

Department of Human Services
Bureau of Human Service Licensing

February 19, 2021

██████████ ADMINISTRATOR
INSINGERS PERSONAL CARE HOMES WEST INC
2075 MEADOW LANE
MONTOURSVILLE, PA 17754

RE: INSINGERS PERSONAL CARE
HOMES WEST
124 EMERY STREET
WILLIAMSPORT, PA, 17701
LICENSE/COC#: 22745

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/18/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *INSINGERS PERSONAL CARE HOMES WEST* **Licen e #:** *22745* **Licen e Expiration Date:** *03/01/2021*
Adde : *124 EMERY STREET, WILLIAMSPORT, PA 17701*
County: *LYCOMING* **Region:** *NORTHEAST*

Administrator

Name: [REDACTED] **Phone:** *570-323-9392* **Email:** [REDACTED]

Legal Entity

Name: *INSINGERS PERSONAL CARE HOMES WEST INC*
Address: *2075 MEADOW LANE, MONTOURSVILLE, PA, 17754*
Phone: *570-323-9392* **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* **Date:** *01/18/2019* **Issued By:** *City of Williamsport*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *27* **Waking Staff:** *20*

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Rea on: *Renewal* **Exit Conference Date:** *11/18/2020*

Inspection Dates and Department Representative

11/18/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *29* **Residents Served:** *26*

Secured Dementia Care Unit

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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Hospice

Current Re ident : *0*

Number of Residents Who:

Receive Supplemental Security Income: <i>24</i>	Are 60 Years of Age or Older: <i>13</i>
Diagnosed with Mental Illness: <i>24</i>	Diagnosed with Intellectual Disability: <i>3</i>
Have Mobility Need: <i>1</i>	Have Physical Disability: <i>2</i>

Inspections / Reviews

11/18/2020 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *12/30/2020*

2/18/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *03/01/2021*

2/19/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not change and date the batteries in the homes CO2 monitor on an annual basis. The homes carbon monoxide detector located in the boiler room was dated 6/18/19. The Pennsylvania care facility carbon monoxide alarm standard act indicated that the carbon monoxide detector batteries are to be checked annually and dated .

Plan of Correction

Accept

The administrator will make sure all CO2 detectors have the battery changed yearly. Location of detectors is now marked down on [REDACTED] "to do" list so that a detector is not missed.

This ensures compliance with other applicable health, safety and wellness requirements now incorporated by Chapter 2600.

New battery was replaced 11-19-20

Completion Date: 11/19/2020

Update - 02/18/2021

Upon Resubmission of the Home's Plan of Correction, the home will verify their Plan with either a receipt of the battery (ies) for the CO2 detector(s) or digital photo(s) of the dated battery (ies) in the CO2 detector(s). This will be submitted via the Portal in Sans Write.

AG, 2-18-21

Document Submission

Implemented

Attached please find a picture of the CO2 detector that was properly marked when a new battery was put in the detector.

183e - Storing Medications

1. Requirements

2600.

- 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The inhaler box for resident # 1- Incruse Ellipta Inhaler (Take 1 puff by mouth once daily for breathing), was not dated when first opened on 11/2/20. The pharmacy label required the home to date the box - "Date Opened."

Plan of Correction

Accept

The administrator will check the medication cart every Monday to make sure all inhalers are dated with and open date on the box.

This will ensure that all medications are stored in a organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

corrected at time of inspection

Completion Date: 11/18/2020

183e - Storing Medications (*continued*)**Update - 02/18/2021**

Upon Resubmission of the Plan of Correction, the Home will submit via the Portal in Sans Write a copy of the Audit sheet that is IN USE to verify compliance.

AG, 2-18-21

Document Submission**Implemented**

The Administrator has [REDACTED] calendar marked to check the inhalers every Monday and Friday.

185a - Implement Storage Procedures

1. Requirements

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

At breakfast on 11/9/20 the glucometer reading for Resident #1 was 108 but it was not documented on the blood glucose tracking sheet.

At breakfast on 11/10 the glucometer reading for Resident #2 was 239 but was not documented on the blood glucose tracking sheet.

Plan of Correction**Accept**

The administrator will check the glucometer log book every Monday and Friday to make sure that all readings are documented with the readings on the meter.

The staff will always have yearly training in how to store, maintain and use all meters so that accurate documented readings are logged in the book. This reduces the risk that medications and medical equipment will be misplaced lost or misused.

Completion Date: 11/19/2020

Update - 02/18/2021

Upon Resubmission of the Plan of Correction the Home will submit via the Portal in Sans Write evidence of the Audits that are being done on Mondays and Fridays to ensure correct documentation of glucometer readings.

This will ensure evidence of compliance.

AG, 2-18-21

Document Submission**Implemented**

The administrator has marked on [REDACTED] calendar to check the inhaler every Monday and Friday. See attached

225c - Additional Assessment

1. Requirements

2600.

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

Description of Violation

Resident #3 records indicates [REDACTED] last assessment was dated 9/6/19. An annual assessment had not been completed for 2020.

225c - Additional Assessment (*continued*)**Plan of Correction****Directed**

The administrator will check the first Monday of every month to make sure all assessments are completed on a yearly basis or as needed when changes take place.

This will ensure that the home has created a comprehensive profile of a residents needs and serves as the basis for the plan to meet those needs.

Directed Plan of Correction:

Upon Resubmission of the Plan of Correction, the Home will submit the NEW RASP for Resident # 3.

In addition, the Home will submit the Audit Tool that has been created to track and complete RASPS for residents in order to comply with this resident. It will also include documentation for any RASPs that may have been completed since this renewal inspection on 11-18-2020.

This will verify compliance.

AG, 2-189-21

Completion Date: 11/30/2020

Document Submission**Implemented**

The home has attached a new RASP for resident #3 and the list of residents and when their RASP'S are due.

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #3 support plan was dated 9/6/19. ■■■ previous support plan was completed on 9/6/18. Resident #3 support plan should have been updated on an annual basis.

Plan of Correction**Accept**

The administrator will do an updated revised support plan within 30 days of change in a residents needs.

■■■ will review all RASPS the first Monday of every month to ensure that a resident RASP is not overlooked.

This will ensure that each residents needs are met as those needs change, and that accountability for meeting those needs are firmly established.

THIS VIOLATION IS BEING WITHDRAWN

Completion Date: 11/30/2020

Document Submission**Implemented**

This violation is being withdrawn