



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 13 2014

Mr. Ronald Insinger, Owner/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 licensing inspection on September 26, 2014, 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.

Your regular license for the period November 24, 2014 to November 24, 2015 was issued on August 11, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director
/s/

Enclosure
License Inspection Summary

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

PCH Name: INSINGER S BOARDING HOME		License Number: 20210
Address: 673 CAMPBELL STREET, WILLIAMSPORT, PA 17701		County: Lycoming
Administrator: Marsha Reed		Region: NORTHEAST
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 PA L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 18 Waking Staff: 14		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/26/2014; OHaire, Anne; Patton, Leslie		
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: 18 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 9 Have Mental Illness: 12 Have an Intellectual Disability: 7 Have a Mobility Need: 0 Have a Physical Disability: 0	

Roald Insinger

Violation Report: 20210 - 09/26/2014 - O'Haire, Anne
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(12) - The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

2a. DESCRIPTION OF VIOLATION
 The contract for resident #1 (dated 4/30/14) did not indicate a rate for a bed hold status.

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.

During admissions with resident #1, the charges for bed hold was overlooked. In the future administrator will review completion of all contracts before placing it on file, resident #1 and administrator completed the bed hold portion of the contract on 9/26/14.

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, President* Date *10-28-2014*

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

The above plan of correction is approved as of 11/04/14
 (Date)

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

Plan of correction implementation status as of 11/04/14
 (Date)

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

Violation Report: 20210 - 09/26/2014 - O'Haire, Anne
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Staff person "A" (DOH) 01-22-08 received 10 hours out the required 12 hours of required annual training. for the 2013 training year.

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 had not transferred all of Staff person "A" trainings from Insinger's South where Staff person worked half of the 2013 year. In the future administrator will check each staff persons training hours to ensure they receive all of the required 12 hours of annual training. Copies were made and are now on file as of 9-29-14.

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, President

Date

10-28-2014

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11/04/14
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M
 (Initials)

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Violation Report: 20210 - 09/26/2014 - OHaire, Anne
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

There was no source of lighting for the stairwell located on the side of the building closest to the kitchen.

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 has addressed at a quality management meeting the importance of making sure stairways, hallways, outside door ways and ramps are kept well lit. During the inspection staff person K.T. had replaced two light bulbs to ensure the stairwell was well lit. In the future Third shift will check for burnt out lighting when doing hourly checks, and replace bulbs.

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, President* Date *10-28-2014*

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The above plan of correction is approved as of 110414 (Date)

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

Plan of correction implementation status as of 110414 (Date)

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

Violation Report: 20210 - 09/26/2014 - O'Haire, Anne
 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 temperature of the water from the sink in the "shower" bathroom located on the second floor had a temperature reading of 128.4 degrees Fahrenheit.
 The temperature of the water from the sink in the "tub" bathroom located on the second floor had a temperature reading of 126.3 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.

Prior to inspection the home had work completed on heating unit and water heater. The homes administrator was working on the temperature adjustment and had believed the temperature was below 120°. A adjustment was made the day of inspection and the temperature at the kitchen sink reads 116° And the temp. at the second floor shower room sink reads 114°. In the future the homes administrator will do monthly water temperature checks.

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger, President* Date *10-28-2014*

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Violation Report: 20210 - 09/26/2014 - OHaire, Anne
 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 lamp utilized by resident #2 was inoperable.

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 #2 bedside lamps light bulb had burned out. Staff person K.T. replaced the bulb during the inspection, staff always check bed side lamps and ceiling lights to insure they work properly weekly during room cleaning and will continue to do so in the future, also most residents will also let staff know when a bulb is out.

• The administrator shall monitor and assure ongoing compliance.

m
 110414

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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, President* Date *10-28-2014*

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Violation Report: 20210 - 09/26/2014 - O'Haire, Anne
 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

At approximately 11:45 am the home's Deviance Brand refrigerator located in the main kitchen had a temperature reading of 44°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.

The home had just purchased the refrigerator prior to inspection and was working to get the temperature adjusted to 40° or below. The home's cook staff P.M. checks and records all refrigerator and freezer temperatures every Monday and will continue to do so in the future.

The administrator shall monitor and assure ongoing compliance.

Ms
110414

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, President

Date 10-28-2014

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11/04/14
 (Date)

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[Signature]
 (Initials)

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- Not Implemented

Violation Report: 20210 - 09/26/2014 - O'Haire, Anne
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The evacuation route diagram posted near room #10 did not indicate the location of the fire pull station located on the second floor. In addition, the evacuation diagrams located near room #10 and near the second floor office did not include the routes of evacuation for the entire second floor, but only included the section of the floor located near the location of each diagram.

