



September 27, 2019

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 17, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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.

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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information	
Name: <i>INSINGER'S PERSONAL CARE SOUTH</i>	License Number: <i>202090</i>
Address: <i>6 EAST CENTRAL AVENUE, SOUTH WILLIAMSPORT, PA 17702</i>	
County: <i>LYCOMING</i>	Region: <i>NORTHEAST</i>

Administrator		
Name: <i>Marsha Reed</i>	Phone: <i>5703222017</i>	Email: <i>RINSINGE@LOYALSOCKLANCERS.ORG</i>

Legal Entity	
Name: <i>RONALD E INSINGER</i>	
Address: <i>6 EAST CENTRAL AVENUE, PA, 17702</i>	

Certificate(s) of Occupancy		
Type: <i>I-1</i>	Date: <i>03/06/2009</i>	Issued By: <i>South Williamsport Boro</i>

Staffing Hours		
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>35</i>	Waking Staff: <i>26</i>

Inspection		
Type: <i>Full</i>	BHA Docket #:	Notice: <i>Unannounced</i>
Reason: <i>Renewal</i>		

Inspection Dates and Department Representative	
<i>04/17/2019 - On-Site: Ryan Novak, Cybil Bomberger</i>	

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: <i>38</i>	Residents Served: <i>35</i>		
Secured Dementia Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>0</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>27</i>	Are 60 Years of Age or Older: <i>2</i>		
Diagnosed with Mental Illness: <i>24</i>	Diagnosed with Intellectual Disability: <i>7</i>		
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>2</i>		

16c - Written Incident Report

Regulations

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 did not receive the prescribed Flobee twice daily on 4/3, 4/4 and 4/5/19 in the morning. The home did not submit an incident report to the Department regarding the medication error.

Repeat Violation: 4/23/18

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 Slober Vit. was not available on 4/3 and 4/4, She received it the morning of 4/5, her physician was notified she needed refills on 4/2. The homes Administrator believed that was all that was required. In the future the home will submit a incident report to Department of Human Services regarding medication errors.

The Adm will also review with all staff in the home the other 18 events that are reportable and ensure there is a system to report all of those events to the Northeastern Regional Office within 24 hours. 7-11-19 ag

Legal Entity Representative

Ronald E. Insinger
Signature

RONALD E. INSINGER, 6-26-2019
Printed Name and Title President Date

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The above plan of correction is approved as of

7-11-19
(Date)

Plan of correction implementation status as of

7-11-19
(Date)

The above plan of correction was approved by

ag
(Initials)

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

57b - 1 Hour/Day

Regulations

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 4/13, 4/14 and 4/15/19 33 residents resided in the home. At a minimum 33 total hours of direct care were required, the home only had 30 hours available.

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 rescheduled direct care hour and staff duties to comply with regulation 2600.57.b having one hour per day of personal care service for each mobile resident in the home in the future.

The Administrator will ensure there is a system in place to reflect changes in resident mobility and in turn review the home's most current 2 week schedule to ensure ongoing compliance. 7-11-19

ag

Legal Entity Representative

Ronald E. Insinger
Signature

RONALD E. INSINGER *6-26-2019*
Printed Name and Title *President* Date

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57d - Waking Hours

Regulations

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 4/13, 4/14 and 4/15/19 33 residents resided in the home. At a minimum 24.75 hours of direct care were required from 7am-11pm, the home only had 24 hours available.

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 rescheduled direct care hours and staff duties to meet the requirements of one personal care hour per resident during awake hours. The Administrator had believed the hours of care included a twenty four hour period due to the care given on the 11pm to 7AM shift with room checks, toileting and depend changes. The homes Administrator will ensure in the future there are one hour of personal care per resident during awake hours.

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Ronald E. Insinger
Signature

RONALD E. Insinger, President
4-26-2019
Printed Name and Title Date

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82c - Locking Poisonous Materials

Regulations

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

The following poisonous materials were unlocked and accessible in the 2nd floor bathroom area 6 and 7: Lysol toilet bowl cleaner, comet 2x bleach powder cleanser, and Lysol disinfectant, The poisons were labeled call a poison control center or doctor if ingested. Not all of the residents are able to safely handle and identify poisonous materials.

