



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

NOV 28 2013

Mr. Ronald E. Insinger, President  
Insinger's Personal Care Home Inc.  
673 Campbell Street  
Williamsport, Pennsylvania 17701

RE: Insinger's Boarding Home  
License #: 202100

Dear Mr. Insinger:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 2, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Your regular license for the period November 24, 2013 to November 24, 2014 was issued on August 9, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Acting Director *SH*

Enclosure  
License Inspection Summary



Violation Report: 20210 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

**2a. DESCRIPTION OF VIOLATION**  
 The Pennsylvania state criminal background check for staff person A (hired 5/3/13) was completed on 6/21/13, more than 30 days after the date of hire. The staff person continued to work beyond the 30-day provisional hiring period pending receipt of the criminal background check.

**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 Criminal background check was sent in at time of hire and was sent back due to a missing number in her social security so Administrator re-submitted it, causing it to be late. Staff person A did not work alone until criminal background was received. In the future all Criminal background forms will be rechecked for there completion before being sent in.

\* The administrator shall monitor for ongoing compliance. M 11/7/13

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, Owner*      Date *10/30/13*

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

The above plan of correction is approved as of 11/7/13 (Date)      Plan of correction implementation status as of 11/7/13 (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 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600  
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

"Member's Mark" brand powder dish detergent was removed from the original container and was stored in a plastic drinking cup located under the kitchen sink. The label on the original container stated, "If swallowed, give a glassful of water or milk and call a doctor if symptoms persist."

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 staff poured detergent in a cup for the dishwasher for convenience. The staff has been made aware of this regulation and are aware that no cups or glasses are to be used for soaps, cleaners, or detergents at anytime, and that all cleaners, soaps and detergents must be kept in there original containers.

\* The administrator shall monitor for ongoing compliance.

*M*  
11/7/13

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, Owner* Date *10/30/13*

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- Partially Implemented - Adequate Progress
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- Not Implemented

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

Violation Report: 20210 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**2a. DESCRIPTION OF VIOLATION**

The following poisonous materials were stored in the unlocked cabinet under the home's kitchen sink. Residents are permitted in the kitchen and the cabinets have no means of being locked in order to secure the poisonous materials when staff is not present:

- "Member's Mark" brand powder dish detergent with a label that stated, "If swallowed, give a glassful of water or milk and call a doctor if symptoms persist."
- "Power House" brand dishwasher gel with a label that stated, "Avoid contact with eyes. Harmful if swallowed. In case of eye contact, immediately flush with cold water. If swallowed, rinse mouth and call a physician. Induce vomiting only if recommended by a physician."

**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 staff had dish detergent stored under the sink, staff has been made aware of the regulation and that dish detergent is a poisonous material and must be kept locked up out of the reach of residents, all poisonous materials are to be kept in the basement & basement stairway and the basement door is kept locked.

x The administrator is responsible for monitoring and ongoing compliance 11/7/13

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, Owner*      Date: *10/30/13*

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Violation Report: 20210 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION  
 The second floor shower room bathroom had a water temperature of 135 degrees Fahrenheit.

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 the boiler cleaning and repair done, the water temperature needs adjusted after each boiler cleaning. The homes Administrator will check water temperature after servicing and on a monthly basis to insure water temperature does not exceed 120°F. The homes Administrator has turned down the water temperature and has been checking it for several days now.

\* The administrator shall be responsible for monitoring and ongoing compliance m 11/7/13

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Violation Report: 20210 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

**2a. DESCRIPTION OF VIOLATION**

Resident bedroom #10 has three occupants. There were no chairs available for these three 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.

In room #10 chairs were located under each residents bed other then one resident # 6 that was missing. That chair has been replaced and put under resident #6 bed the day of inspection, The home has staff check for the following: chairs, lamps, mirrors and bedding, weekly when the rooms are cleaned, The homes administrator now will start doing weekly walk throughs.

