



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 07 2016

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 9, 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20210 - 09:09/2016 - Rushin, Julianne
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

2a. DESCRIPTION OF VIOLATION
 Resident #1's contract dated 6/24/16 did not include the current personal needs allowance.

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 #1 has Lyscoming Clinton Joander Board as [redacted] keep payee. The administrator has requested from them [redacted] amount of income and had not to date received that information. The amount was filled in at the time of inspection. Initialed and dated.

The administrator shall monitor and assure ongoing compliance.
 M 10/7/16

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 **10-3-2016**

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

The above plan of correction is approved as of <u>10/7/16</u> (Date)	Plan of correction implementation status as of <u>10/7/16</u> (Date)
The above plan of correction was approved by <u>M</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 - 09/09/2016 - Rushin, Julianne
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.63(b) - Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

2a. DESCRIPTION OF VIOLATION

Direct care staff person "B" (hired [redacted] 2013) worked alone from 11:00pm to 7:00am on 9/1/16 and 9/8/16 and does not have current training in first aid and CPR. Staff person "B's" training expired in August 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.

Staff person B who also worked as a visiting home care aid stated she had a good CPR and first aid card when I scheduled all other staffs training as to why she did not attend the training, she was taken off schedule until 9-17-16 when the training was completed.

The administrator is responsible for monitoring and ongoing compliance.

[Signature]
 10/7/16

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 *10-3-2016*

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Violation Report: 20210 - 09/09/2016 - Rushin, Julienne
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa. Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person "A" (hired [redacted] 08) has not completed the Department's on-line direct care staff training.

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 did not know Staff A needed to complete the on line training due to the training was not developed at the time of hire, the administrator believed she was grandfathered in, a on line direct care training course was completed on 9-13-16. In the future all staff hired will complete the direct care staff training.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ronald E. Insinger
Administrator shall be responsible for ongoing compliance

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

RONALD E. INSINGER, OWNER

Date

10-3-2016 *Mr. 10/7/16*

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10-7-16
 (Date)

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 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 2021G - 09/09/2016 - Rushin, Julienne
 PCH Name: INSINGER S BOARDING HOME

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

2a. DESCRIPTION OF VIOLATION

Resident # 2's glucometer had dried blood on the machine.
 The exhaust vents in the following bathrooms are clogged with dust: the first floor common bathroom across from the medication room and the second floor common bathrooms across from room #1.

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 # 2 does [redacted] own glucose monitoring, and staff did not see the blood, staff now check and wipe down all glucometers after each use, reviewed at AM meeting on 9-16-16

The dust collected in all the bath room fans have been cleaned and will be checked and cleaned weekly in the future.

The administrator is responsible for monitoring and ongoing compliance.

M
 10/7/16

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 *10-3-2016*

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Violation Report: 20210 - C9/09/2016 - Rushin, Julienne
 PCH Name: INSINGER S 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 lamp next to the bed closest to the window in room #3 is not working. There was no other source of lighting available to 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.

The homes administrator had just conducted a home inspection (walk thru) on 9-7-16 checking lamps, chairs, bedding, also made a announcement to all residents, if their lamps are not working or need replaced to please let us know. room #3 light bulb had just burnt out prior to inspection. the light bulb was replaced the day of inspection. The administrator will continue to do walk throughs to insure all lamps are in good working order.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 09/18/2015

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

10-3-2016

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Violation Report: 20210 - 09/09/2016 - Rushin, Julienne
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

A large, clear opened and unsealed bag of breakfast sausage links was noted in the chest freezer 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 served breakfast sausage that morning and staff person B did not seal or mark date open on the bag. When putting it back in the freezer, the bag was sealed and dated at time of inspection. This issue was reviewed with all staff at a QM meeting on 9-16-16. Also cook staff will check daily freezers and refrigerators, and food storage areas to insure all food is sealed and labeled.

The administrator shall monitor and assure ongoing compliance.

M
10/7/16

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 **10-3-2016**

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Violation Report: 20210 - 09/09/2016 - Rushin, Julienne
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The freezer in the home's kitchen contained the following items not labeled or dated: approximately 6 frozen hamburgers; 2 English muffins and 6 hot dog buns. A large unlabeled and undated bag of breakfast sausage links was also noted in the chest freezer located in the home's basement.
 Approximately 6 rotten moldy tomatoes were noted in the drawer of the refrigerator 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 homes administrator discarded the unmarked food and cleaned the refrigerator drawer with the moldy tomatoes, staff was using the fresh tomatoes that came in and had forgotten about the tomatoes in the drawer. This was reviewed with all staff at a GM meeting on 9-16-16 to insure it will not happen again.

The administrator shall monitor and assure ongoing compliance

[Signature]
 10/7/16

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 **10-3-2016**

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Violation Report: 20210 - 09/09/2016 - Rushin, Julienne
 PCH Name: INSINGER'S BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 A golf ball size accumulation of lint was removed from the home clothes dryer located in the "back" basement which posed a risk for fire.

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.

