



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via fax to: [REDACTED]
Mailing Date: September 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 inspection on August 22, 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.

Sincerely,

A handwritten signature in cursive script, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing 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 AVE, SOUTH WILLIAMSPORT, PA 17702		County: Lycoming
Administrator: Marsha Reed		Region: NORTHEAST
Legal Entity Name: Ronald E. Insinger		
Legal Entity Address: 6 East Central Ave, South Williamsport, PA 17702		
Certificate(s) of Occupancy I-1 03/06/2009 South Williamsport Borough		
Staffing Hours Resident Support: 35 Total Daily Staff: 70 Waking Staff: 53		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/22/2018: Bomberger, Cybil; DeVries, Kristin		
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: 36 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: 0	Number of Residents who: Receive Supplemental Security Income: 25 Are 60 Years of Age or Older: 22 Have Mental Illness: 24 Have an Intellectual Disability: 7 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 20209 - 08/22/2018 - Bomberger, Cybil
PCH Name: INSINGER'S PERSONAL CARE SOUTH

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 7-16-18, an incident of abuse occurred against Resident #1 by Resident #2 and Resident #3. After the incident was reported to staff person A, the home did not complete an Act 13 form.

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 Administrator was unaware that she needed to complete a Act 13 form, when meeting with a Older Adult Protective Services agent. This was not mentioned, It was only reported to Licensing and OAPS. The administrator believed the Act 13 form only needed to be done if it involved a staff person was suspected of abuse. The homes administrator will in the future complete a Act 13 form for any suspected Abuse.
The administrator shall monitor and be responsible for ongoing compliance. M 9/21/18

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 9-15-2018

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

The above plan of correction is approved as of

9/21/18
(Date)

Plan of correction implementation status as of

9/21/18
(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 - 08/22/2018 - Bomberger, Cybil
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
During the physical site walkthrough, it was found that the lint traps of both Armana dryers were not cleaned and contained a 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 home has numerous postings in the dryer area stating "remove lint from lint trap before removing clothing". This was also reviewed at our gm meeting. The administrator at this time has spoke to each employee about this violation. Administrator also now checks lint trap when on sight to insure it is being done, and at this time has had good results.
• The administrator shall monitor and be responsible for ongoing compliance m 9/21/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/23/2018

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 9-15-2018

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The above plan of correction is approved as of 9/21/18 (Date) Plan of correction implementation status as of 9/21/18 (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 - 09/22/2018 - Bomberger, Cybil
PCH Name: INSINGER'S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The home failed to send Resident #4 for medical care following the fall that occurred at approximately 8:00AM on 7/30/18, and had the resident sign a "Refusal of Treatment Form."

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 the refusal of treatment was appropriate due to the fact he was refusing treatment
→ The home will now and in the future Call Emergency medical (EMT) to provide residents with medical care, and to be assessed of any falls or injury. All level of care changes and health status declines will be documented in residents RASP as well as having them assessed by their doctor in the future.

The administrator shall monitor and be responsible for ongoing compliance. *m* 9/21/18

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 9-15-2018

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The above plan of correction is approved as of

9/21/18
(Date)

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