



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 15 2017

Mr. Ronald E. Insinger,
Owner
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 April 27, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: INSINGER S PERSONAL CARE SOUTH		License Number: 20209
Address: 6 EAST CENTRAL AVENUE, SOUTH WILLIAMSPORT, PA 17702		County: Lycoming
Administrator: MARSHA REED		Region: NORTHEAST
Legal Entity Name: RONALD E INSINGER		
Legal Entity Address: 6 EAST CENTRAL AVENUE, SOUTH WILLIAMSPORT, PA 17702		
Certificate(s) of Occupancy		
C-2 LP 12/07/1993 DEPT. PA L&I	I-1 03/06/2009 SOUTH WILLIAMSPORT BOROL	
Staffing Hours		
Resident Support: 0	Total Dally Staff: 35	Waking Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/27/2017: Yellenic, Cindy; O'Haire, Anne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 38 Number of Residents Served: 35 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 22 Are 60 Years of Age or Older: 22 Have Mental Illness: 20 Have an Intellectual Disability: 6 Have a Mobility Need: 0 Have a Physical Disability: 1	

Ronald E. Insinger
Owner

6-21-2017

Violation Report: 20209 - 04/27/2017 - Yellenic, Cindy
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home did not implement the required state law by placing a carbon monoxide detector 15 feet away from every gas fired appliance and furnace. The home had a commercial gas stove located in the kitchen and a gas fired furnace with no carbon monoxide detectors located near each unit.

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 Internet Service was not operatable for some time, Administrator was not aware of this notafication. The home had Carbon Monoxide detectors installed the next day (4-28-17) by the kitchen Stoves, and at each heating unit also by the gas dryers, a test was also done and detectors located in the basement can be heard on the first floor.

The homes Administrator will in the future check for up dates, required by federal, State, local laws, ordinances, and regulations.

o The administrator shall be familiar with the Carbon Monoxide Alarm Standard Act and monitor for ongoing compliance. *m* 6/28/17

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, OWNER

Date 6-21-2017

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

The above plan of correction is approved as of 6/28/17
 (Date)

Plan of correction implementation status as of 6/28/17
 (Date)

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

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

Violation Report: 20209 - 04/27/2017 - Yellenic, Cindy
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The home did not have thermometers in the 2 Frigidaire brand refrigerators located in the kitchen.

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 cooking staff checks Thermometers, in refrigeraters and freezers weekly, many times they fall out and get kicked under the appliance, that was the case with the kitchen refrigeraters, when they were pulled out for cleaning the thermometers were found, we now fasten the thermometers to the refrigeraters and freezers to insure they will not be missing in the future, also the home does carry spare Thermometers for replacement.

• The administrator shall monitor and assure ongoing compliance.

m
6/28/17

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, OWNER** Date **6-21-2017**

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The above plan of correction is approved as of <u>6/28/17</u> (Date)	Plan of correction implementation status as of <u>6/28/17</u> (Date)
The above plan of correction was approved by <u><i>m</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

Violation Report: 20209 - 04/27/2017 - Yellenic, Cindy
 PCH Name: INSINGER S PERSONAL CARE SOUTH

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

2a. DESCRIPTION OF VIOLATION
 The home had one large bag of Hospitality brand bran flakes cereal that was not sealed and dated when opened. 6 bags of Weis brand bread containing one or two slices were found not sealed and labeled when opened.

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 had the bran flakes and toast for breakfast that morning. The ancillary staff had forget to seal and date the cereal, The small amounts of bread were saved to make bread pudding. The home replaces bread weekly. all ancillary staff reviewed the violation to insure it will not happen again in the future.

- The administrator shall monitor and assure ongoing compliance

[Signature]
 6/28/17

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, OWNER* Date *6-28-2017*

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Violation Report: 20209 - 04/27/2017 - Yellenic, Cindy
 PCH Name: INSINGER S PERSONAL CARE SOUTH

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

2a. DESCRIPTION OF VIOLATION

A package of generic brand english muffins containing 5 muffins was not dated and labeled when opened.

