



**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 7, 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  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20209 - 06/07/2017 - Harvey, Jason  
 PCH Name: INSINGER S PERSONAL CARE SOUTH

**1. REGULATION 55 Pa.Code §2600**

2600.143(b) - The following current emergency medical and health information shall be available at all times for each resident and shall accompany the resident when the resident needs emergency medical attention:

- (1) The resident's name and birth date.
- (2) The resident's Social Security number.
- (3) The resident's medical diagnosis.
- (4) The resident's physician's name and telephone number.
- (5) Current medications, including the dosage and frequency.
- (6) A list of allergies.
- (7) Other relevant medical conditions.
- (8) Insurance or third party payer and identification number.
- (9) The power of attorney for health care or health care proxy, if applicable.
- (10) The resident's designated person with current address and telephone number.
- (11) Personal information and related instructions regarding advance directives, do not resuscitate orders or organ donation, if applicable.

**2a. DESCRIPTION OF VIOLATION**

On 5/21/2017 at approximately 6:30am resident #1 was sent out to the emergency room at Williamsport Regional Medical Center due to the resident being found unresponsive in bed. The home did not provide the resident's current emergency medical and health information with the resident to the hospital.

**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 morning of 5/21/17 Staff [redacted] has sent out resident #1 to the hospital, and did not send any emergency medical and health information when questioning Staff [redacted]. She stated it was hectic that morning and she panicked. The administrator has shown Staff [redacted] and all Staff the book having Emergency Transfer Sheets for all residents are kept. To ensure all emergency medical information goes with them in the event of an emergency in the future. Administrator will oversee to ensure ongoing compliance. 9-18-17

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 **8-30-2017**

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

The above plan of correction is approved as of 9-18-17 (Date)

Plan of correction implementation status as of 9-18-17 (Date)

The above plan of correction was approved by [Signature] (Initials)

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

Violation Report: 20209 - 06/07/2017 - Harvey, Jason

PCH Name: INSINGER S PERSONAL CARE SOUTH

**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**

Resident #1's initial RASP dated [redacted] 2017 was not completed, the support plan supervision plan to meet supervision needs section was left blank, the support plan mobility needs and plan to meet mobility needs was left blank and the support plan medication needs section and plan to meet the medication needs was left blank.

**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 thought she completed resident #1 entire RASP and did not realize I missed supervision and medication needs on page 5. The homes administrator will thoroughly recheck all RASPs for there completion in the future.

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 8-30-2017

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