

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 (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 June 3, 2013 until June 3, 2014,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 03 2013

Mr. Ronald E. Insinger, Owner/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 (Department) licensing inspection on December 18, 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 "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 20209 - 12/18/2012 - O'Haire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

A copy of the 2600 regulations was not found posted in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

A copy of the 2600 regulations were replaced on 12-18-12, and will be checked regularly, weekly when menus are changed, and accessible to residents and guests. The home has replaced this several times when residents take them and will continue to replace them, during a resident meeting the Administrator has asked residents to please replace or return the regulation book when finished with it. Administrator also has more books on hand to replace them in the future.

Adm will check on a weekly basis to insure compliance. - called adm on 3-18-13 to review.

QJ

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Donald Insinger

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

Donald Insinger owner

Date 1-24-2013

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

The above plan of correction is approved as of

3-18-13
 (Date)

Plan of correction implementation status as of _____
 (Date)

The above plan of correction was approved by

QJ
 (Initials)

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

Violation Report: 20209 - 12/18/2012 - O'Haire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for Resident # 1, date of admission 8-7-12, was not signed by the administrator or designee.
 The contract for Resident #2, date of admission 8-2-12, was not signed by the administrator or designee.
 The contract for Resident # 3, date of admission 2-9-12, was not signed by the administrator or designee.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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 Administrator at the time Leslie Bowman had forgotten to sign the contracts for resident # 1, 2 and 3, at the time of admission. The homes current Administrator reviewed and signed the contracts with residents finish. on 12-19-12. Also new contracts were reviewed, signed by residents and Administrator for the year 2013, and in the future the homes Administrator will sign contracts at time of admission or when due.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ronald Insinger

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

Ronald Insinger owner

Date

1-24-2013

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3-18-13
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3-18-13
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 20209 - 12/18/2012 - OHaire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.65(a) - 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 location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe 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.

2a. DESCRIPTION OF VIOLATION

Prior to the first day of work, direct care staff person A, date of hire, 4/6/12, and direct care staff person B, date of hire, 5/16/12, did not receive the required first day orientation as required.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

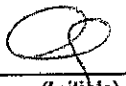
On Staff A date of hire was 4-16-12, Administrator Leslie Bowman completed orientation but did not use DPW orientation form, Staff B date of hire 5-6-11 did not complete a full orientation, at this time both staff has completed the trainings in the year 2012 that would be included in a orientation, Present administrator will complete orientation with new hires prior to the first day of work in the future.

Repeat Violation: No	Date(s) of Previous Violation(s):	01/23/2012	
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Signature of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ronald Insinger owner</i>	Date <i>1-24-2013</i>
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Violation Report: 20209 - 12/18/2012 - O'Haire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.65(b) - 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 and conditions.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, date of hire 4/16/12, did not receive training in the following topics within the first 40 hours of employment:

- 1. Resident rights
- 2. Emergency medical plan
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.
- 4. Reporting of reportable incidents and conditions.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Administrator at the time of Staff A hire did not use DPW orientation form, but a orientation was completed with resident rights, Emergency medical plan, mandatory reporting of abuse and neglect under the OAPSA, and reportable incidents and condition, DPW orientation forms will be used in the future.

Adm or designee will review new employee info to insure compliance spoke to adm on 3-18-13 regarding this. 3-18-13

Repeat Violation: No	Date(s) of Previous Violation(s):	01/23/2012	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ronald Insinger owner</i>	Date <i>1-24-2013</i>
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Violation Report: 20209 - 12/18/2012 - O'Haire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

The resident shower room located on the first floor had a shower curtain that had black stains on the bottom hem.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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 replaced all Shower Curtains with a better quality Shower Curtain (stain resistant) and staff now spray showers and shower curtains after each use with Lysol disinfectant spray helping to eliminate any bacteria or stains, corrected on 12-19-12, and showers will be checked nightly for curtain replacement when needed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ronald Insinger

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

Ronald Insinger owner

Date

1-24-2013

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3-18-13
 (Date)

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[Signature]
 (Initials)

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- Not Implemented

Violation Report: 20209 - 12/18/2012 - O'Haire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The garbage can in the kitchen, near the sink and the stove, did not have a lid.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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 had provided a covered trash can by the sink and stove area. The lid must of fell into the trash can and was thrown away. The home has replaced the trash can with a covered trash can. The homes administrator will in the make sure all trash receptacles have lid coverings in all common areas, replaced and corrected on 12-19-12. Adm or designee will make weekly spot checks to insure on going compliance. Reviewed w/ adm by phone 3-18-13.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger owner* Date *1-24-2013*

