



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: insingers637@yahoo.com
MAILING DATE: January 29, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 2, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *INSINGER'S BOARDING HOME*

License Number: *20210*

Address: *673 CAMPBELL STREET,, WILLIAMSPORT, PA 17701*

County: *LYCOMING*

Region: *NORTHEAST*

Administrator

Name: *Marsha Reed*

Phone: *5703222597*

Email: *Insingers637@yahoo.com*

Legal Entity

Name: *INSINGER'S PERSONAL CARE HOME INC*

Address: *2075 MEADOW LANE, MONTOURSVILLE, PA, 17754*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *03/05/1985*

Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *18*

Waking Staff: *14*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

10/02/2019 - On-Site: Gerald Dumas, Ryan Yankowy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20*

Residents Served: *18*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *17*

Are 60 Years of Age or Older: *8*

Diagnosed with Mental Illness: *15*

Diagnosed with Intellectual Disability: *4*

Have Mobility Need: *0*

Have Physical Disability: *0*

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20b1 - Financial Records

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

Resident # 1 withdrew 82\$ on 9/6/19. The home does not have a record of this financial transaction.

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.)

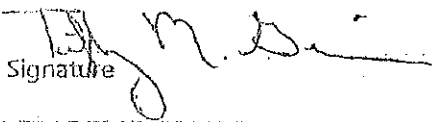
• Resident #1 opted to designate Insinger's PCH as payee, manage finances. According to Reg # 2600, 20.b, a Record of Financial Transactions is to be kept with recording of all payments/withdrawals on the date transaction occurred.

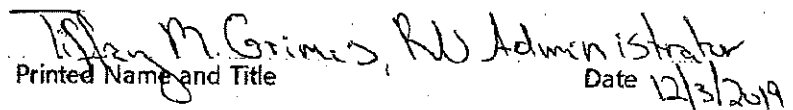
Correction 1: Resident remembered withdrawing monthly PCH funds: agreed to sign for missed entry

Correction 2: Implemented new policy that only Administrator will keep record & disperse funds to residents as requested. Administrator will review & update records as transaction occurs.

See Attach # 1

Legal Entity Representative


Signature


Printed Name and Title: *Tiffany M. Grimes, RW Administrator*
Date: *12/31/2019*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 12-31-19 (Date)

Plan of correction implementation status as of 12-31-19 (Date)

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

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

101J7 - Lighting/Operable Lamp

Regulations

2600.

101J. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation:

Bed #1 located in Room #7 did not have a plug to operate the lamp.

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.)

Each resident will be provided a functional bedside lamp with connection to an approved electrical source to ensure fire safety & sufficient light for functional mobility

Correction 1: Room #7 was provided an 6ft. power cord with electrical surge protector to operate bedside lamp.

Correction 2: Direct Care Staff assigned to 1am-3pm shift will conduct room inspections to include bedside lamp functionality by checking for working bulbs & approved electrical source on the 1st Monday of each month.

See Attach # 2

Legal Entity Representative


Signature

Tiffany Grimes RN, Administrator
Printed Name and Title
Date 12/2/2019

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103h - Thawing Food

Regulations

2500.

103.h. Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

Description of Violation

A package of Lebanon bologna was located on the counter in the kitchen defrosting.

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.)

Thawing raw meats under USDA and DHS standards and in accordance with stated guidelines

Correction #1: Staff was trained with a one hour in-service on correct USDA standards and DHS guidelines See Attachment #3

Correction #2: Printed Standard: Guidelines will be kept in plastic protector sleeve attached to side to refrigerator for reference. See Attachment #4

Legal Entity Representative

Signature

Tiffany Grimes RW Administrator
Printed Name and Title
Date 12/2/19

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1031 - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

A bag of tater tots was in the freezer in the basement without a label or a date.

Plan of Correction (POC)

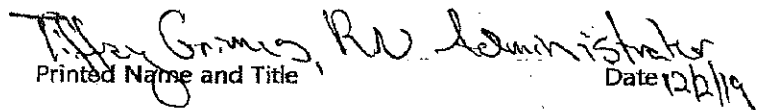
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

All foods removed from original packaging will be labeled with a Sharpie containing manufacturer's expiration date and date opened.

Correction: Direct Care Staff and Cooks will inspect all food products kept in refrigerator / freezer for approved labeling on the 1st Shift of every Monday.

Legal Entity Representative


Signature


Printed Name and Title: *Tiffy Grimes, RN Administrator*
Date: *12/1/19*

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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 home does not have a notice to the fire department regarding the assistance needed in the event of an evacuation.


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 residents of Insinger's PCH benefit from giving local Fire Dept additional building layout information, number of residents and their special needs. This advanced info will result in less time for fire department looking for residents and more potential lives saved.

Correction: Letter was sent to local fire department with resident total, mobility needs, building layout with blueprint, and designated safe area location. See Attachment # 5

Legal Entity Representative


Signature

Tiffany Gaines, RW Administrator
Printed Name and Title
Date 12/2/19

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1830 - Refrigerated Meds Locked

Regulations

2600.

1830.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

Resident # 2's lantaprost eye drops was in the refrigerator located in the kitchen unlocked and accessible.

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.)

Medications kept in approved locked container located in refrigerator will be safe from contamination, spillage, theft, or mistaken use by resident.

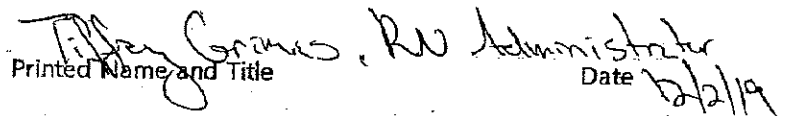
Correction: Cold Storage medication box checked for proper lock function: a minimum of two keys.

Correction: Medication box is to be checked at the beginning, end of each shift by ongoing, off going staff. 3 times each day. This is new policy going forward in Nov 2019

See Attach # 6

Legal Entity Representative



Signature


Printed Name and Title RW Administrator
Date 12/2/19

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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

The following medication was not on hand for resident # 1:

Glycerin Suppositories. Give one suppository rectally as needed for constipation.

Repeat violation 10/11/18

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.)

Having all prescribed medical equipment and medications on hand is paramount to safe effective medical treatment.

Correction # 1 In the event that a medication cannot be filled / refilled immediately due to back order, contaminated product (Rinitidine) or slow prescriber response, staff will enter reason for not having supply on hand in residents EMR Charity Section. Staff will notify RW Admin so that the medication can be put on hold or discontinued with PCP verbal order. See Attachment # 7

Legal Entity Representative

Signature [Handwritten Signature]

Printed Name and Title: Tiffany Grimes, RW Administrator Date: 12/2/19

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225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #3's RASP dated 9/6/19 did not include pgs. 2-12.

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.)

Residents will have a full & complete RASP conducted annually & with significant change in condition. This care plan allows for the best possible care outcome when properly performed.

Correction #1 Resident #3 had a complete RASP Assessment performed on 10/02/2019. See Attachment # 8

Correction #2 All RASP Assessments will be completed by an RN moving forward. This will be performed annually & with new medical diagnosis and/or significant change in condition

Legal Entity Representative

Signature 

Tiffany Grimes, RN Administrator
Printed Name and Title
Date 10/2/19

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