



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 22 2015

Mr. Ronald E. Insinger, Owner/President
Insinger's personal Care Home Inc.
2075 Meadow Lane
Montoursville, Pennsylvania 17754

RE: Insinger's Boarding Home
673 Campbell Street
Williamsport, Pennsylvania 17701
License #: 202100

Dear Mr. Insinger:

As a result of the Department of Human Services' annual 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,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 20210 - 09/18/2015 - Dumas, Gerald
 PCH Name: INSINGERS BOARDING HOME

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

2a. DESCRIPTION OF VIOLATION

Staff Person B was unable to locate resident # 1's glucometer. When the licensing representative inquired how the blood glucose was checked on the morning of the inspection, Staff Person B stated "I guess the glucometer was shared." To prevent the possible transmission of Communicable Diseases residents may not share glucometers. Department representative noted a nebulizer treatment bag hanging in the home's dining room. The mouthpiece on the nebulizer had dried food on it. The vents and filters of the two Sunbeam window air conditioners, located in the dining room and kitchen had a large accumulation of blackened dust which may result in health risks for both residents and staff. Additionally, an oscillating floor fan located in room # 7 had a large accumulation of blackened dust caked between its vents. The air conditioners and fan were in use on the day of the inspection.

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 staff had used the same glucometer. The administrator had left the home during lunch break to purchase new glucometers for each of the 3 residents as well as new glucometers reordered. All staff was notified to always use only the residents medical equipment marked with the residents name. The nebulizer mouthpiece was just used by the resident that morning. The staff washes the mouth piece after each use and is placed in a container with the residents name until the next use. These violations were reviewed at a QM meeting conducted on 9-25-15 vents in all air conditioners were cleaned on 9/18/15 and will be kept clean with room cleaning schedule. The homes administrator will do weekly inspections to ensure these violations do not reoccur 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 E. Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **RONALD E. INSINGER, President** Date **11-6-2015**

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

The above plan of correction is approved as of 12-2-15 (Date)
Adm Designee will periodically (Date) audit glucometer readings w/ staff interviews & blood glucose reading documents to ensure ongoing compliance. Q. 12-2-15
 The above plan of correction was approved by Q (Initials)

Plan of correction implementation status as of 12-2-15 (Date)

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

Violation Report: 20210 - 09/18/2015 - Dumas, Gerald
 PCH Name: INSINGERS BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
 The accordian style window closures on the right side of the Sunbeam window air conditioner located in the home's dining room, had a 1/2" gap between the unit and the window frame. This opening allowed for the potential of insects to enter 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 homes window air conditioner that was installed in the dining room had been installed with a insert that opens out the the window, that is taped in place the tape apparently did not hold, The home now screws fast the insert to keep it into place as well as tapes it so there are no gaps. The homes administrator will inspect instalations and check weekly with room inspections to insure no openings are present to allow potential insects to enter the home.

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 *11-6-2015*

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

The above plan of correction is approved as of 12-2-15
 (Date)

Plan of correction implementation status as of 12-2-15
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 20210 - 09/18/2015 - Dumas, Gerald
 PCH Name: INSINGERS 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
 A chair is not provided for one of the two residents in room # 2.

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 provides a chair for each resident in their bedrooms and has additional chairs for replacement if needed. A resident in room #2's chair broke and it was thrown away by that resident. The home was unaware at the time of inspection. The chair has been replaced on 9-18-15. The Administrator will monitor with weekly walk thru inspections that all residents have chairs, lamps, mirrors available and will be replaced when needed.

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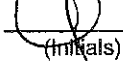
Signature of Legal Entity Representative (Required on EVERY Page) *Ronald E. Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RONALD E. INSINGER, President	Date 11-6-2015
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Violation Report: 20210 - 09/18/2015 - Dumas, Gerald
 PCH Name: INSINGERS BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 The sheets and pillow case in resident room # 3 were heavily soiled with tobacco stains.

