



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**JUN 25 2018**

Mr. Ronald E. Insinger  
Owner/President  
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's Bureau of Human Services Licensing annual inspection on April 23, 2018 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: 20209 - 04/23/2018 - Deluca, Amy  
 PCH Name: INSINGER S PERSONAL CARE SOUTH

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

Resident #1 had a fall on 04/14/2018 at 3:30 AM in his/her bedroom and suffered a fractured finger. The home did not report this incident to the Department.  
 Resident #2 had a fall on 12/18/2017 and suffered a fracture to the right tibia. The resident was sent to the hospital and was admitted into skilled care for rehabilitation. The resident never returned to the facility and was discharged on 2/27/2018. The home did not report this incident to the Department.

**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 was not aware the incident needed to be reported, neither incident related to death, unexplained absence, fire, Emergency Preparedness, home closure, loss of utilities, or Abuse. The homes Administrator will now and in the future any falls relating to any injury needing medical attention within 24 hours.*

- The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required. The administrator shall monitor and be responsible for ongoing compliance. Ms 6/6/18*

Repeat Violation: No	Date(s) of Previous Violation(s):	6/6/18
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Signature of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RONALD Insinger, President* Date *5-30-2018*

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

The above plan of correction is approved as of 6/6/18  
 (Date)

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

Plan of correction implementation status as of 6/6/18  
 (Date)

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

Violation Report: 20209 - 04/23/2018 - Deluca, Amy  
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600  
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION

The home's most recent quality management meeting held on 6-16-2017, did not include a review of the following topics: Reportable incidents, staff training, and current licensing violations and plans of corrections.

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 quality management meetings will now address reportable incidents, staff trainings, licensing violations and plan of corrections and will document that we did so in the future.*



The home will establish and implement a quality management plan that contains all of the elements required by 2600.26b. At a minimum, the plan will include:

- (1) The date the administrator and executive staff will review the effectiveness of the reportable incident and condition reporting procedures developed as required by 2600.16b, and a plan to correct any errors or inefficiencies identified during a review or all incidents reported within the past year.
- (2) The date the administrator and executive staff will review all of the complaints received from residents within the past year, a plan to reduce future complaints, and a review of how the home addressed each complaint in accordance with the requirements of these regulations.
- (3) A plan to review all training provided to direct care staff within the past year, addressing which trainings were effective, which were not effective, and what additional training courses would be helpful.
- (4) A review of all of the violation reports received within the past year, and a complete self-inspection using the Department's licensing measurement instrument.
- (5) The development and maintenance of a resident council.

The administrator shall be responsible for ongoing compliance.

*M 6/6/18*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *RONALD INSINGER, President* Date *5-30-2018*

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Violation Report: 20209 - 04/23/2018 - Deluca, Amy  
 PCH Name: INSINGER S PERSONAL CARE SOUTH

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

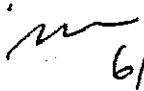
**2a. DESCRIPTION OF VIOLATION**

Staff person A did not receive training in Medication Self-Administration for the 2017 training year.

**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 med of adm trainer does review self administration guide lines while medication training direct care staff. The homes Med of Administration trainer will now complete a training on medication self administration to all direct care staff and will do so yearly in the future.*

*The administrator shall monitor and be responsible for ongoing compliance.  6/6/18*

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Signature of Legal Entity Representative *Ronald Insinger*  
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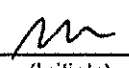
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 (Initials)

Violation Report: 20209 - 04/23/2018 - Deluca, Amy  
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident #3's room had piles of dirty clothes that had a thick layer of mud and dirt caked on the surface of the clothes. The room has a strong odor of body odor.

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 staff does resident #3 room cleaning and laundry weekly, his pants do drag on the ground and when he goes out for walks they may have gotten muddy due to all the rain lately, he also refuses any assistance with showers and has a bladder incontinence issues. The homes Administrator has had talks with resident #3 on room clutter and showering but to no avail, he reminds use of his resident rights, we will continue to encourage resident #3 to shower at least twice weekly and laundry weekly in the future.