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 just hired new staff that were unclear of this regulation 82.c. The Administrator reviewed the regulation with staff on the safety of keeping poisonous materials locked up and inaccessible to resident in the future.

Legal Entity Representative

Ronald E. Insinger
Signature

RONALD E. INSINGER
Printed Name and Title
6-26-2019
President
Date

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INSINGER'S PERSONAL CARE SOUTH

202090

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Live bedbugs were found in the bed closest to the door of Room #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 the exterminator immediately, the staff stripped all bedding and conducted a cleanout on room #3, The exterminator also treated the entire home the following day. The home has Pest Control treatment done monthly to maintain sanitary conditions.

Legal Entity Representative

Ronald E. Insinger
Signature

RONALD E. Insinger *6-26-2019*
Printed Name and Title Date
President

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INSINGER'S PERSONAL CARE SOUTH

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96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit located on the wall near the medication room did not include adhesive tape.

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 taken the adhesive tape out of the first aid kit for use and had forgotten to replace it. The home has a large supply of adhesive tape and bandages for use. The staff were notified at a meeting to ensure all supplies are replaced. And a weekly inspection of the first aid kit will be done in the future!

Legal Entity Representative

Ronald E. Insinger
Signature

RONALD E. INSINGER, President
6-26-2019
Printed Name and Title Date

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101j3 - Bed/Linens/Pillows/Blankets

Regulations

2600.

101.j.3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The mattress covering and pillow on the bed next to the door in Room #6 was badly stained.

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 replaced mattress cover and bedding on the bed next to the door of room #6. The staff scheduled to do bed changes and clean room #6 review this violation and will be shadowed on duty completion. The Administrator will complete a daily walk through of the home to ensure all pillows, linens, blankets and bed coverings are clean and in good repair in the future.

Legal Entity Representative

Ronald E. Insinger
Signature

RONALD E. Insinger, President 6-26-2019
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124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The notice to the fire department does not indicate the capacity of the home or the level of assistance the residents will need to evacuate in the event of an emergency.

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 given the South Williamsport Fire Department a Emergency preparedness plan included was a list of residents, their room location and mobility or disability needs, The Fire department did not sign off on the proper form, The out dated forms were discarded and a newer revised form is now in place.

Legal Entity Representative

Ronald E. Insinger
Signature

RONALD E. Insinger, Director 6-26-2019
Printed Name and Title Date

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132b - Safety Inspection/Fire Drill

Regulations

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.

Description of Violation

The homes most recent supervised fire drill and inspection was completed on 3/16/18.

Repeat Violation: 4/23/18

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 the South Williamsport Fire Dept. starting in January requesting a fire safety inspection, and fire drill, and a request every two weeks thereafter, and then daily as our due date approached. There was a delay due to a large fire in South Williamsport in March. The Homes Administrator will in the future continue to contact our local fire department two to three month prior to annual inspection and drill due date.

The Administrator will fax or scan their letter to the NE Regional Office as soon as their letter is received from their local FD. 7-11-19 AG

Legal Entity Representative

Ronald E. Insinger
Signature

RONALD E. INSINGER, Owner
Printed Name and Title Date

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141a - Medical Evaluation

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #2 was admitted to the home on 7/6/18, the DME was completed on 10/9/18.

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 #2 had been scheduled for a medical evaluation on 7-30-18, her new physician was unable to obtain her medical records from Butler County prior and cancelled her appointment. The home then rescheduled her appointment at the soonest available date being 8-14-18, that appointment was cancelled also due to the physician not being available, the soonest appointment was October 9, 2018. The home will try to schedule all yearly medical evaluations prior to dates due in the future.

Legal Entity Representative

Ronald E. Insinger
Signature

RONALD E. INSINGER, Owner 6-26-2019
Printed Name and Title Date

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INSINGER'S PERSONAL CARE SOUTH

202090

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #3's DME dated 9/27/18 does not include the residents ability to self administer medications, health status, special health or dietary needs and the date the doctor signed the evaluation.