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 changes bedding weekly on residents laundry days. The staff has been made aware that room # 3 may need sheets changed more often do to tobacco rolling, eating and drinking in [redacted] room,
 At the AM meeting on 9-25-15 this violation was reviewed so that staff will check bedding daily with room checks.*

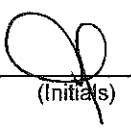
Repeat Violation: No Date(s) of Previous Violation(s):

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 *11-6-2015*

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20210 - 09/18/2015 - Dumas, Gerald
 PCH Name: INSINGERS 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 bedside lamp belonging to 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.

The light bulb in resident #2 bed side lamp was burnt out. Staff check lamps regularly when rooms are cleaned and with room checks, also residents will tell staff when their lamps are not working so bulbs can be replaced. The homes staff will continue to check lamps regularly in the future to ensure ongoing compliance. Q. 12-2-15


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 *11-6-2015*

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Violation Report: 20210 - 09/18/2015 - Dumas, Gerald
 PCH Name: INSINGERS BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION

The mini blind, located in room 8, closest to the left side of the room, is damaged with missing blinds. The missing blinds fail to provide resident's privacy.

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 planned to replace blinds in room #8 and had new blinds in a spare room awaiting installation. The blinds were replaced on 9-21-15. The administrator will see that all window coverings are in good repair to insure the residents privacy, with weekly walk thru and staff doing room checks daily.


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 11-6-2015
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 (Initials)

Plan of correction implementation status as of 12-2-15
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20210 - 09/18/2015 - Dumas, Gerald
 PCH Name: INSINGERS BOARDING HOME

1. REGULATION 55 Pa. Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 2 rewrapped packages of bacon and one bag of french fries were not labeled to indicate the contents and dated to indicate when the foods were first opened.

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 use to receive stickers in the bulk box of bacon for easy labeling when broken down, they are not been provided and permanent markers do not work on the bacon wrapping the home has placed a index card next to the products that are unable to be labeled showing their delivery date and contents, and when opened the french fries are now to be marked with a open date, and staff reviewed at GM meeting on 9-25-15 that all produces must be labeled with contents, delivery dates and date when opened in the future.

Adm or Designee will periodically examine food packages in the home's fridges/freezers to ensure ongoing compliance. RST. 12-2-15


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 **11-6-2015**

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 (Date)

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 (Initials)

Plan of correction implementation status as of 12-2-15
 (Date)

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

Violation Report: 20210 - 09/18/2015 - Dumas, Gerald
 PCH Name: INSINGERS BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 An accumulation of thick lint was found behind the home's G.E. dryer which is located in the home's basement.

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 replaced the lint exhaust line due to the old lint exhaust line had been cracked, causing extra lint accumulation, all lint was cleaned up 9-18-15, surrounding area as well as dryer exhaust vent lines will be cleaned weekly or as often as needed, the homes administrator will monitor weekly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Ronald E. Insinger</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RONALD E. INSINGER, OWNER</i>		Date <i>11-6-2015</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>12-2-15</u> (Date)		Plan of correction implementation status as of <u>12-2-15</u> (Date)	
The above plan of correction was approved by <u><i>[Signature]</i></u> (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 - 09/18/2015 - Dumas, Gerald
 PCH Name: INSINGERS BOARDING HOME

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

2a. DESCRIPTION OF VIOLATION

The annual medical evaluation for resident # 3 is dated 9/1/15. The resident's last medical evaluation is dated 7/23/14.
 The annual medical evaluation for resident # 4 is dated 8/18/15. The resident's last medical evaluation is dated 7/29/14.

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 resident #3 and #4 had been scheduled for medical evaluations with in the time due, The residents medical provider had cancelled those made appointments, The homes administrator has tried to schedule residents a month or more in advance for medical evaluations, but due to insurance not covering this, their providers will not schedule before due, The Administrator and staff will tree to schedule all medical evaluations in a more timely manor so that they do not exceed their date due in the future.