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, Owner

Date 10/30/13

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Violation Report: 20210 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

**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**

The following rooms did not have a bed side lamp available for all its residents:  
 Room #1, bed located nearest to the front window did not have an accessible bed side lamp.  
 Room # 5, bed located near the door did not have access to a bed side lamp.  
 Room #10, bed near the window did not have access to a bed side lamp.

**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.

Room #1 residents have several times moved the furniture around, and staff has to move it back, the furniture has been moved back so lamp now can be next to his bed.  
 Room #5 resident stated she just broke her lamp and forgot to tell us to get it replaced. The home keeps extra lamps on hand for replacement.  
 Room #10 resident #6 has broken several lamps over the past year so the home has replaced his lamp with a battery style touch light and placed a hook by the bed for it to hang on. Resident #6 decided to place the light in his drawer, resident was showed the regulation and has agreed to leave it hang next to his bed.

\* The administrator shall monitor and assure that all residents have an operable lamp or other source of lighting that can be turned on @ Bedside.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/30/2012	Bedside
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Signature of Legal Entity Representative (Required on EVERY Page) *Ronald E. Insinger* 11/7/13

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ronald E. Insinger, Owner* Date *10/30/13*

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Violation Report: 20210 - 10/2 /2013 - Patton, Leslie  
PCH Name: INSINGER S BOARDING HOME

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

There was no thermometer in the refrigerator section of the "Haier" brand refrigerator located in the home's kitchen. The home's Cold point freezer located in the basement did not have a functioning thermometer to determine accurate food storage temperature.

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 refrigerator thermometer located in the kitchen and the thermometer in the freezer located in the basement was replaced the day of the inspection, the home keeps a extra supply of thermometers on hand for replacement. The home moves refrigerators and freezers regularly to clean and always finds several.

x The administrator shall monitor and assure ongoing compliance.  
m  
11/7/13

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Violation Report: 20210 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

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

2a. DESCRIPTION OF VIOLATION

Four packages of waffles located in the freezer section of the "Haier" brand refrigerator were not labeled or dated.  
 Pumpkin bread stored in a Ziploc bag in the freezer section of the "Haier" brand refrigerator, dated 12/13/12, was kept beyond the permissible 6 month timeframe.

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 will on a weekly bases check all refrigerators and freezers for out dated or to insure all foods are dated and or not expired. A quality management meeting reviewing this regulation and all violated regulations were discussed to prevent this from happening in the future.

\* The administrator shall monitor for ongoing compliance.

*m*  
 11/7/13

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, Owner

Date 10/30/31

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11/7/13  
 (Date)

Plan of correction implementation status as of

11/7/13  
 (Date)

The above plan of correction was approved by

*m*  
 (Initials)

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Violation Report: 20210 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**

2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**

The home's exterior dryer vent was not cleaned. A large fist full of wet soggy lint was pulled out of the exterior vent when checked by the Department Representative.

**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 Ancillary staff regularly cleans the dryer vent every other week (opposite week of food order) The rainy weather does cause lint to stick more to exterior vent causing wet soggy lint and preventing it from blowing out freely, The homes ancillary staff will regularly clean all internal and external ductwork weekly to insure no clogging accrues.

\* The administrator shall monitor for ongoing Compliance. *Mr*  
 11/7/13

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, Owner* Date *10/30/13*

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The above plan of correction was approved by <i>Mr</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 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**2a. DESCRIPTION OF VIOLATION**

One large storage bag of resident clothing was found on the second floor landing in front of the door.

**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.

*Staff and Administrator was not aware a resident had wanted her summer clothes taken to the attic and left them on the landing, during resident meetings I ask all residents to please leave there clothes in there rooms and ask staff for assistance in taking them to storage. This violation was also addressed at our Quality management meeting to insure that stairways, hallways, doorways and all passageways are free of obstructions.*

*\* The administrator shall monitor for ongoing compliance.*

*nm  
11/7/13*

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, Owner*      Date *10/30/13*

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

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

Violation Report: 20210 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The emergency preparedness plan for the municipality in which the home is located was stored in the medication room and was not posted in a public and conspicuous location.