- The administrator shall maintain sanitary conditions in the home and be responsible for ongoing

Repeat Violation: No	Date(s) of Previous Violation(s):	Compliance.
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Ronald Insinger</i>	<i>m</i> 6/6/18
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>RONALD INSINGER, President</i>	<i>5-30-2018</i>

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Violation Report: 20209 - 04/23/2018 - Deluca, Amy  
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600  
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 The home had an open trash container located outside next to the ramp located on the side entrance of the building.

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 or staff had not noticed the trash can lid was missing. It may have blown away in the last wind storm, the trash can was thrown away. The home will only use covered receptacles in the future and will check receptacles daily with trash collection.*

*The administrator shall monitor and be responsible for ongoing compliance.* *m* 6/6/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RONALD INSINGER, President* Date *5-30-2018*

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Violation Report: 20209 - 04/23/2018 - Deluca, Amy  
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The shower floor on the first level near room #4 was heavily stained with a rust color.  
 The shower floor on the second floor located near room #14 was heavily stained with rust and the base was heavily stained with a black substance on the caulking along the base of the bath tub.

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 rust stains on the shower floors are from the shower chairs and does not come off with regular bath room cleaners. The home administrator did find a product (CLR) that removed the stains as well as mildew build up. Staff is now using CLR cleaner to clean all tubs and showers daily.

The administrator shall monitor and be responsible for ongoing compliance.

m  
6/6/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RONALD INSINGER, President</i>	Date <i>5-30-2018</i>
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Violation Report: 20209 - 04/23/2018 - Deluca, Amy  
 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 freezer section of the home's refrigerator located in the kitchen had a temperature reading of 15° F. The home had two freezers located in the basement with an external digital reading of 7° F. with no internal thermometer. It could not be determined if the freezers had an internal reading of 0° F.

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 freezer in the kitchen was adjusted and now reads -1°F, The freezers in the basement with digital reading of 7 was not a temperature but a setting number which is the coldest, the temperature inside the freezers read -2°F, all freezers have a internal thermometer and are check daily by Ancillary staff.

The administrator shall monitor and be responsible for ongoing compliance in 6/6/18

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/27/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **RONALD INSINGER, President**      Date **5-30-2018**

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Violation Report: 20209 - 04/23/2018 - Deluca, Amy  
 PCH Name: INSINGER S PERSONAL CARE SOUTH

**1. REGULATION 55 Pa.Code §2600**

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

**2a. DESCRIPTION OF VIOLATION**

The lint trap in the Amana dryer located in the home's basement contained a thick layer of lint.

**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 staff had forgotten to empty the lint trap, they now are asked to clean lint trap before any laundry is removed from the dryer, and a posting a sign by the dryers reminding them to do so in the future.*

*The administrator shall monitor and be responsible for ongoing compliance -*

*[Signature]*  
 6/6/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RONALD Insinger, President* Date *5-30-2018*

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Violation Report: 20209 - 04/23/2018 - Deluca, Amy  
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 supervised fire drills and safety inspections conducted by a fire safety expert on 2/3/2017 and on 3/16/2018, more than 12 months apart.

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 contacts the local fire department more than two months in advance for our annual fire drill and inspection, and we still can not get them here within our time frame. The homes administrator will again in the future contact our local fire department two to three months in advance.

The administrator shall monitor and be responsible for ongoing compliance.

*[Signature]*  
6/6/18

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/27/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RONALD INSINGER, President      Date 5-30-2018

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Violation Report: 20209 - 04/23/2018 - Deluca, Amy  
 PCH Name: INSINGER S PERSONAL CARE SOUTH

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

The fire drill conducted on 5/29/2017 at 4:30am lists 2 staff persons participating in the fire drill. Only 1 staff person is scheduled for the 11pm to 7am shift. Through interview with the administrator it was determined that only 1 staff person participated in the evacuation of the residents during the fire drill.

