



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 3, 2017

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' licensing inspection on May 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,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20210 - 05/17/2017 - Yellenic, Cindy
PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 5-12-17, an allegation of abuse against Resident #1 by Resident #2 was reported to Staff Person A at 12:00am. The home did not report the allegation to the Adult Protective Services and the police until 11:30am on 5-12-17.

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 not been notified until 10:30/11:00 AM on the morning of 5-12-17, I received a phone call at my other office (Insinger's South) and came straight to Campbell St. Insinger's, where I met resident #1 and [redacted] case manager. They then proceeded to tell me about the allegations, I then called Police, A.P.S., took a statement and faxed a report to licensing.

When I called in Staff A for a statement I stressed the importance of reporting any suspected abuse immediately to insure all residents are safe, and to insure the home complies with the Older Adults Protective Services Act. in the future, as well as a training conducted on residents abuse and Negl., OAPSA, and reportable incidents.

The administrator shall monitor and be responsible for ongoing compliance - Mr 8/1/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/06/2017

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 *7-27-2017*

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

The above plan of correction is approved as of 8/1/17 (Date)

Plan of correction implementation status as of 8/1/17 (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: 20210 - 05/17/2017 - Yellenic, Cindy
 PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's, date of admission [redacted] 16, initial assessment was completed on [redacted] 16. The following areas within the initial assessment were not completed: Assessment - Medications; Dental Needs; Dietary Needs; and under the Behavioral or Cognitive need and Degree - Agitation.

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 not had the full RASP completed in areas that needed more information and had missed the dental needs, dietary needs and under Behavioral the degree of Agitation, In the future the administrator will re check RASP to insure they are completed.

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 *7-27-2017*

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The above plan of correction is approved as of <u>8/1/17</u> (Date)	Plan of correction implementation status as of <u>8/1/17</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: 20210 - 05/17/2017 - Yellenic, Cindy
PCH Name: INSINGER S BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

The initial Resident Assessment and Support Plan, dated [redacted] 16 for Resident #1 was not updated to reflect the incident reported to the Department of Human Services on 5-12-17, regarding an allegation of abuse.

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 not yet updated residents #1 RASP, The incident report itself was copied and placed in [redacted] file.
The homes administrator on 5-18-17 did complete a update to resident #1 RASP and in the future will complete updates in a more timely manor.

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 *7-27-2017*

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The above plan of correction is approved as of 8/1/17
(Date)

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

Plan of correction implementation status as of 8/1/17
(Date)

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