



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via fax to: [REDACTED]  
Mailing Date: September 20, 2016

Mr. Ronald E. Insinger, Owner  
Ronald E. Insinger  
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 June 29, 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,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20209 - 06/29/2016 - Dumas, Gerald

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**

Recent hospitalizations of 6/14/16, and 6/27/16 indicated resident # 1 communicated to the hospital that he/she had a history of suicidal ideation. Resident # 1's resident assessment and support plan, however did not include a history of suicidal ideation. Resident is seen by a Psychiatrist 4 times a year. The resident's psychiatrist is not listed on the resident's RASP as a formal support. In addition, resident # 1's Part IV: Summary and Determination section of the Resident's Assessment and Support Plan is incomplete. This section does not include the resident's coping skills relative to [redacted] diagnosis of depression.

**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 aware of Resident #1 prior history of Schizophrenia and depression, that was listed on [redacted] medical evaluation and RASP. The home has listed [redacted] Psychiatrist as well as the fact [redacted] has become suicidal, and will in the future list all Physicians as well as adding diagnoses updates to residents RASPs. Adm or Designee will update and document any other resident's RASP in order to properly identify resident(s) needs and a plan to meet them. EQ  
9-17-16

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 *8-29-2016*

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

The above plan of correction is approved as of <u>9-17-16</u> (Date)	Plan of correction implementation status as of <u>9-17-16</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