire, James Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center;">Ronald Insinger</p>			
SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 2/27/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-27-12

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>Resident # 6 has a Preadmission form dated 9/12/11. It was incomplete because it was not checked that the home was able to meet their needs.</p> <p>Resident # 7 DOA 12/5/11 did not have a preadmission form present in their resident record at time of inspection.</p> <p>Repeated Violations: 11/01/2010</p> <p><i>* Adm well reviewed all resident records upon adm to insure compliance</i></p> <p>RECEIVED MAR 01 2012 SCRANTON FIELD OFFICE Adult Residential Licensing</p>	1/28/12	<p>Resident #6 preadmission screening was completed by [redacted] caseworker and was incomplete. We can meet resident's needs and screening has been amended to reflect this. In the future the administrator will complete all pre-screenings.</p> <p>Resident #7 preadmission was found in back of binder and placed in correct file in binder. *</p>	<i>[Signature]</i>