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 was unaware the diagrams needed to show the entire floor plan. The home has replaced all the diagrams on each floor showing present location, where fire extinguishers, pull alarms and line of travel to exit are located. This was replaced on 9-30-14.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Ronald Insinger

Printed Name and Title of Legal Entity Representative
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RONALD INSINGER, President

Date

10-28-2014

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11 04 14
 (Date)



Fully Implemented

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Partially Implemented - Adequate Progress



Partially Implemented - Inadequate Progress



Not Implemented

The above plan of correction was approved by

M
 (Initials)

Violation Report: 20210 - 09/26/2014 - O'Haire, Anne
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.131(a) - There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

2a. DESCRIPTION OF VIOLATION

A fire extinguisher was not present on the third floor of the large walk-up attic which contains various storage rooms and a staff apartment.

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 contacted Trij's Fire systems to have a fire extinguisher installed on the third floor, it was installed next to the door of the apartment and is accessible to both the apartment and storage area. Completed 10/9/14

- The administrator shall monitor and assure ongoing compliance.
- m
11/04/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
RONALD Insinger			10-28-2014

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Violation Report: 20210 - 09/28/2014 - O'Haire, Anne
 PCH Name: INSINGER S BOARDING HOME

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

The initial medical evaluation for resident #3 (admitted 6/19/14) was completed on 7/29/14. The medical evaluation was not completed 60 days prior to or 30 days after admission to the home and therefore was not completed in a timely manner.

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 tried to schedule his medical evaluation earlier, there were no appointments earlier than July 29th. The home schedules medical evaluations six weeks prior to when due to ensure they are done in a timely manner, resident #3 was admitted to the home in a emergency type basis, normally the homes administrator requires a medical evaluation prior to admission and will continue to do so in the future.

The administrator shall monitor and assure ongoing compliance. Mr. 11/4/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roward Insinger, President* Date *10-28-2014*

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Violation Report: 20210 - 09/26/2014 - O'Haire, Anne
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's smoking area is located on the south side of the front porch. Residents are smoking outside of the designated smoking area and are smoking in front of the home's main entrance as evidence by the large accumulation of cigarette ash present to the left of the front 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.

The homes administrator went over this violation with staff at a Q.M. meeting and staff will be monitoring closely anyone smoking outside the designated area, Also a resident meeting was held stressing the importance of smoking only in the designated area.

The administrator shall monitor and assure ongoing compliance.

M
11/04/14

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, President* Date *10-28-2014*

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Violation Report: 20210 - 09/26/2014 - O'Haire, Anne
 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

A Simvastatin 40mg tablet prescribed to resident#2 was located in a plastic bin under the coffee maker in the home's dining room. The resident stated when interviewed that she/he did receive the dose at 7:00am on 9/26/14, but stated the tablet was initially dropped on the floor and could not be located. At some point, an individual located the missing tablet and disposed of the tablet by placing it in the plastic bin. Staff person "B" who is the home's administrator, stated it is the home's policy that all discarded medication be dissolved in water with two staff persons. The home did not follow its policy and disposed the medication incorrectly.

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 reviewed the policy and regulations 2600.183 thru .185b with all staff at a Q.M. meeting. Staff was told that they must follow medication procedures or they will be re-trained and or their working status will change to Ancillary work only.

The administrator shall monitor and assure ongoing compliance.

*M
11/04/14*

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, President* Date *10-28-2014*

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Violation Report: 20210 - 09/26/2014 - O'Haire, Anne
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION

The home had the following residents' medications listed on the home's MAR's that were expired and the prescriptions were not renewed or discontinued.

Resident # 4

Allergy Relief 9-24 tablets for allergy. Take 1 tablet as needed.

Voltaren 1 % gel apply sufficient amount topically to affected area 2 times a day, antifungal cream.

Vioden 5/50 tab. take 1 tab by mouth every 4 to 6hours for pain as needed.

Resident #5

Flonase mcg. nasal solution, instill 2 sprays in each nostril as needed for inflation from allergy.

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 # 4 Allergy relief and Voltaren 1% gel scripts had expired, staff had called the residents doctor for refills or a discontinuance and that was not received at the time of inspection (Resident #4 had never been on Vioden 5/50)

Resident # 5 Fluticasone nasal spray was ordered and received on 9-26-14

The homes staff manager K.T. Audit weekly medications for availability as well as all med. staff ordering by fax any medications needed.

The administrator is responsible for ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s): *11/4/14*

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, President* Date *10-28-2014*

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Violation Report: 20210 - 09/26/2014 - O'Haire, Anne
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The Preadmission Screening for resident #1 (admitted 4/30/14) was completed on 3/20/14. The Preadmission Screening was completed more than 30 days prior to the resident's admission to the home and was therefore not completed in a timely manner.

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 completed the preadmission screening on 3-20-14 due to resident #1 was scheduled to move in on 4-10-14, his admission date was re-scheduled to 4-30-14. The administrator was unaware a second screening could have been done at the time of admission. In the future the preadmission screening will be completed on the day of admission or within 30 days prior to admission.

- The administrator shall monitor and assure ongoing compliance.

mm
11/4/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Rowald Insinger

Printed Name and Title of Legal Entity Representative
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Rowald Insinger, President

Date

10-28-2014

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