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 table of purchases is put on the inside of the Cabinet door, ancillary Staff had not marked a date when opened, Staff reviewed this violation to insure it will not happen again in the future.

The administrator shall monitor and assure ongoing compliance.

[Signature]
 6/28/17

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, Owner

Date 6-21-2017

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 (Initials)

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Violation Report: 20209 - 04/27/2017 - Yellenic, Cindy
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home had a fire safety inspection on 12-15-15 and 2-3-17. The home did not have a fire drill conducted by a fire safety expert for 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 had contacted South Williamsports Fire Department Starting in mid September for our yearly home inspection and drill that needed to be conducted by December. The Station was at the time merging with another station and inspectors were not yet appointed, they were contacted several times in November to no avail. The administrator has now learned of a service available to conduct our annual fire inspection and drill, and will use this service at any time our local Fire Department is not available in the future.

The administrator shall monitor and assure that a fire safety inspection and fire drill shall be conducted by a fire safety expert annually. Documentation shall be maintained by the home and available for review by the Department.

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

6-21-2017

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6/28/17
 (Date)

Plan of correction implementation status as of

6/28/17
 (Date)

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

The above plan of correction was approved by

M
 (Initials)

Violation Report: 20209 - 04/27/2017 - Yellenic, Cindy
 PCH Name: INSINGER S 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

Resident #1's DME, dated 12-06-16, section 10 stating what the resident's mobility needs were was not completed.
 Resident #2's DME dated 08-19-16, section #9, was incomplete and did not address the resident's health status and cognitive function.

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 Doctor was contacted and [redacted] DME was then completed, Resident #2 doctor had chose to complete a new DME on 5-25-17 after seeing [redacted]

The homes administrator does review all residents DME's when they are returned, these were over looked, The administrator will continue to review all DME's for completion in the future.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/05/2016

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 *6-21-2017*

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 (Initials)

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- Not Implemented

Violation Report: 20209 - 04/27/2017 - Yellenic, Cindy
 PCH Name: INSINGER S PERSONAL CARE SOUTH

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
 Resident #3 has a physician's order for Nystop powder, 100,000 units. The medication expired 11/2016.

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 home does weekly audits checking OTC, CAM, and other medications for expiration dates, Resident #3 Nystop powder was overlooked, medication maintenance and audits will continue to be done weekly to insure all medications are up to date and not expired in the future.

The administrator shall monitor and assure ongoing compliance
 6/28/17

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, OWNER Date 6-21-2017

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Violation Report: 20209 - 04/27/2017 - Yellenic, Cindy
 PCH Name: INSINGER S 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

Resident # 2 has a physician's order for Perphenazine 8mg, and Oxycarbazepine 300 mg. Neither medication had a diagnosis listed with it in the Medication Administration Record (MAR).

Resident #3 has a physician's order for Fexofenadine 180mg. The medication is on hand and being given but it is not listed on the MAR.

Resident #4 was administered Gabapentin 300mg on 4/26/17 at 8:00pm, however the MAR was not initialed the medication was administered.

Resident #5 was administered Divalproex Sod. 500mg on 4/26/17 at 7:00am, however the MAR was not initialed the medication was administered.

Resident #5 was administered Haloperidol 5mg on 4/24/17 at 8:00pm, however the MAR was not initialed the medication was administered.

Resident #6 was administered Risperadol 2mg on 4/24/17 at 8:00pm, however the MAR was not initialed the medication was administered. Resident #6 was administered the following medications on 4-17-17 at 7:00am and the MAR was not initialed the medication was administered: Hydrocortisone; Spironolactone 25mg; Carvedilol 6.25mg; and, Metformin 500 mg.

Resident #7 was administered Aspirin 81mg on 4/17/17 at 12:00pm, however the MAR was not initialed the medication was administered. The resident was also administered Potassium Cl ER 20 on 4/20 & 4/21 at 9:00am, however the MAR was not initialed the medication was administered.

