



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 28 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' (Department) annual licensing inspection on October 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.

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](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,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 20210 - 10/17/2017 - Dumas, Gerald

PCH Name: INSINGER'S BOARDING HOME

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 batteries in the Carbon Monoxide monitor located in the home's living area were not labeled with the date the batteries were installed as per the requirements of the Care Facility Carbon Monoxide Alarm Standards Act.

The home's boiler certificate was expired at the time of the inspection due to a safety pressure relief valve that needs to be replaced.

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 realize the batteries need to be dated. The batteries were dated 10-17-17 and will be dated when changed twice yearly in the future.*

*The Administrator will oversee to ensure ongoing compliance*

*C. 12-5-17*

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) <i>RONALD INSINGER, OWNER</i>	Date <i>11-21-2017</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12-5-17 (Date)

Plan of correction implementation status as of 12-5-17 (Date)

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

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

Violation Report: 20210 - 10/17/2017 - Dumas, Gerald

PCH Name: INSINGER'S BOARDING HOME

1. REGULATION 55 Pa.Code §2600

2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Dried blood was observed on both the glucometer and the lancing device belonging to resident # 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.

The home allows residents to test their own Glucose level, after testing resident #1 that morning staff was unaware of the blood on the meter and lancer, all staff have been made aware of this violation at a a.m. meeting that glucometers and other equipment residents use be kept Sanitized and in good working order in the future.

The Administrator will oversee to ensure ongoing Compliance. *Op*. 12-5-17

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/09/2016

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

11-21-2017

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*12-5-17*  
(Date)

Plan of correction implementation status as of

*12-5-17*  
(Date)

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

The above plan of correction was approved by

*Op*  
(Initials)

Violation Report: 20210 - 10/17/2017 - Dumas, Gerald  
 PCH Name: INSINGER'S BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

**2a. DESCRIPTION OF VIOLATION**

Outside lighting is not available from the 2nd floor fire escape steps, along the egress path to the fire safe area located in front 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 had not been aware that a light was needed. motion detection light has been installed 11-8-17 to allow residents to see following a egress path to the front of the home and will be kept in good working order in the future.

The Administrator will oversee to ensure ongoing compliance.

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 *11-21-17*

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Violation Report: 20210 - 10/17/2017 - Dumas, Gerald  
 PCH Name: INSINGER'S BOARDING HOME

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The clock hanging on the wall above the closet door in room 10 had a broken glass face with an exposed sharp edge.

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 was not aware the resident that owned the clock had dropped and broke the glass. The home does a weekly walk through inspection and was not aware it was broken. The clock was thrown away and replaced on a wall that was less likely to be bumped and broken again.*

*The Administrator will oversee to ensure ongoing compliance.*

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>11-24-2017</i>
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 (Date)

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 (Initials)

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Violation Report: 20210 - 10/17/2017 - Dumas, Gerald

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 single frozen waffle was observed on the floor in front of the refrigerator located in the basement. A plastic bag of frozen waffles was observed inside the freezer on the door's shelf with a large slit in the bag.

**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 was unaware when putting away our food delivery the bag of waffles had a slit in it. The home works to insure all food is in sealed packaging and containers.*

*The Administrator will oversee to ensure ongoing compliance. EP*

Repeat Violation: Yes	Date(s) of Previous Violation(s): 09/09/2016
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Signature of Legal Entity Representative (Required on EVERY Page) *Ronald E. Insinger*

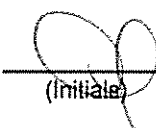
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RONALD E. INSINGER, OWNER</i>	Date <i>11-11-2017</i>
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Violation Report: 20210 - 10/17/2017 - Dumas, Gerald  
 PCH Name: INSINGER'S BOARDING HOME

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

The dryer located in the basement next to the washer had a thick layer of lint, dust, and dryer sheets, as well as what appeared to be a pink sock on the floor behind the dryer.

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 a schedule to clean the dryer ducts as well as around the dryer every other Wednesday (was due the next day). The staff was made aware of this violation at the P.M. meeting to insure the scheduled cleaning is more thorough in the future. The Administrator will oversee to ensure ongoing compliance. C.

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>11-21-17</i>
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 (Date)

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

Plan of correction implementation status as of 12-5-17  
 (Date)

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

Violation Report: 20210 - 10/17/2017 - Dumas, Gerald  
 PCH Name: INSINGER'S BOARDING HOME

**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's last fire safety inspection and fire drill conducted by a fire safety expert occurred on August 22, 2016. A fire safety expert has not conducted an inspection and fire drill within 12 months of the previous fire safety 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.

The home has been contacting the Williamsport Fire Department since the beginning of July to no avail. The homes administrator also believed the fire drill and fire inspection had to only be completed in the calendar year. The inspection and drill was completed on 11-21-17 and will be completed within the 12 month of the previous year in the future.