**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 when conducting the drill mistakenly counted herself. The home has one staff from 12 midnight to 6:00 AM and any fire drills conducted within that time will be marked as one staff participating in the future.*

*The administrator shall be responsible for ongoing compliance.*  
*m* 6/6/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RONALD Insinger, President</i>	Date <i>5-30-18</i>
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Violation Report: 20209 - 04/23/2018 - Deluca, Amy  
 PCH Name: INSINGER S PERSONAL CARE SOUTH

**1. REGULATION 55 Pa.Code §2600**

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**

The home's fire safety expert, from the South Williamsport Fire Department, designated the home's evacuation time of 3 minutes and 0 seconds on 03-16-18. On 03/16/2018, the home conducted a fire drill and had an evacuation time of 3 minutes and 24 seconds, which is contradictory to the Fire safety letter dated the same day.

**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 a resident that was refusing to participate in the fire drill, but then he did finally evacuate. The homes administrator talked to this resident about the importance of evacuating during our fire drills, in hopes this will not continue, he has agreed to participate in all drills

The administrator shall monitor and be responsible for ongoing compliance

*[Signature]*  
6/6/18

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RONALD INSINGER, Resident* Date *5-30-2018*

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Violation Report: 20209 - 04/23/2018 - Deluca, Amy  
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #4's annual medical evaluation was not completed. Resident #4's most recent Documentation of Medical Evaluation form (DME) was completed 04/06/2017.

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 had a appointment set up by staff for 4-13-18 she had cancelled her appointment not letting the staff know, she had made plans to visit her family, the soonest her physician could see her was 5-1-18, The homes staff will try in the future to see that residents make their appointments and medical evaluations are completed annually.*

*The administrator shall monitor and be responsible for ongoing compliance.*

*m*  
 6/6/18

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Ronald Insinger, President*      Date *5-30-2018*

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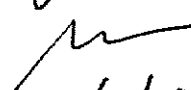
Violation Report: 20209 - 04/23/2018 - Deluca, Amy  
 PCH Name: INSINGER S PERSONAL CARE SOUTH

**1. REGULATION 55 Pa.Code §2600**  
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

**2a. DESCRIPTION OF VIOLATION**  
 Evidence was found that residents or staff were smoking in areas outside the designated smoking areas. Approximately 25 Cigarette butts were found on the ground near the rear lower level fire exit near the air conditioner condensers

**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 only allows Smoking in designated areas, the Home has identified the individual responsible asking them to stop, also reviewing where the designated areas are located in hoping it will not happen in the future.*

*The administrator shall monitor and be responsible for ongoing compliance -*  
  
 6/6/18

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *RONALD INSINGER, President*      Date *5-30-2018*

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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 - 04/23/2018 - Deluca, Amy  
 PCH Name: INSINGER S PERSONAL CARE SOUTH

**1. REGULATION 55 Pa.Code §2600**

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 had a Ventolin inhaler and a bottle of Nitroglycerin tablets in the resident's bedroom. The resident did not have a current medical evaluation verifying the ability to self-administer medications.

**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 requested resident #1 to get a order from his physician stating he can keep and use his Nitroglycerin, and his inhalers of Spiriva, Symbicort, Albuterol and Flonase spray, the home had requested from his physician orders on April 23, 2018. The home will in the future make sure medications being self administered with orders they can do so.

The administrator shall monitor and be responsible for ongoing compliance in 6/6/18

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RONALD INSINGER*      Date *5-30-2018*

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The above plan of correction was approved by <u><i>[Signature]</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 - 04/23/2018 - Deluca, Amy  
 PCH Name: INSINGER S PERSONAL CARE SOUTH

**1. REGULATION 55 Pa.Code §2600**

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**

Resident #1's Medication Administration Record (MAR) was not initialed at the time all of the resident's 7am and 9am medications were administered. According to the staff person who administered the medications, the resident's medications were administered by taking them directly to the resident's room and the staff person had forgotten to initial the MAR afterwards. The procedures for medication administration required under this regulation were not followed.