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Violation Report: 20209 - 12/18/2012 - O'Haire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The emergency telephone numbers were incorrect and were not posted where the residents had access to them.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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 emergency telephone numbers were up dated at the time of inspection. At the time of inspection numbers were posted by the residents phone line at the kitchen entry. in reading the regulation, Administrator believed emergency telephone numbers had to be by the telephones. Correction was made on 12-18-12 moving the emergency numbers to common areas thru out the home, also at the time of inspection there was a listing given by office on ageing this is posted on the back of each residents door of there bed room. Adm or designee will make monthly checks to insure required phone #s are posted on or near all telephones w/outside line Op. 3-18-13

Repeat Violation: No	Date(s) of Previous Violation(s): 01/23/2012	
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Signature of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ronald Insinger owner	Date 1-24-2013
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Violation Report: 20209 - 12/18/2012 - O'Haire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 First Aid kit was missing a pair of tweezers.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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 first aid kit was missing tweezers that were later found in the medication room later replaced in the first aid kit. The home has extra supplies on hand to replace any missing items from the first aid kit, and the first aid kit will be checked weekly to insure all items are available.

by Adam or designee.

reviewed w/adm via phone 3-18-13.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger owner* Date *1-24-2013*

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The above plan of correction is approved as of 3-18-13
 (Date)

Plan of correction implementation status as of 5-18-13
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

Violation Report: 20209 - 12/18/2012 - O'Haire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION
 Resident room #13 did not have a mirror available to its residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

A former resident that was just discharged from that room prior to inspection must have taken the bedroom #13's mirror with him. The mirror was replaced at the time of inspection. The home has replacement mirrors on hand for when needed, staff checks weekly when room cleaning for missing or broken mirrors, lamps, chairs or any bedding issues.

*Adm or designee will make weekly checks to insure all required furnishings are in resident rooms. Reviewed by adm via phone on 3-18-13. *RF**

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
<i>Ronald Insinger owner</i>			<i>1-24-2013</i>

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Violation Report: 20209 - 12/18/2012 - O'Haire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

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.

2a. DESCRIPTION OF VIOLATION
 Resident room A did not have a bed side lamp available for the one resident who resided in the room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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 has provided resident in room A with a bed side lamp, the resident had unplugged and moved the lamp to a dresser across the room, The resident was shown the regulation and asked again to please not move his lamp. Staff will check during weekly room cleanings to insure a operable lamp is by his bedside.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ronald Insinger owner* Date *1-24-2013*

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Plan of correction implementation status as of 3-18-13
 (Date)

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 (Initials)

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Violation Report: 20209 - 12/18/2012 - O'Haire, Anne

PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The home's Frigidaire refrigerator, located in the basement area of the facility, also marked #3, did not have a thermometer. The Freezer located in the basement marked #2, did not have a functioning thermometer. This thermometer was reading 40 F.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.


At the time of inspection the thermometer in the basement refrigerator and freezer #2 in the basement could not be located. The thermometer are a lot of times knocked out of the refrigerators & freezers when foods are put in or taken out, several are found under the appliances when they are moved for cleaning, at the time of inspection the thermometers were replaced the refrigerators and freezers will be checked weekly by the cook staff in the future

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ronald Insinger owner</i>	Date <i>1-24-2013</i>
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Violation Report: 20209 - 12/18/2012 - O'Haire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 There were approximately 50 eggs in the crisper bin of the refrigerator with no date on the eggs or any indication as to the expiration date of the eggs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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 at the time of food delivery marks and labels with a date all foods, a label was placed on the outside of the refrigerator saying eggs 12-5-12. The label must have fallen off and discarded. Cook staff will check weekly to insure foods are kept dated in the future.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger owner* Date *1-24-2013*

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Violation Report: 20209 - 12/18/2012 - O'Haire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

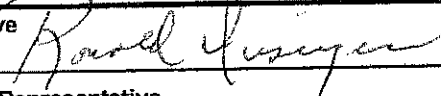
1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home did not conduct an annual fire drill that was observed and conducted by a fire safety expert. The administrator did report that an annual inspection had been completed on 11/13/12 however no fire drill was conducted by the fire safety inspector at the time.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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 has contacted the fire safety inspector on several occasions and dates were scheduled for his participation in a fire drill but never took place when due. The fire drill was conducted in December for the year 2012. The Administrator has requested the fire safety inspector complete the 2013 inspection, training and drill two month prior to the date due. Adm or designee will track on an annual training calendar or other tracking method in order to insure compliance going forward. Reviewed w/adm via phone 3-18-13. 