**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 homes emergency procedures were posted in the front hall but did not include the EOC designated by the municipality. The home now has copied and added the EOC to a public and conspicuous location, the front hall a few steps from the front door.*

*\* The administrator shall monitor for ongoing compliance -*

*M*  
11/7/13

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, Owner* Date *10/30/13*

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Violation Report: 20210 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The facility did not notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in the event of an emergency.

**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 a small binder ready for local fire department that contained in writing the homes location, location of each residents room and there mobility needs. Our fire inspector did stop and has received the binder during a fire inspection and at that time the homes Administrator was not present and document-ation was not recieved. The homes administrator has called our local fire inspector requesting the letters needed, but has not received them at this time.

\* The administrator shall notify the local fire department in writing of the address of the home, location of the bedrooms & the assistance needed to evacuate in the event of an emergency. Documentation of notification shall be kept. M 11/18/13

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, Owner*      Date *10/30/13*

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The above plan of correction is approved as of 11/18/13 (Date)

Plan of correction implementation status as of 11/18/13 (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 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

**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 have an annual fire safety inspection or fire drill completed by a fire safety expert during the previous year. The most recent fire safety visit was completed on 1/13/2012.

**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 fire safety inspection was conducted in the home but the fire drill was not, the home is still waiting for its fire inspection letter, the home will make sure all documentation is available.

\* The administrator shall monitor and assure ongoing compliance.

Letter:

Drill: 1/24/13  
 Inspection m  
 11/18/13

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, Owner

Date

10/30/13

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Violation Report: 20210 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

The home did not properly document on the fire drill record, the correct number of staff who participated in the home's fire drills.

**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 fire drill log has been re written so that it reads properly using the same information from the incorrect log. The homes administrator will check to see that the fire drill log is completed correctly each month.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative  
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Violation Report: 20210 - 10/2/2013 - Patton, Leslie  
PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Acetaminophen/Codine #3 prescribed to resident #1 expired March 2013 and Lorazepam .5mg prescribed to resident #2 expired September 2013.

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 medication administering staff will check for expired medication. management when checking to reorder medications will also check for expired medications, all expired medications were discarded and reorded and will be kept updated in the future, also addressed at G.M.M.

\* The administrator shall be responsible for ongoing compliance.

M  
11/7/13

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Date(s) of Previous Violation(s):

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Ronald E. Insinger

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(Date)

Plan of correction implementation status as of 11/7/13  
(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 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

It is the home's policy that all narcotic medications be counted by two staff persons at the beginning and end of each shift. Staff person B stated she/he did not count the narcotics the morning of the inspection with staff person C due to reportedly being busy with various tasks in the home.

It is the home's policy that all insulin be dated when opened for use. Lantus insulin Solostar injectable pen prescribed to resident #3 was not dated when opened for use. The insulin container states, "use within 28 days." As a result of the insulin not being dated when opened, there is no method to determine if the insulin was being used beyond the permissible time frame.

**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.

*All controlled substances are to be logged and counted on each shift, the oncoming and outgoing staff count controlled substances together and sign off if determined that all counts are correct, this was address at a Q.M.M. and signed off on that all staff understand and follow that policy also review the medication procedures. The insulin for resident #3 was determined that it was opened that morning and in the future all medications will be dated when opened.*

*\* The administrator is responsible for ongoing compliance.*

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, Owner*

Date *10/30/13*

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

The above plan of correction is approved as of 11 07 13  
 (Date)

Plan of correction implementation status as of 11 07 13  
 (Date)

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

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Violation Report: 20210 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

**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**

The diagnosis or purpose of the specified medication was not indicated on the Medication Administration Record (MAR) of the stated resident:

- Resident #4- Prednisone 10mg
- Resident #5- Celebrex 100mg, Sulfamethoxazole, Amox TR-K CLV 875-125
- Resident #6- Levothyroxine 137mg
- Resident #7 Trazaone 100mg an Dixaloprex Sod ER 250mg