**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.*

*Staff person working direct care that morning had forgot to initial medication given that morning to resident #1, The staff has reviewed this violation and in the future will initial MAR's directly after administration of medication.*

*The administrator shall monitor and be responsible for ongoing compliance. m 6/6/18*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RONALD INSINGER, President* Date *5-30-2018*

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The above plan of correction is approved as of 6/6/18  
 (Date)

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

Plan of correction implementation status as of 6/6/18  
 (Date)

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

Violation Report: 20209 - 04/23/2018 - Deluca, Amy  
 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**

Resident #1 had a Ventolin inhaler and a bottle of Nitroglycerin tablets in the resident's bedroom. The resident's room was unlocked and assessable to others.

**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 has in his private room a metal locked box available, he stated he had not yet put it away. The Administrator has spoken with resident #1 as to the importance of always keeping medications locked up. Resident #1 agreed to keep his medications locked up and non-assessable to others in the future.

The administrator shall monitor and be responsible for ongoing compliance.

*m*  
6/6/18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RONALD Insinger, President</i>	Date <i>5-30-2018</i>
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Violation Report: 20209 - 04/23/2018 - Deluca, Amy  
 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

A medication bottle labeled as Ibuprofen 800 mg, 1 tablet to be taken 3 times daily with food was found in the medication cart for Resident #4. There was no order for the medication and it was not listed on the resident's 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.

Resident #4 had a order for Ibuprofen 600 mg. every 6 hrs from her physician in January of 2018. There was another order in March of 2018 for Ibuprofen 800 mg. three times daily with food as needed. That was not added to the MAR's.

The Pharmacist placed the new order on Mays MAR's. Staff will check all medications when delivered with correct mg. dosage so all medications match the MAR's in the future.

The administrator shall monitor and be responsible for ongoing compliance.

Repeat Violation: No      Date(s) of Previous Violation(s): 6/6/18

Signature of Legal Entity Representative (Required on EVERY Page) *Barold Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RONALD INSINGER, President*      Date *5-30-2018*

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

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

Plan of correction implementation status as of 6/6/18 (Date)

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

Violation Report: 20209 - 04/23/2018 - Deluca, Amy  
 PCH Name: INSINGER S PERSONAL CARE SOUTH

**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 #5's blood glucose reading on 4/22/2018 at 12 noon was 364 in the meter but was recorded as 357 on the blood glucose monitoring data sheet.  
 The glucometer for resident #5 was not calibrated to the correct time.  
 The home did not document resident #4's blood glucose testing levels on 04/22/2018 at 7:00AM and 12:00PM.

**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 #5 does test her own blood glucose, her reading may have been read incorrectly or just recorded incorrectly. All direct care staff were told if unsure of a reading double check glucometer so that the residents has a accurate glucose record in the future. Also the calibration on glucometers go off due to battery changes, so direct care staff are to check dates and time before each use in the future. The administrator shall monitor and be responsible for ongoing compliance. m 6/6/18*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Bonard Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **BONARD Insinger**      Date **5-30-2018**

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The above plan of correction is approved as of 6/6/18 (Date)      Plan of correction implementation status as of 6/6/18 (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 - 04/23/2018 - Deluca, Amy  
 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 #4's MAR was not initialed on 04/17/2018 at 12:00PM that the home had administered the resident 's straight order of 20 units of Novolog insulin.

**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 direct care staff that administered resident #4 insulin on 4-17-18 had forgot to initial that it was given. This was reviewed with that staff and all direct care staff that MAR records must be initialed after medication is given in the future.*

*The administrator shall monitor and be responsible for ongoing compliance*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/27/2017      05/05/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger*      *6/6/18*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger, President*      Date *5-30-18*

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Violation Report: 20209 - 04/23/2018 - Deluca, Amy  
 PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 Resident #4's most recent resident photo was dated 01/26/2016.

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 overlooked the date on resident #4 photo, a new photo was taken on 4-24-18 replacing the out of date photo. All photos were checked for expiration dates and in the future will be updated every two years.*

*The administrator shall monitor and be responsible for ongoing compliance -*

*6/6/18*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ronald Insinger, Owner*      Date *5-30-18*

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

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- Not Implemented