



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

Mr. Ronald E. Insinger, Owner/President
6 East Central Avenue
South Williamsport, Pennsylvania 17702

RE: Insinger's Personal Care - South
License #202090

Dear Mr. Insinger:

As a result of the Department of Human Services' licensing inspection on September 18, 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,

Michele Moskalczyk

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: INSINGER S PERSONAL CARE SOUTH		License Number: 20209
Address: 6 EAST CENTRAL AVENUE, SOUTH WILLIAMSPORT, PA 17702		County: Lycoming
Administrator: Marcia Reed		Region: NORTHEAST
Legal Entity Name: RONALD E INSINGER		
Legal Entity Address: 6 EAST CENTRAL AVENUE, SOUTH WILLIAMSPORT, PA 17702		
Certificate(s) of Occupancy		
C-2 LP	I-1	
12/07/1993	03/09/2009	
Dept. of Labor & Industry	S. Williamsport Borough	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 34	Waking Staff: 26
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
09/18/2015: Rushin, Julienne		
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: 38	Number of Residents who:	
Number of Residents Served: 34	Receive Supplemental Security Income: 19	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 22	
Area:	Have Mental Illness: 19	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 6	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Rae Insinger 10-7-2015

Violation Report: 20209 - 09/18/2015 - Rushin, Julienne
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

The behavioral section of resident #1's assessment and support plan indicates the following: "gets upset easily-sometimes a rage"; "needs drug and alcohol counseling and anger management"; and "has been verbally and physically aggressive". Administrator "A" stated that on one occasion, resident #1 became angry and threw a phone at his/her head. The home has failed to use positive interventions to modify or eliminate the behavior.

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 set up a appointment for resident #1 to receive Counseling for drug, Alcohol and anger management at Diakon Family Life Services on January 6, 2015 which he agreed to go when the appointment was made, then resident #1 refused to go the day of the appointment, The homes Administrator will continue to encourage resident #1 to seek counseling. The home also provides training to staff regarding Gerontology, Cognitive impairment, Mental Health, Intellectual disability and End of life care yearly. The Home will continue to praise resident #1 for good behaviors as well as using positive intervention to eliminate aggressive behaviors in the future. The Administrator shall monitor and assure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ronald E. Insinger* 10/14/15

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **RONALD E. Insinger, Owner** Date **10-7-2015**

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

The above plan of correction is approved as of 10/14/15 (Date) Plan of correction implementation status as of 10/14/15 (Date)

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

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