

Department of Human Services
Bureau of Human Service Licensing

October 25, 2021

[REDACTED]

RE: INSINGER'S BOARDING HOME
673 CAMPBELL STREET
WILLIAMSPORT, PA, 17701
LICENSE/COC#: 20210

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/29/2021 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: *INSINGER'S BOARDING HOME* License #: *20210* License Expiration Date: *11/24/2021*
Address: *673 CAMPBELL STREET, WILLIAMSPORT, PA 17701*
County: *LYCOMING* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *5703222597* Email: [REDACTED]

Legal Entity

Name: *INSINGER'S PERSONAL CARE HOME INC*
Address: *2075 MEADOW LANE, MONTOURSVILLE, PA, 17754*
Phone: *5703222597* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/05/1985* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *04/29/2021*

Inspection Dates and Department Representative

04/29/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20* Residents Served: *16*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *15* Are 60 Years of Age or Older: *9*
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/29/2021 - Partial

Lead Inspector: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: <i>05/24/2021</i>
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5/20/2021 - POC Submission

Lead Reviewer: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: <i>06/01/2021</i>
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6/15/2021 - POC Submission

Lead Reviewer: [REDACTED]	Follow-Up Type: <i>Document Submission</i>	Follow-Up Date: <i>06/22/2021</i>
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10/25/2021 - Document Submission

Lead Reviewer: [REDACTED]	Follow-Up Type: <i>Not Required</i>
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16c - Written Incident Report

1. Requirements

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

On 4/3/2021, resident # 1 did not receive the Pantoprazole 40mg at 6:19am due to the medication not being available. The home did not report this incident to the department .

On 4/5/2021, resident # 1 did not receive the Ondansetron 4mg at 6:42am due to the medication not being available. The home did not report this incident to the department .

Plan of Correction

Accept

The administrator will check every Tuesday and Thursday to make sure all medications are available for the residents.

On 4-3-21 and 4-5-21 both medications were available in the parada box and given but overlooked by the staff person. (they were always on a card and then changed to a parada box).

The administrator will notify the staff via log book when a medication is in a different location from it's original placement.

If a medication is missing the administrator will immediately report this incident to the Department.

Reporting the incident will allow the Department to respond promptly to serious situations, and offer homes the opportunity to provide information that may reduce the need for the Department to pursue additional information.

Completion Date: 04/07/2021

Update - 05/20/2021

Upon Resubmission of the Plan of Correction, the Adm will ensure that all staff are aware of all 19 events that must be reported. The home will submit evidence of this training via the Portal.

The Adm will also ensure that there is a means to submit Incident Reports 24/7 including nights, weekends and holidays.

Supporting documents are to be submitted via the Portal.

AG, 5-20-21

Document Submission

Implemented

Administrator reviewed with staff how to write up an incident report and all 19 events.

Please see attached

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

On 4/29/21 at 9am the home's administrator and two direct care staff were not wearing a face cover while working at the home,

18 - Compliance With Laws *(continued)***Plan of Correction****Do Not Accept**

*The administrator and staff will wear a mask when directed by the State or Federal Governor.
Since all residents and staff have been vaccinated since 2-28-21 wearing a mask will be at the option of the individual while in the home.*

Completion Date: 05/14/2021

Update - 05/20/2021

Upon Resubmission of the Plan of Correction, the Adm will submit written documentation of the home's POC based on guidance provided by BHSL via written guidelines and updates, information provided by the PA DOH and the CDC.

All of this information is found on ListServ.

Responses will be submitted via the Portal.

■ 5-20-21

Plan of Correction**Accept**

*The administrator and staff will wear a mask at all times while in the personal care home.
Training on wearing masks has been completed.
The administrator will randomly check the home on different shifts to make sure staff is in compliance.
Mask wearing will ensure the health and safety of both residents and staff. Mask wearing will continue until the mandate is changed by the governor.
please see attached training.*

v b

Completion Date: 05/24/2021

Update - 06/15/2021

I have received your verification of compliance for the training regarding your Plan of Correction.

Upon Resubmission of your POC, simply indicate "YES" in this area of your Implementation Status for this Regulation and I will be able to successfully process your renewal inspection packet.

Thank you,

■ 6-15-21

Document Submission**Implemented**

Yes. Please see attached

141a - Medical Evaluation

1. Requirements

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

The medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident #1.

Plan of Correction

Accept

The administrator will check at the beginning of each month to make sure all medical evaluations are complete in a timely manner. (within regulations).

Accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans and ensures that residents' medical needs will be met.

Completion Date: 05/17/2021

Update - 05/20/2021

Upon Resubmission of the Plan of Correction, the Adm will submit the calendar or other method of tracking the due dates to maintain ongoing compliance.

█, 5-20-21

Document Submission

Implemented

Administrator will check the MA schedule weekly. Please see attached schedule

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Pantoprazole 40mg on 4/3/21. However, this medication was not administered to resident #1 because the medication was not available in the home.

Resident #1 is prescribed Ondansetron 4mg on 4/5/21. However, this medication was not administered to resident #1 because the medication was not available in the home.

Plan of Correction

Accept

The administrator will check every Tuesday and Thursday all resident medications to make sure they are available and being given out as directed by the physician. If a medication is not available the doctor will be called for refills and the State will be notified within 24 hours.

The administrator will ensure that residents receive medications and treatments as ordered by a physician.

Completion Date: 04/08/2021

Update - 05/20/2021

Upon Resubmission of the Home's Plan of Compliance, the tracking system that is currently IN USE will be submitted for review in order to measure compliance.

█, 5-20-21

187d - Follow Prescriber's Orders (*continued*)**Document Submission****Implemented**

The administrator will check [REDACTED] schedule to review meds on Tuesdays and Thursdays.
Please see attached schedule

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction tape was used on resident's #1 RASP dated 12/8/20.

Plan of Correction**Accept**

The administrator will check resident files monthly to make sure correction tape has not been used in a residents file.
Staff were notified in person by the administrator not to use correction tape.

Making entries in a resident's record that are permanent, legible, dated and signed by the staff person making the entry helps to ensure that information stored in a resident record is detailed, accurate and unaltered.

Completion Date: 04/08/2021

Update - 05/20/2021

Upon Resubmission of the Plan of Correction, the Adm will show evidence of the staff training on record completions.

[REDACTED], 5-20-21

Document Submission**Implemented**

Administrator trained staff to not use white out or any type of correction tape on resident files. Please see attached