



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via fax to: [REDACTED]
MAILING DATE: December 31, 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 September 30, 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 - 09/30/2015 - Dumas, Gerald

PCH Name: INSINGERS 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

Resident # 1 was issued a 30 day notice on 9/1/2015 due to " not following the home rules regarding smoking, curfew and medication and stealing from the office, other residents and local stores."

An updated assessment for resident # 1 was not completed to indicate any previous concerns with the resident 's behaviors, non-compliance with the home rules or medication administration.

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 staff was contacted to determine if the medications were given, and MAR's for resident #1 was marked properly. This violation was reviewed at the QM on 9-25-15 as to properly mark MAR's and to contact the residents physician if any medication doses are missed. Staff manager will review MAR's for completion in the future.

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, Owner

Date *12-9-2015*

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

The above plan of correction is approved as of

* POC for 187(a)

12/30/15
(Date)

Plan of correction implementation status as of

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

12/30/15
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 20210 - 09/30/2015 - 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 was not initialed for the following medications:

- Zipresidone 40 mg 1 tab by mouth at 5:00 p.m. on 9/20/15, 9/24/15 and 9/25/15.
- Clonazepam 0.5 mg 1 tab by mouth at bedtime on 9/25/15 and 9/27/15.
- Trazadone 1 tab by mouth daily at bedtime on 9/25/15 and 9/27/15

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 placed a behavior log attachment to assessment for resident # 1, The homes administrator will use a assessment addendum or write a new updated assessment as needed in the future.
For 225(c) - residents that are the subject of Incident Reporting or who experience significant changes - the Adm or Designee will review that record w/in 5 days to ensure ongoing compliance. 09-12/30/15


Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/17/2015
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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 **12-9-2015**

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

The above plan of correction is approved as of 12/30/15 (Date)
 * POC for 225(c)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 12/30/15 (Date)

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