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 *11-6-2015*

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

The above plan of correction is approved as of 12-2-15
 (Date)

Plan of correction implementation status as of 12-2-15
 (Date)

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

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

Violation Report: 20210 - 09/18/2015 - Dumas, Gerald
 PCH Name: INSINGERS BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 Department representatives noted a small box containing Ducosate Sodium 100mg labeled with resident # 5's name hanging on a hook directly outside of the medication 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 homes staff had put resident #5 medication in a brown envelope and hung it on a clip outside of the medication room hoping not to forget to give it to pharmacy. There is a clip hanging inside of the locked medication room for pharmacy returns, and to insure all medications will be locked away from residents in the future, the home has reviewed this violation with staff and regulations at the am meeting on 9-25-15 to insure this is not done in the future.

Adm or Designee will periodically review the placement of med envelopes to insure ongoing compliance. Of. 12-2-15

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 *11-6-2015*

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

The above plan of correction is approved as of 12-2-15
 (Date)

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

Plan of correction implementation status as of 12-2-15
 (Date)

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

Violation Report: 20210 - 09/18/2015 - Dumas, Gerald
 PCH Name: INSINGERS BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION
 The home's first aid kit, located near the medication room door, contained a tube of antibiotic ointment with the expiration date 8/2015.

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 of the expiration date on the ointment had expired, and was replaced with antiseptic pads, the home will not store perscription or OTC medications other than in a locked location away from residents in the future. This also was reviewed at the AM meeting on 9-25-15.

ADM or designee will periodically review contents of home's first aid kit(s) regarding expiration dates of contents to ensure ongoing compliance. 12-2-15

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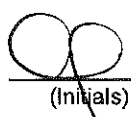
Signature of Legal Entity Representative (Required on EVERY Page) *Ronald E. Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RONALD E. INSINGER, OWNER* Date *11-6-2015*

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 (Date)

Plan of correction implementation status as of 12-2-15
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 20210 - 09/18/2015 - 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 home's Blood Glucose Monitoring sheet indicates that resident # 4 is being tested before breakfast and before dinner. The Accucheck order is not reflected on the resident's medication administration record for the month of September 2015.

The medication administration record for resident # 6 indicates they are to receive Trazadone 50 mg. daily at bedtime; however a corresponding diagnosis is not indicated.

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 pharmacy that prints the homes MARs failed to add blood glucose monitoring for resident #4 and a diagnosis for Trazadone 50mg. for resident #6. The homes staff audits done on the MARs at the beginning of the month had missed these errors, and will be double checked before use. This was reviewed at QM meeting and administrator will check MARs monthly for their completion in the future.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 04/07/2015	
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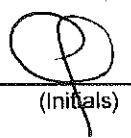
Signature of Legal Entity Representative (Required on EVERY Page) *Ronald E. Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **RONALD E. Insinger, Owner** Date **11-6-2015**

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The above plan of correction is approved as of 10-2-15
 (Date)

Plan of correction implementation status as of 10-2-15
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 20210 - 09/18/2015 - 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

Staff person B indicated that resident # 4 is to have their blood glucose tested before breakfast and before dinner. Review of the home's Blood Glucose Monitoring sheet indicates that resident # 4 was not tested before dinner on the following dates: 9/10/15, 9/11/15, 9/12/15, and 9/13/15.
 Resident # 1 is prescribed to have blood sugar checked 2 times daily at 7 a.m. and 5 p.m. There is no record for the blood sugar checks. The physician's orders were not followed.

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 that was to do resident #1 and resident # 4 Glucose monitoring stated residents #1 and #4 refusing the glucose monitoring. Their physician's were contacted. The administrator has review the violation at the QM meeting on 9-25-15 and that staff must indicate the refusal as well as contact the residents physician for any updated orders. To ensure this does not happen in the future.

Adm or Designee will perform audits of the home's MARs at a minimum of once per month in order to ensure that physicians orders are being followed - that staff that administer meds to residents understand and follow the protocols established in the med training program. 12-2-15

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/07/2015

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 11-6-2015

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The above plan of correction is approved as of 12-2-15 (Date)

Plan of correction implementation status as of 12-2-15 (Date)

- Fully Implemented
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- Not Implemented

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