Repeat Violation: No Date(s) of Previous Violation(s):

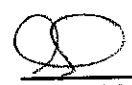
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ronald Insinger owner Date 1-24-2013

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Plan of correction implementation status as of 3-18-13 (Date)

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Violation Report: 20209 - 12/18/2012 - O'Haire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the home on 8-7-12 and did not have a medical evaluation completed until 9-11-12.
 Resident #3 was admitted to the home on 2-9-12 and the most recent medical evaluation completed was dated 9-23-11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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 staff schedules medical evaluations prior to being due. The physicians cancel appointments and reschedule with no regards to medical evaluations being late, the home did not believe the medical evaluation was late for resident # 3 because the date of med. eval. completion was 2-1-12 and the MD signed 2-2-12. The homes Administrator will see that medical evaluations are scheduled two months prior to being due. Adm or designee will track compliance on a monthly basis in an effort to maintain compliance in the future. Spoke w/adm via phone 3-18-13. *RP*

Repeat Violation: No Date(s) of Previous Violation(s): 01/23/2012

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 Insinger owner* Date *1-24-2013*

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The above plan of correction is approved as of <u>3-18-13</u> (Date)	Plan of correction implementation status as of <u>3-18-13</u> (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: 20209 - 12/18/2012 - O'Haire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #4 had a medical evaluation on 8-21-12; the resident's previous evaluation was done on 8-3-11.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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 had scheduled this medical evaluation on July 27, 2012 and the physician's office had cancelled the appointment making this medical evaluation late. The Homes Administrator will see that medical evaluations are scheduled two months prior to being due. Adm or designee will track on a monthly basis in order to insure future compliance. QP Reviewed w/ Adm via phone 3-18-13.


Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger Owner* Date *1-29-2013*

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 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 3-18-13
 (Date)

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

Violation Report: 20209 - 12/18/2012 - OHaire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1 is on a NCS diet, according to the medical evaluation dated 9-11-12.. Documentated In the resident's RASP, states the resident is not on a special diet.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Resident #1 RASP was written prior to the medical evaluation, and the home did not up date the dietary needs for resident #1 in his RASP.

The home Administrator will update the residents records (RASP) when receiving and reviewing the medical evaluation in the future, corrected on 12-18-12

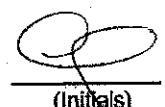
Adm or designee will set up and track necessary charges regarding resident's needs and services. This should be done on a monthly basis. Reviewed w/ adm via phone 3-18-13. *RF*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger owner* Date *1-24-2013*

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Violation Report: 20209 - 12/18/2012 - O'Haire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

In the home's first aid kit, was a bottle of Bactine, expiration date 6/12.
 In the home's first aid kit, was a tube of Neosporin, expiration date 7/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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 has replaced out dated tube of Neosporin and bactine on 12-18-12 in the first aid kit and will check weekly to insure all supplies are not expired, up to date or missing in the future.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ronald Insinger

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

Ronald Insinger Owner

Date 1-24-2013

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3-18-13
 (Date)

Plan of correction implementation status as of

3-18-13
 (Date)

The above plan of correction was approved by

OP
 (Initials)

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

Violation Report: 20209 - 12/18/2012 - O'Haire, Anne

PCH Name: INSINGER S PERSONAL CARE SOUTH

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.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Metformin, 1000 mg tab. 1/2 tab. 2 times daily. The Medication Administration Record states Metformin 1000 mg tab. 2 times daily. The MAR is incorrect and the resident has been receiving the wrong dose.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Resident #1 was prescribed Metformin 1000mg. 1/2 tab. twice daily. his medication was also packaged by pharmacy the same. The MAR's was printed incorrectly and his doctor was contacted to insure proper medication was given, now all MAR's are now double checked in the future. Adm or designee will insure that a MAR's review is done for all residents at least monthly to coincide w/ Rx deliveries for the residents. Reviewed by phone w/ adm 3-18-13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger owner* Date *1-24-2013*

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<p>The above plan of correction is approved as of <u>3-18-13</u> (Date)</p> <p>The above plan of correction was approved by <u><i>OO</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>3-18-13</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 20209 - 12/18/2012 - OHaire, Anne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed Metformin, 1000 mg tab. 1/2 tab. 2 times daily. The Medication Administration Record states Metformin 1000 mg tab. 2 times daily. The MAR is incorrect and the home is not following the direction of the prescriber.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must 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.

Resident #1 was prescribed Metformin 1000 mg, 1/2 tab. twice daily. The home corrected the MAR's and the prescribed dose was given. The error was an incorrect MAR. Staff will double check and review all MARs for corrections before use.

Adm or designee will review all MARs & dr. orders at least once/month to insure accuracy and correctness. Reviewed w/ adm 3-18-13 via phone.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ronald Insinger Owner</i>	Date <i>1-24-2013</i>
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