**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 manager checks MARs a week prior to their use and had overlooked resident #5 and #7. The medication for resident #4 was just added the night prior to inspection and the Dx was not known, and the medication for resident #6 was a medication rewrite and dx was missed. Manager now highlights all DXs in the MARs.*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/30/2012 *x The administrator is responsible for ongoing compliance - m*

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, Owner*      Date *10/30/13* *11/7/13*

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The above plan of correction is approved as of 11/7/13 (Date)

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

Plan of correction implementation status as of 11/7/13 (Date)

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Violation Report: 20210 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #8 is ordered to have his/her blood sugar level checked 3 times a day on Mondays and Fridays. The resident's blood sugar level was not tested as ordered on the following dates:

- 8/19/13- checked once
- 8/26/13- checked once but the date is not a Monday or Friday
- 8/30/13- the resident's blood sugar level was not checked
- 9/2/13- checked once
- 9/6/13, 9/13/13, 9/16/13, and 9/20/13- the resident's blood sugar level was not checked
- 9/23/13- checked once
- 9/27/13- the resident's blood sugar level was not checked

Resident #3 is ordered to have her/his blood sugar level checked twice a day. The resident's blood sugar level was tested only once on 9/26/13 and was not checked at all on 9/29/13.

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 manager overlooked the fact that blood sugar were not being checked on resident #8 because he started going to the Senior Center on Mondays and Fridays, the home now sees that resident #8 takes his blood sugar testing kit with him so he is able to test his blood sugar as prescribed by his doctor.*

*x The administrator is responsible for monitoring and ongoing compliance. m 11/7/13*

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, Owner*      Date *10/30/13*

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 (Initials)

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 (Date)

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- Not Implemented

Violation Report: 20210 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**2a. DESCRIPTION OF VIOLATION**

The record for Resident #10 (admitted 9/09/13) did not contain an initial assessment that was completed within the first 15 days of admission into 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.

The assessment of resident #10 should have been completed no later than 9/24/13 was overlooked and become 8 days late, the assessment was completed on the day of inspection and administrator will track on her scheduling calendar when RASP are due to insure they are done in a timely manner in the future.

x The administrator is responsible for ongoing compliance.

m  
11/7/13

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 10/30/13

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(Date)

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 20210 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

The record for Resident #1 (admitted 6/08/12) did not contain an annual assessment.

**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 administrator has miss understood the regulation knowing there is to be a Initial Assessment, thinking a annual only needed to be completed if there were a significant change  
 The administrator completed the Annual Assessment for resident #1 the day of the inspection and will track all assessments on a Calender to insure they are completed in a timely manor.

\* The administrator shall Audit all resident records and assure that all assessments are updated, completed and timely. The Audit shall completed by 12/1/13. Documentation of the Audit shall be made available by the home upon request by the Department. Mr 11/7/13

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

Signature of Legal Entity Representative (Required on EVERY Page) ~~ERROR~~ Ronald E. Insinger      Ronald E. Insinger

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ronald E. Insinger, Owner      Date 10/30/13

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Violation Report: 20210 - 10/2 /2013 - Patton, Leslie  
 PCH Name: INSINGER S BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**2a. DESCRIPTION OF VIOLATION**

The record for Resident #1 (admitted 6/8/12) did not contain an annual support plan.

**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 administrator had misunderstood the regulations knowing there is to be a Initial support plan, thinking a Annual only needed to be completed if there were any significant changes, The administrator completed the Annual support plan for resident #1 on the day of the inspection and will track all support plans on a calendar to insure they are completed in a timely manner.

x The administrator shall Audit all resident records and assure that all support plans are updated, complete and timely. The Audit shall complete by 12/1/13. Documentation of the Audit shall be made available by the home upon request by the Department - ms

Repeat Violation: No	Date(s) of Previous Violation(s):	11/7/13
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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) <u>Ronald E. Insinger, Owner</u>	Date <u>10/30/13</u>
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