



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via fax to: [REDACTED]
Mailing Date: May 2, 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 March 17, 2017 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 - 03/17/2017 - Harvey, Jason
PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600
2600.20(b)(4) - Resident funds and property shall only be used for the resident's benefit.

2a. DESCRIPTION OF VIOLATION
Resident #1's 50 tablets of oxycodone 5mg were stolen from the home's medication room, the home is responsible to safeguard the resident's funds and property.

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.

A report was made with local law enforcement, Ageing, and Regional Licensing, Resident #1 medication Oxycodone 5mg. was replaced and did not at anytime go without medication. The home has taken measures to safeguard residents property by installing * surveillance cameras, Also Ware Counts are mandatory and must be completed at the end and beginning of each shift, and if they are not it is grounds for termination.
Pls reference 2600.42.2 for compliance. C. 4/29/17

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 *4-19-2017*

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

The above plan of correction is approved as of 4/29/17 (Date)

Plan of correction implementation status as of 4/29/17 (Date)

The above plan of correction was approved by *OP* (Initials)

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

Violation Report: 20209 - 03/17/2017 - Harvey, Jason
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600
 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION
 On 3/17/2017 at 10:50am, snow and ice covered the sidewalks and ramp located in the front and side exit of the facility.

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 just salted walks and ramps that morning, trying to loosen the ice, so it could be removed. The home in the future will assure all walkways, ramps, steps and exits are free of ice and snow.

Adm will oversee to ensure ongoing compliance. *Q* 4/29/17

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** Date **4-19-2017**

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The above plan of correction is approved as of <u>4/29/17</u> (Date) The above plan of correction was approved by <i>Q</i> (Initials)	Plan of correction implementation status as of <u>4/29/17</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
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Violation Report: 20209 - 03/17/2017 - Harvey, Jason
 PCH Name: INSINGER S PERSONAL CARE SOUTH

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
 On 3/17/2017 at 11:05 am Administrator A stated that staff would leave the medication keys to the narcotic lock box on the kitchen counter unattended and accessible to all staff of 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 home has added to the medication Administration Policy. To ensure med. room keys are kept with staff administering medications at all times. and must do so in the future.

Adm will oversee to ensure ongoing compliance
 Q 4/29/17

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** Date **4-19-2017**

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