



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 10 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' annual licensing inspection on May 5, 2016 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, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 20209 - 05/05/2016 - Dumas, Gerald
 PCH Name: INSINGERS PERSONAL CARE - SOUTH

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, (Date of Hire, [REDACTED] 15), does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

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.

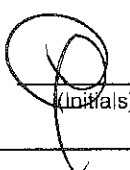
At the time of inspection staff person A high school diploma could not be located. The administrator has contacted Hughesville high school and received transcripts, the home has made a second copy to insure there will not be any missing documentation in the future.

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, OWNER* Date *6-16-2016*

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

The above plan of correction is approved as of <u>6/24/16</u> (Date)	Plan of correction implementation status as of <u>6/24/16</u> (Date)
The above plan of correction was approved by  (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 - 05/05/2016 - Dumas, Gerald
 PCH Name: INSINGERS PERSONAL CARE - SOUTH

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

2a. DESCRIPTION OF VIOLATION
 On 4/30/2016 at 10:08am resident #1's Embrace brand glucometer was used on resident # 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's Administrator had went to the local drug store and purchased 2 new glucometers, and residents # 1 and # 2 physicians were contacted about this matter and to ensure neither resident had any Communicable diseases. Staff also were made aware that under no circumstances are residents to share glucometers, this was reviewed at our G.M. meeting also. Adm or Designee will review at least monthly that sanitary practices are in place @ all times concerning use of residents' glucometers. OP. 6/24/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RONALD E. INSINGER, Owner* Date *6-16-2016*

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Violation Report: 20209 - 05/05/2016 - Dumas, Gerald
 PCH Name: INSINGERS PERSONAL CARE - SOUTH

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 On 5/5/2016 at approximately 2:30 p.m. the emergency exit steel door, closest to room A was difficult to open. The door has a push bar. It appeared that the bottom of the door was rubbing against the ground.

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 called a contractor to see that the door was fixed immediately. The contractor stated it was due to the addition foundation settling. Making a minor adjustment, The door now opens and closes easily (compl. 5-5-16)

Adm or designee will check at least monthly to ensure all exits are accessible and easily operated.

Q. 6-24-16

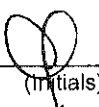
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 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 6/24/16
 (Date)

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

Violation Report: 20209 - 05/05/2016 - Dumas, Gerald
PCH Name: INSINGERS PERSONAL CARE - SOUTH

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home does not have a fire safe area or a time specified in writing by a fire safety expert in which occupants of the home may safely evacuate to a public thoroughfare that has been written within the last year by a fire safety expert. The home's fire drills exceeded the evacuation time of 2 minutes and 30 seconds on the following dates:

Date of Fire Drill	Evacuation Time
1/11/2016	2 minutes 40 seconds
4/21/2016	2 minutes 35 seconds

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 in the past had always had a three min. exit time and believed that was still in place. The homes administrator had a resident meeting (5-10-16) reviewed the new time allowed, resident all agreed to try harder to shorten their time on evacuation, and they have.

Adm or designee will review the homes fire drill logs on a monthly basis to ensure ongoing compliance. Any resident who cannot evacuate in the allowed time will be assessed by the home to ensure the home can meet their needs or assist the resident in relocating to a home that can meet their needs (re: evac time). Oct. 6/24/16

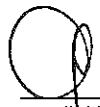
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- Not Implemented

Violation Report: 20209 - 05/05/2016 - Dumas, Gerald
 PCH Name: INSINGERS PERSONAL CARE - SOUTH

1. REGULATION 55 Pa.Code §2600
 2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION

The fire alarm or smoke detector was not set off during the fire drills held on 3/18/2016.

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 recommended by the fire dept. to do a fire drill with out the alarm system but with a hand held alarming device to simulate a sanario that the alarm system was down during a fire. The home will in the future use the fire alarm during all fire drills. - or if using an alternate alarm, document same in the home's fire drill logs.

Q. 6-24-16

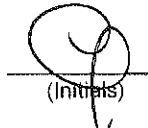
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Violation Report: 20209 - 05/05/2016 - Dumas, Gerald
 PCH Name: INSINGERS PERSONAL CARE - SOUTH

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The annual medical evaluation for resident # 3 dated 10/15/2015 did not indicate the resident's diagnosis of an intellectual disability.
 The initial medical evaluation for resident # 4 dated 2/10/2016 did not indicate the resident's diagnosis of hospice services.

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.

Resident #3 Physician had wrote see attached on DME diagnoses he stated M.R. on the diagnoses for MASI - ageing form but the MAR attached did not have the diagnoses of ID. Resident #3 MAR diagnoses was added on 5-5-16, Resident #4 DME on 2-10-16, the records shows hospice services started on [redacted]-16, in the future Hospice services will be documented on residents medical Evaluations.

Adm or designee will review med evals before filing them to ensure they are accurate, complete and correct. Q. 6/24/16

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 **6-16-2016**

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The above plan of correction is approved as of 6/24/16
 (Date)

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

Plan of correction implementation status as of 6/24/16
 (Date)

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

Violation Report: 20209 - 05/05/2016 - Dumas, Gerald
 PCH Name: INSINGERS PERSONAL CARE - SOUTH

1. REGULATION 55 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

Resident # 5 is prescribed a PRN of Hydrocodone 10mg/325mg. The medication was kept in a glass bottle with a hand written description of the medication written by the administrator and taped on to the bottle.

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.

When resident # 5 was admitted on [redacted]-16, [redacted] had brought [redacted] medication with [redacted]. I had asked [redacted] and [redacted] son where the original labeled container was, the son assured me he would bring it in that day. The administrator had labeled the bottle stating its contents thinking it would be placed back into its original bottle. In the future all medication will be in there original labeled containers or not excepted at the home.

Adm will oversee to ensure ongoing compliance. CP. 6-24-16

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

6-16-2016

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6/24/16
 (Date)

Plan of correction implementation status as of

6/24/16
 (Date)

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

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[Signature]
 (Initials)

Violation Report: 20209 - 05/05/2016 - Dumas, Gerald
 PCH Name: INSINGERS PERSONAL CARE - SOUTH

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 # 5 did not indicate a diagnosis or purpose for Gabapentin 100mg, Losartan 25mg and Pantoprazole 40mg.

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.

Resident #5 that was admitted on [redacted]-16 was a late admission and when administrator filled out [redacted] MAR's the diagnosis were missed on 3 of [redacted] medications they were then added. All MAR's will be reviewed for completion by med admin manager in the future. -on at least a monthly basis when home receives deliveries of resident(s) medication(s). @ 6/24/16

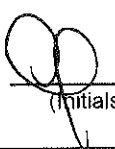
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Signature of Legal Entity Representative (Required on EVERY Page) *Ronald E. Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RONALD E. INSINGER, Owner* Date *6-16-2016*

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The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 6/27/16 (Date)

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

Violation Report: 20209 - 05/05/2016 - Dumas, Gerald
 PCH Name: INSINGERS PERSONAL CARE - SOUTH

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 6 has a physician's order for Nystatin 100,000 units as needed. This medication was not available in the home for the resident.

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.

Resident # 6 uses [redacted] Nystatin powder often, staff needed to order as Nystatin becomes low and not when [redacted] is out, this was reordered on 5-5-16, In the future the staff will check for re-ordering all Cans, OTC, and PRN medications when they are getting low.

Adm or designee will review ma monthly basis to ensure ongoing compliance. Q
 6/24/16

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 **6-16-2016**

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