



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via fax to: [REDACTED]
MAILING DATE: January 25, 2016

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 October 9, 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: 20209 - 10/09/2015 - Novak, Ryan
PCH Name: INSINGERS PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 10/2/15 at 9:43 pm, after talking to a family member on the phone, resident #1 began screaming and threw the phone on the floor. Staff person B offered to call an ambulance and send the resident to the hospital, but they refused. Resident #1 then punched the front door, threw a coffee mug out on the porch and threatened the staff person that they would be sorry if they called the police. Staff person B was able call the police and hide in a bathroom until they arrived. Resident #1 was taken to the hospital and received stitches for a facial cut that occurred when police tried to him/her. The home failed to report the incident to the department.

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 this incident when it happened. The administrator has let the staff know that all incidents must be reported within 24 hours and a report to administrator so that she can do so. The administrator shall report within 24 hours any and all incidents and conditions that are reportable under 2600.16 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 **12-16-2015**

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

The above plan of correction is approved as of 1-22-16 (Date)

Plan of correction implementation status as of 1-22-16 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 20209 - 10/09/2015 - Novak, Ryan
 PCH Name: INSINGERS PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The home's emergency preparedness plan notes Nolls funeral home will be utilized if the home needs to relocate due to an emergency. On 10/7/15 a fire was set in the home, the residents needed to be relocated for one night. The residents relocated to the 1st ward fire hall. Administrator A reported that the funeral home did not answer their phone calls.

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 was in agreement with Noll's Funeral Home, The evening of the fire Noll's decided they could not accomadate our residents. When the fire chief at First Ward fire Comp. offered to take them to the fire hall, a new emergency plan has been written with Messiah Lutheran Church and a direct number for pastor [REDACTED] is on record. in the future residents can be relocated to Messiah's Center hall, at Messiah Lutheran Church.

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)		Date	
RONALD E. INSINGER, OWNER		12-16-2015	

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

The above plan of correction is approved as of <u>1-22-16</u> (Date)	Plan of correction implementation status as of <u>1-22-16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 20209 - 10/09/2015 - Novak, Ryan
 PCH Name: INSINGERS PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 15. Based on staff documentation and interviews, it was noted that soon after admission, the resident had frequent bouts of anger resulting in the resident slamming doors, punching walls, breaking chairs and screaming. On 10/2/15 at 9:43 pm, resident #1 punched the front door, threw a coffee mug out on the porch and threatened staff person B stating "you'll be sorry if you call the police". The resident's RASP was not updated to indicate the resident's behavioral issues or the measures that would be implemented to address those behaviors.

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 to resident #1 file and met with resident #1's family to work on trying to improve [redacted] behaviors. The homes administrator will use a assessment addendum or write a new up dated assessment as needed 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** Date *12-16-2015*

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

The above plan of correction is approved as of <u>1-22-16</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>1-22-16</u> (Date) <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
---------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------