Resident #8 has a physician's order for Sulfamethorazik, and Cephalixin. Neither medication had a diagnosis listed with it in the MAR.

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 Medication Manager [REDACTED] has been working shorter hours due to medical reasons and another staff has been working on MAR's checks and had missed diagnosis and medications that are newer, The Administrator is now also reviewing MAR's before being used, The MAR's with the missing initials, Staff was contacted to insure the medications were given (they were) the three staff were brought in to review Medication Administration Procedures.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 05/05/2016

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ronald E. Insinger

6-21-2017

RONALD E. INSINGER, Owner

Cont. →

Violation Report: 20209 - 04/27/2017 - Yellenic, Cindy
 PCH Name: INSINGER S 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.

Cont. 187a (Poc)

The administrator shall monitor for ongoing compliance -

M 6/28/17

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

RONALD E. Insinger, Owner

Date *6-24-2017*

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The above plan of correction is approved as of *6/28/17*
 (Date)

Plan of correction implementation status as of *6/28/17*
 (Date)

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

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

Violation Report: 20209 - 04/27/2017 - Yellenic, Cindy
 PCH Name: INSINGER S 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 #4 has a physician's order for Venlafaxine HCL 75mg.. From 4-3-17 to 4-10-17 the Venlafaxine was not available for Resident #4.
 Resident #7 has a physician's order for Fluticasone. The medication was not available on 4/8/17.
 Resident #9 has a physician's order for Levemir. The medication was not available on 4/16/17
 Resident #10 has a physician's order for 20 units of Humalog plus coverage based on a sliding scale. On the following dates April 20, 21, 22,23, 25, 26, 27, 2017, the resident should have had 20units of insulin at 7:00am and received 0 units
 Resident #11 had a blood glucose level of 121 which required 3 units of insulin. The resident received 0 units.

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 Daughter was notified in advance [redacted] needed Venlafaxine HCL. [redacted] Stated they needed refills from [redacted] MD. [redacted] daughter takes care of [redacted] medication being filled, Resident # 7 and # 9 their prescribers (MD.) were contacted for refills that were needed for the pharmacy to fill them. Resident #10 Insulin order for Humalog is placed on the MAR's twice, for Humalog 20 units three times daily and for Humalog given after meals with Sliding Scale. Resident # 11 Insulin Scale was also reviewed with Staff and the importance of residents receiving enough insulin cover. Audits are being done on glucose and insulin given daily.

- The administrator shall monitor and assure that the home follows the directions of the prescriber.
- The administrator is responsible for ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/05/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Ronald E. Insinger* *6/28/17*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RONALD E. Insinger, Owner* Date *6-21-2017*

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Plan of correction implementation status as of 6/28/17 (Date)

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

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Violation Report: 20209 - 04/27/2017 - Yellenic, Cindy
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #10's annual Resident Assessment and Support Plan was not completed. Resident# 10's most recent RASP was dated 02-09-16.

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 has completed a RASP for Resident #10 on 4-28-17 and will complete all residents RASPs annually and add any updates or significant changes of a resident in the future.

The administrator is responsible for monitoring and ongoing compliance.

[Signature]
6/28/17

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, Owner* Date *6-21-2017*

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(Date)

Plan of correction implementation status as of 6/28/17
(Date)

The above plan of correction was approved by M
(Initials)

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Violation Report: 20209 - 04/27/2017 - Yellenic, Cindy
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

The home did not utilize the universal Bureau of Human Services Licensing incident reporting form to report to the Department the unexpected death of Resident #13 who passed away in the home on [redacted] 16

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 internet service was not working for sometime and the homes administrator had missed the up dated incident report form, The homes administrator will check monthly for any updates and form replacements in the future.

The administrator is responsible for ongoing compliance. *m*
 6/28/17

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, Director* Date *6-28-2017*

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 (Date)

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

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