That dryer is used as a treatment dryer, meaning any time a resident brings in a article of clothing, it is heat treated, staff were told or trained to keep lint traps clear, this was also reviewed at the AM meeting to insure the lint trap is cleaned properly after each use.

The administrator shall monitor and assure ongoing compliance.

RM
 10/7/16

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 *10-3-2016*

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Violation Report: 20210 - 09/09/2016 - Rushin, Julienne
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The exterior dryer vent located on the left side of the home is covered with a mesh screen which is clogged with lint, posing a risk for fire.

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 the dryer was installed the installer used a old vent that was already present, The homes administrator has called the installer to replace the exterior vent, on 9-12-16 it was replaced, and untill that time a out of order sign was placed on the dryer.

The administrator shall monitor and assure ongoing compliance.

M
10/7/16

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 **10-3-2016**

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Violation Report: 20210 - 09/09/2016 - Rushin, Julienne
 PCH Name: INSINGER S BOARDING HOME

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
 When attempting to open the home's second floor fire escape door, department representative noted a piece of wooden molding, measuring approximately 12" long, lodged between the door and the threshold. The molding made it difficult to open the door without excessive force.

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 replaced some paneling and molding on the second floor a week prior to inspection, the contractor must have dropped the piece of molding, the homes administrator will check all exits weekly to insure no objects are blocking exits or the right of egress in the future.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roward E. Insinger, Owner* Date *10-3-2016*

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Violation Report: 20210 - 09/09/2016 - Rushin, Julienne
 PCH Name: INSINGER S 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

A 5 gallon uncovered rubber container filled with dryer lint, used dryer sheets and card board, was noted between the home's GE clothes dryer (which was in use) and the Frigidaire refrigerator.

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 removed the trash container away from the dryer at the time of inspection, and reviewed this violation with staff at a GM meeting, 9-16-16, to ensure all flammable materials are not near a heat source in the future.

The administrator shall monitor and assure ongoing compliance

M
10/7/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/18/2015

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 10-3-2016

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Plan of correction implementation status as of 10/7/16 (Date)

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Violation Report: 20210 - 09/09/2016 - Rushin, Julianne
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa. Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

Over 10 extinguished cigarette butts were noted in the grass beneath the home's porch railing. The home's designated smoking area is located on the porch and is equipped with receptacles for the butts.

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 clean and maintain the smoking area and the surrounding yard trying to keep it free of cigarette butts, providing receptacles for cigarette butts and seeing they are kept clean. It had looked as if one receptacle had blown off the porch (due to the butts were in a pile) from the wind. The home will continue to maintain and clean the smoking area and the surrounding yard trying to keep it free of cigarette butts in the future.

The administrator shall monitor and assure ongoing compliance - m 10/7/16

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) <i>RONALD E. INSINGER, OWNER</i>	Date <i>10-3-2016</i>
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Violation Report: 20210 - 09/09/2016 - Rushin, Julienne
 PCH Name: INSINGER'S 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

Resident # 3's dorzolamide-timol eye drops, alphagan eye drops and lumigan eye drops were unlocked and accessible on the dining room table at approximately 9:15am.

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 person B gave medications that morning administered resident #3 eye drops stated she had forgot to pick them up after she finished administering them and putting on [redacted] patch, and morning staff did not see the eye drops, this violation was reviewed at the QM meeting to insure all medications are kept safely locked up in the future.

The administrator shall monitor and assure ongoing compliance.

m
10/7/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/18/2015

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 10-3-2016

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Violation Report: 20210 - 03/09/2016 - Rushin, Julianne
 PCH Name: INSINGER'S BOARDING HOME

1. REGULATION 55 Pa. Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

The triple antibiotic ointment located in the home's first aid kit expired August 2016.
 A box of Novolog and Levimir flex pens were located in the home's refrigerator. The insulin pens did not belong to anyone currently living in 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 administrator had just picked up a new tub of antibiotic ointment to replace the one that was to expire, it was replaced the day of inspection. The Novolog and Levimir flex pen belonged to a [redacted] that was scheduled to move into the home that week of the inspection. The [redacted] was hospitalized prior to moving in, the son of the [redacted] had dropped off [redacted] insulin because it needed to be refrigerated. The homes administrator had called the [redacted] son to pick up the flex pens, but he did not. The medication was disposed of. No medications will be stored at the home unless it belongs to a resident of the home in the future. The administrator shall monitor and assure ongoing compliance M 10/7/16

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 **10-3-2016**

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Violation Report: 20210 - 09/09/2016 - Rushin, Julianne
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident # 4's PRN nystatin powder was not available at the time 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.

Resident # 4 had used the last of [redacted] Nystatin powder the previous night and staff reordered it the morning of inspection. Staff now orders all medications when they are low to insure they are available in the future. This was review at a QM meeting also.

The administrator shall monitor and assure ongoing compliance.
M 10/7/16

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 *10-3-2016*

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

The above plan of correction is approved as of <u>10/7/16</u> (Date)	Plan of correction implementation status as of <u>10/7/16</u> (Date)
The above plan of correction was approved by <u>M</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