



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via fax to: [REDACTED]
MAILING DATE: July 21, 2015

Mr. Ronald Insinger, Owner
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 April 7, 2015 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20210 - 04/07/2015 - Dumas, Gerald

PCH Name: INSINGERS BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION

Interviews with residents # 1 and # 2 indicated an active bed bug infestation. Additionally, resident # 1 has bed bugs bites on both arms. The home's contract with the pest control company does not address bed bug treatment.

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 did not realize there was a bed bug infestation, and believed it was a spider, when resident #1 stated she seen a spider in her room, once the home realized the problem was bed bugs, Engler's pest control was contacted and treatment was started by the beginning or middle of March, Engler's also did a extermination on 4-17-15 provided the home with bed bug traps for all the beds, The home has done a complete 'clean down' from attic to basement, in each room washing down ceiling, walls, furniture, floors with orange and cedar oil, bed bug protective covers are on every bed, Residents clothing was removed and treated in a drier (a hour per load), The home is sprayed Cedar oil formula every other day to rid the home of any further infestations.

The Adm or Designee will monitor at least monthly to ensure there is no infestation. If evidence of an infestation is found, the home will take ~~immediat~~ immediate action w/ a professional provider. *CP* 7-17-15

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>6-16-2015</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-17-15 (Date)

Plan of correction implementation status as of 7-17-15 (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: 20210 - 04/07/2015 - Dumas, Gerald
 PCH Name: INSINGERS BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

From the beginning of February 2015 through the middle of March 2015, Resident # 1 experienced an increase of bites which were originally believed to be spider bites but later determined to be bed bug bites. On this date's investigation, Resident # 1 showed representatives their right and left arms with multiple bed bugs bites evident. The home did not assist the resident with scheduling an appointment with a physician or dermatologist in February when the bites continued to be evident upon the resident's arms.

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 set up a appointment for resident # 1 on 3-17-15 with her primary doctor, after realizing she was being bitten by bed bugs another appointment was made and the soonest her doctor could see her was 4-8-15, her doctor did perscribe her a Cream on 4-2-15. The home will in the future secure medical care for all residents if health declines or at any point of need in health care within a timely manor.

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 *6-16-2015*

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Violation Report: 20210 - 04/07/2015 - Dumas, Gerald

PCH Name: INSINGERS 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 medication administration record for resident # 1 did not include a diagnosis or purpose for Permethrin (apply topically head to toe avoid face, leave on for 8-14 hours. Rinse, may repeat in 7 days).

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 medication came in on evening shift, there was no dx: listed on medication label when placed in the MAR. The homes manager will check that all new and present medications written in the MAR's is complete with residents name, drug allergies, medication name, strength, dosage form, dose, route to be taken, time to be taken, dx: of the medication, when administered and initials when doing so in the future.

The Adm or designee will review the home's MARs at least monthly in order to determine all necessary components (1-14) are in compliance with documents. QP. 7-17-15

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 **6-16-2015**

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Violation Report: 20210 - 04/07/2015 - Dumas, Gerald
 PCH Name: INSINGERS 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 # 1 is prescribed Permethrin apply topically head to toe . The Medication Administration Record indicates the medication is to be administered P.R.N however ,the script does not indicate the cream to be administered P.R.N..

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.

Residents #1 medication had come in on evening. Staff person [redacted] believed the medication was prescribed as a PRN due to the label stating may repeat in 7 days thinking she had a option. The homes manager [redacted] corrected the error. The home manager will check all script and MAR information to insure all prescribed medications are given correctly in the future.

→ These checks should be conducted at a minimum of once per month - more if necessary.

Q. 7-17-15

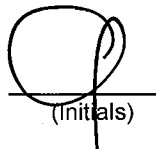
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Signature of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RONALD INSINGER	Date 6-16-2015
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