

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

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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
(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 November 24, 2012 until November 24, 2013,
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



DEC 10 2012

Mr. Ronald E. Insinger, Owner
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 (Department) licensing inspection on August 30, 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 Human Services Licensing so that compliance can be verified.

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

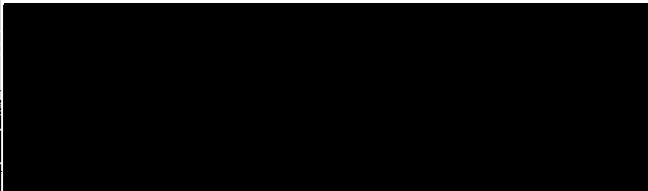
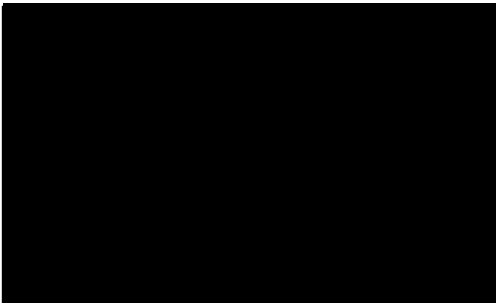
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky". The signature is written in a cursive style with a long horizontal stroke at the end.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: INSINGER'S BOARDING HOME		License Number:
Address: 673 CAMPBELL STREET, WILLIAMSPORT, PA 17701		County: Lycoming
Administrator: MARSHA REED		Region: NORTH
Legal Entity Name: INSINGER'S PERSONAL CARE HOME INC.		
Legal Entity Address: 673 CAMPBELL STREET, WILLIAMSPORT, PA 17701		
Certificate(s) of Occupancy Other 03/05/1985 labor and industry		
Staffing Hours Resident Support: 14.25 Total Daily Staff: 33 Waking Staff: 25		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/30/2012: Dumas, Gerald, Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable 		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 20 Number of Residents Served: 19 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 20210 - 08/30/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.25(d) - A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1- 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

2. DESCRIPTION OF VIOLATION

Resident # 1's contract dated 4/20/12 does not include the homes intended use of the revenue collected from rent rebate monies. The home collects 50% of the rent rebate.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)

include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The homes administrator forgot to complete Addendum C at the time of resident #1 admission, The administrator will in the future review all resident Contracts and their entirety.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Ronald E. Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RONALD E. INSINGER* Date *10-9-2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/14/12 (Date)

Signature of Legal Entity Representative 11/14/12 (Date)

The above plan of correction was approved by *m* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20210 - 08/30/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.85(a) - Sanitary conditions shall be maintained.

2. DESCRIPTION OF VIOLATION

The home is reusing 3 ounce plastic, white, solo cups to administer water and suspension medications in which 5 of the 12 cups were heavily stained inside from suspension medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The medication cups were discarded, Med Staff now uses the resident pre-packaged medication and opens them at the time administered to resident. The home started this new medication administration the day of inspection. (Aug. 30, 2012)

Violation Corrected 8-30-12

The administrator will monitor for ongoing compliance -

[Signature]
11/14/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Ronald E. Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **RONALD E. INSINGER** Date **10-9-2012**

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The above plan of correction is approved as of <u>11/14/12</u> (Date)	Signature of Legal Entity Representative <u><i>[Signature]</i></u> (Date) <u>11/14/12</u>
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20210 - 08/30/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2. DESCRIPTION OF VIOLATION

The two bathroom screens located on the 2nd floor across from room 7, each have a tear in the screens ; one had a 4 inch tear and the other a 3 inch tear which allows for the penetration of insects.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The homes Administrator during a walk through did not notice the tear in the screens, windows are normally kept closed, The screens were repaired and in place on 8-31-12.

The administrator will monitor for ongoing compliance

[Signature]
11/14/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Ronald E. Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RONALD E. INSINGER* Date *10-9-2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>11/14/12</i> (Date)	Signature of Legal Entity Representative <i>[Signature]</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20210 - 08/30/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2. DESCRIPTION OF VIOLATION

The bedside lamp next to Bed #1 in Room #6 was not operable at the time of the inspection.
There was no bedside lamp or source of lighting next to Bed #1 in Room #10.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home's Administrator does a weekly walk through inspection, in room 6 Bed 1 the bulb must have just blown and in room 10 bed 1 the resident stated [redacted] had broke [redacted] lamp and did not want to tell us [redacted] broke it, the home keeps extra bulbs and lamps for replacement, The home replaced the blown bulb and lamp at the time of inspection. - 8-30-12.

The administrator will monitor for ongoing compliance.

[Signature]
11/14/12

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Ronald E. Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **RONALD E. INSINGER** Date 10-9-2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/14/12</u> (Date)	Signature of Legal Entity Representative <u><i>[Signature]</i></u> (Date) <u>11/14/12</u>
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20210 - 08/30/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.183(e) - 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.

2. DESCRIPTION OF VIOLATION

On 8/30/2012, when examining Resident # 2's Humalog 20 units for resident # 2 to be taken subq. 2 x daily, neither the bottle nor box were dated to indicate when the medication was first opened or the medication bottle was first pierced.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home reordered resident #2 new Insulin and the importance of the date when medications are opened was discussed with all staff to insure all medications when opened are dated.

Violation Corrected on 8-30-12

The administrator will monitor for ongoing compliance.

M
11/14/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Marsha Reed - Administrator</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Marsha Reed</i>	<i>10-11-12</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/14/12
(Date)

Signature of Legal Entity Representative *M* 11/14/12
(Date)

The above plan of correction was approved by *M*
(Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20210 - 08/30/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

2. DESCRIPTION OF VIOLATION

The medication administration record for resident # 3 does not include the diagnosis or purpose for Gentamicin 3 mg. 1 ml eye drops Install 1 drop into affected eye 3 x a day.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The homes med. staff review MAR's a week prior to there use the DX's was missed of resident #3 eye drops and was added at the time of inspection, 8-30-12

The administrator will monitor monthly and assure ongoing compliance.

M
11/14/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Ronald E. Insinger

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

RONALD E. INSINGER

Date 10-9-2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

11/14/12
(Date)

Signature of Legal Entity Representative

11/14/12
(Date)

The above plan of correction was approved by

M
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented