



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via fax to: 570-322-2017
Mailing Date: November 28, 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 September 26, 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.

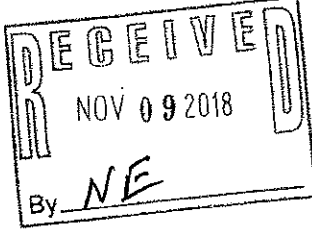
Sincerely,

A handwritten signature in black ink, 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 AVENUE, SOUTH WILLIAMSPORT, PA 17702		County: Lycoming
Administrator: Marsha Reed		Region: NORTHEAST
Legal Entity Name: RONALD E INSINGER		
Legal Entity Address: 6 EAST CENTRAL AVENUE, SOUTH WILLIAMSPORT, PA 17702		
Certificate(s) of Occupancy C-2 LP 12/07/1993 L&I		
Staffing Hours	Total Daily Staff: 70	Waking Staff: 53
Resident Support: 34		
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/26/2018: 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: 38 Number of Residents Served: 34 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: 21 Have Mental Illness: 23 Have an Intellectual Disability: 7 Have a Mobility Need: 2 Have a Physical Disability: 1	

Ronald Insinger

Violation Report: 20209 - 09/26/2018 - Bomberger, Cybil
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

On the following dates and times, Resident #1's MAR was not marked to indicate that the specified prescribed medications were administered:

- 200mg Quetiapine on 9/7/18 at 2PM and 9/16/18 at 2PM.
- 300mg Quetiapine on 9/7/18 at 8PM.
- 300mg Gabapentin on 9/7/18 at 8PM.
- 20mg Simvastatin on 9/7/18 at 8PM.

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 contacted staff that had missing initials for resident #1 to see if medications was given. Staff person [redacted] no longer works at Insingers stated she gave resident #1 his medications on 9-7-18 and would stop in to initial. Other staff [redacted] and [redacted] also stated resident #1 medications was given. The D.C. Staff will audit MAR's during shift changes to ensure medications are given and initials are present. The home is also starting E-MAR the new system will not allow Staff to not sign off on medications, it will beep at them until they do.

Repeat Violation: No Date(s) of Previous Violation(s): The administrator shall monitor for ongoing compliance

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 *11-16-2018*

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

The above plan of correction is approved as of 11-14-18 (Date)

Plan of correction implementation status as of 11-14-18 (Date)

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

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

Ronald E. Insinger