12-6-17 - spoke to Adm - she will send copy of new letter to the Northeast Regional office upon receipt from Local Fire Department. *Q*

12-6-17

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) <i>RONALD E. INSINGER, OWNER</i>	Date <i>11-21-2017</i>
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The above plan of correction was approved by *Q* (Initials)

Plan of correction implementation status as of 12-6-17 (Date)

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

Violation Report: 20210 - 10/17/2017 - Dumas, Gerald

PCH Name: INSINGER'S BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

**2a. DESCRIPTION OF VIOLATION**

The last fire drill conducted during sleeping hours was on 9/15/17. A previous overnight drill was not conducted within 6 months of the homes last fire drill on 9/15/17.

**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 conducted normally three drills during sleep hours, I believe done on 5/18/17 was written in wrong. although the home was told that the sleep hours the home had been using were not sufficient hours and that the home will now in the future conduct sleep hour drills between the hour of 11:30pm and 5:00 AM and making sure they are done within a 6 month period.

The Administrator will oversee to ensure ongoing compliance of.

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

11-21-2017

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The above plan of correction is approved as of

10-5-17  
(Date)

Plan of correction implementation status as of 10-5-17  
(Date)

- Fully Implemented
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- Not Implemented

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(Initials)

Violation Report: 20210 - 10/17/2017 - Dumas, Gerald  
 PCH Name: INSINGER'S BOARDING HOME

1. REGULATION 55 Pa.Code §2600  
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home in not consistently varying the evacuation exits during fire drills . The home fire drill log indicates that "all" exits were used on 9/15/17, 8/24/17, 6/20/17, 5/18/17, 3/14/17, 2/16/17 and 1/19/17.

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 believed that all exits could be used as long as 3 to 4 drills were done with specific exits. The drills are now being done each month stating specifically what exits are being used.

The Administrator will oversee to ensure ongoing compliance.

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 11-21-2017

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The above plan of correction is approved as of 12-5-17  
 (Date)

Plan of correction implementation status as of 12-5-17  
 (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: 20210 - 10/17/2017 - Dumas, Gerald  
 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 # 2's glucometer is not calibrated to record the correct date and time.

Resident # 2's blood glucose reading was 234 on 10/12/2017 at 7am. Staff incorrectly record this reading as 245 on the resident's blood glucose monitoring data sheet.

**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 does a glucometer audit monthly and did not realize resident #2 meter was not calibrated, that was corrected at the time of inspection, the incorrect recording on 10/12/17 was reviewed at the Q.M. meeting to insure staff are visually checking meters and not taking residents word for their readings in the future. The Administrator will oversee to ensure ongoing compliance. Q

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/09/2016

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

11-21-2017

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The above plan of correction is approved as of

12-5-17  
 (Date)

Plan of correction implementation status as of

12-5-17  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 20210 - 10/17/2017 - Dumas, Gerald  
 PCH Name: INSINGER'S BOARDING HOME

**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**

The medication administration record (M.A.R.), for resident # 4 was not initialed as administered on 10/1/17 and 10/2/17 at 7:00 a.m for Aspirin - low EC to be administered by mouth daily. In addition to Calcium 2 tablets by mouth daily at 7:00 a.m, for resident # 4.

**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 checked with staff person that worked those two mornings, and the medication was administered and staff had forgotten to initial for the med. administration. This was reviewed at the Q.M. meeting to insure it is not repeated in the future. The Administrator will oversee to ensure ongoing compliance. OP*

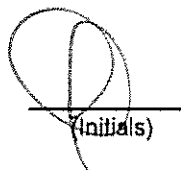
Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Ronald E. Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RONALD E. INSINGER, SUPER</i>	Date <i>11-21-2017</i>
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The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 12-5-17 (Date)

- Fully Implemented
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Violation Report: 20210 - 10/17/2017 - Dumas, Gerald

PCH Name: INSINGER'S BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**

2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident # 2 requires blood glucose readings twice daily. The resident's 8:00pm blood glucose readings were not taken on the following dates: 10/4/2017, 10/06/2017, 10/09/2017 and 10/13/2017.

Resident # 5 requires blood glucose testing twice daily, The resident has not had 2nd readings taken since from 9/17/17 to 10/17/17. Additionally the 7:00 a.m. testing was not conducted on 9/22/17 at 7:00 a.m.

Resident # 3 requires blood glucose readings once daily. A blood glucose reading was not conducted on 10/12/17 and 10/13/17.

**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 reviewed this violation with staff at our Q.M. meeting addressing the importance of following physicians orders and directions on residents medications and care. The Administrator will also audit glucose readings to track staff that may need to be retrained to insure better glucose testing 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, Owner*

Date *11-21-2017*

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(Date)

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(Date)

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The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 20210 - 10/17/2017 - Dumas, Gerald  
 PCH Name: INSINGER'S BOARDING HOME

**1. REGULATION 55 Pa.Code §2600**

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**2a. DESCRIPTION OF VIOLATION**

Resident # 3 had surgery on 09/25/2017 and was discharged with post-surgery care instruction. The resident's Support Plan was not updated to reflect the resident's care needed after surgery and the plan to meet the resident's care needs.

**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 has missed making an update to resident #3 Support plan. The administrator completed the Support Plan update on 10/18/17 and will in the future keep all Support plans updated.*

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  
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*Ronald E. Insinger, Owner*

Date *11-21-2017*

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