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 missed the completion on ability to self administer medications for resident #3 DME's before filing it in her records. The DME was completed on 4-23-19. In the future all DME's will be closely reviewed for completion before being filed.

Legal Entity Representative

Ronald E. Insinger
Signature

RONALD E. INSINGER, Director 6-26-2019
Printed Name and Title Date

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- Not Implemented

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1's Tylenol 500mg was located in the medication cart but is not a current order.

Repeat Violation: 4/23/19

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 staff had not yet discarded Resident #1 Tylenol 500mg. that was discontinued on 3-8-19. The homes med manager will conduct a cart inspection weekly to ensure all DC'd medications are properly disposed of in the future under regulation 2600.183F and all medications will have a current order.

Legal Entity Representative

Roward E. Insinger
Signature

Roward E. Insinger, Owner
Printed Name and Title

6-26-19
Date

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- Not Implemented

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #4's mupiroxin 2% ointment did not have a pharmacy label attached.

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 was a new resident and had just been discharged from the hospital, the Mupiroxin 2% ointment was in his belongings and had no label, the home tried to reorder the ointment but was not due to be refilled, med. staff made a label following discharge orders. In the future all medications will be labeled with a pharmacy label.

Legal Entity Representative

Ronald E. Insinger
Signature

RONALD E. INSINGER, OWNER 6-26-2019
Printed Name and Title Date

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INSINGER'S PERSONAL CARE SOUTH

202090

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #1 and #5's glucometer was not calibrated to the correct date and time.

Resident #5 has an order for blood glucose readings twice daily. On 4/16/19 at 7am the MAR noted a reading of 118 and the glucometer noted a reading of 103.

Resident #6 has an order for blood glucose readings 3x daily. On 4/17/19 at 7am the MAR noted a reading of 142 and the glucometer noted a reading of 152.

Repeat Violation: 4/23/18

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 calibrations on residents #1 and #5 glucometer was not calibrated due to recent battery changes. The staff person testing resident #5 on 4/16/19 and resident #6 on 4/17/19 had tried remembering the reading after their medication pass. It was reviewed with staff person on recording all glucose and B.P. readings at the time of testing and have been educated on the importance of correct documentation.

Legal Entity Representative

Signature: *Ronald E. Insinger*

Printed Name and Title: *RONALD E. INSINGER, OWNER* Date: *4-26-2019*

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187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 did not receive the prescribed Flobee twice daily on 4/3, 4/4 and 4/5/19 in the morning.

Resident #1 has an order for Tylenol 325mg two tablets as needed. On 4/16/19 at 2pm the home administered 2 500mg tablets.

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 Flobee Vit. was not available on 4/3 and 4/4 she received it on 4/5, Staff notified her Physician for reorder stating the medication was not available, The homes med manager will monitor low medications to ensure they do not run out, The Tylenol 325mg. was prescribed 3/18/19 and the order for Tylenol 500mg. was DC'd on 3/18/19, The Tylenol 500mg was not disposed of and staff B.W. had given the wrong mg. in error, The med manager will conduct a med cart audit weekly to ensure the DC'd medications are disposed of by DHS regulations in the future.

Legal Entity Representative

Ronald E. Insinger
Signature

RONALD E. INSINGER, Owner
Printed Name and Title Date

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INSINGER'S PERSONAL CARE SOUTH

202090

188b - Medication Error Reporting

Regulations

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 did not receive the prescribed Flobee twice daily on 4/3, 4/4 and 4/5/19 in the morning. The prescriber was not notified regarding the medication error.

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 spoke with staff persons they stated Residents #1 Flobee Vit. was reordered from the pharmacy and had needed a refill. Staff contacted the physician letting him know that Resident #1 was out of her Flobee Vit. and in the future staff will report any medication errors to residents designated person and the prescriber.

Legal Entity Representative

Ronald E. Insinger
Signature

RONALD E. Insinger, Resident 6-26-2019
Printed Name and Title Date

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