

Department of Human Services
Bureau of Human Service Licensing

July 2, 2021

██████████ LEGAL ENTITY
RONALD E INSINGER
6 EAST CENTRAL AVENUE
SOUTH WILLIAMSPORT,, PA 17702

RE: INSINGER'S PERSONAL CARE-
SOUTH
6 EAST CENTRAL AVENUE
SOUTH WILLIAMSPORT,, PA, 17702
LICENSE/COC#: 20209

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/04/2021, 05/05/2021 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 PERSONAL CARE SOUTH* **Licen e #:** *20209* **Licen e Expiration Date:** *06/03/2021*
Addr e : *6 EAST CENTRAL AVENUE, SOUTH WILLIAMSPORT,, PA 17702*
County: *LYCOMING* **Region:** *NORTHEAST*

Administrator

Name: [REDACTED] **Phone:** *5703222017* **Email:**
[REDACTED]
[REDACTED]
[REDACTED]

Legal Entity

Name: *RONALD E INSINGER*
Address: *6 EAST CENTRAL AVENUE, SOUTH WILLIAMSPORT,, PA, 17702*
Phone: *5703222017* **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: *1 1* **Date:** *03/06/2009* **I sued By:** *SOUTH WILLIAMSPORT BOROUGH*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *35* **Waking Staff:** *26*

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal* **Exit Conference Date:** *05/05/2021*

Inspection Dates and Department Representative

05/04/2021 - On-Site: [REDACTED]
05/05/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* **Residents Served:** *35*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *23* **Are 60 Years of Age or Older:** *24*
Diagnosed with Mental Illness: *22* **Diagnosed with Intellectual Disability:** *7*
Have Mobility Need: *0* **Have Physical Disability:** *1*

Inspections / Reviews

6/16/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow-Up Date: *06/23/2021*

7/2/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

In an interview with resident # 1, the resident expressed desire for staff to shave their facial hair as needed. The resident stated that in the past, the resident had requested their facial hair be shaved however, the staff had not acted on the request on several occasions. It was observed that resident # 1 had a substantial growth of facial hair and had requested staff shave their facial hair.

Plan of Correction

Accept

Resident #1 was being shaved on █ shower days, staff then tried shaving █ daily, █ refused due to skin irritation, Administrator then bought █ a █ facial shaver that works better and █ uses independently.

Completion Date: 05/05/2021

Update - 06/16/2021

Upon Resubmission of the Plan of Correction (POC) the Administrator will send in a copy of the Updated RASP or the Addendum showing this update to the Support Plan for Resident # 1.

AG, 6-16-21

Document Submission

Implemented

see attachment 20210623_091745 █ ADLs.jpg and attachment Shaver receipt.jpg

26c - QM Improvement

1. Requirements

2600.

26.c. The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

Description of Violation

A Quality Management review was not conducted in 2020. The home's policy states the quality management review will be conducted annually.

Plan of Correction

Accept

The homes Administrator conducts a Q.M. meeting yearly after each annual inspection, the home had no annual inspection in 2020 due to COVID, and the Q.M. meeting was over looked, The Administrator has calendar marked Q.M.'s to be completed yearly, A Q.M. meeting was completed for 2021 on 06-03-2021

Completion Date: 06/03/2021

Update - 06/16/2021

Upon Resubmission of the POC, the Adm will send in a copy of the QM meeting notes from 6-3-21 as evidence of compliance.

AG, 6-16-21

Document Submission

Implemented

See attachments 20210621_090850(4) QM.jpg and attachment 20210623_100046(1) QM Notes.jpg

93b - Railings

1. Requirements

2600.

93.b. Each porch must have a well-secured railing.

Description of Violation

The home's fire escape is constructed of wood. The wooden railing, located on the 2nd floor, closest to room 10, was found unattached at its joint on the fire escape landing. The unattached railing, has the potential of causing a serious injury to person(s) using the fire escape in the event of an emergency.

Plan of Correction

Accept

Administrator was not aware the railing was unattached, maintenance was contacted and it was repaired that day, The Administrator does weekly walk throughs at the home checking for any repairs needed, checks done on 5/12, 5/19, 5/26, and 6/7 and will continue with weekly checks.

Completion Date: 05/05/2021

Update - 06/16/2021

Upon Resubmission of the POC, the Adm will submit a photo of the repaired railing to demonstrate compliance.

The Adm will send in a copy of the Weekly checklist that is being completed to demonstrate compliance as well.

All verifications are to be submitted via the Portal.

AG, 6-16-21

Document Submission

Implemented

20210621_091029 (3)Back Rail.jpg

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

Room ■'s bedroom door, was blocked inside by retail boxes of various shapes. The blocked door presents a potential injury or death by not allowing the door to be fully opened to evacuate in the event of a fire or emergency.

Plan of Correction

Accept

The Administrator and staff have tried numerous times to eliminate empty boxes from Room ■ resident refused, Administrator showed resident in Room ■ the regulation 121, let ■ know the home was sighted, and let ■ know the home would be forced to give ■ a 30 day notice, resident then did allow boxes to be removed, staff cleans room ■ weekly and removes any empty boxes.

Completion Date: 05/07/2021

121a - Unobstructed Egress (*continued*)**Update - 06/16/2021**

Upon Resubmission of the POC, the Adm will submit a digital photo(s) of Room [REDACTED] to demonstrate or a copy of a 30 day notice for failure to follow Home Rules. The home has the right to discharge a resident that does not comply with fire safety rules.

AG, 6-16-21

Document Submission**Implemented**

See attachment 20210621_091130 (2) Room [REDACTED].jpg

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

In the home's basement, a 1 inch thick layer of dryer lint was found behind 2 of the home's dryers. Dryer lint buildup has the potential of causing a serious fire emergency.

Plan of Correction**Accept**

The dryers are elevated off the floor and dryer lint had build up, it was brought to the attention of staff appointed to cleaning the basement and dryer lint, progress checks are being done with walk through by administrator.

Completion Date: 05/06/2021

Update - 06/16/2021

Upon Resubmission of the POC, the Adm will show compliance by sending in a copy of the progress checks that are being completed by staff. Please send in an actual checklist that has been completed, not a copy of a blank checklist template.

AG, 6-16-21

Document Submission**Implemented**

See attachments 20210623_085910 Dryer lint.jpg and attachment Dryer lint.jpg

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The Preadmission form for resident # 2 (date of admission [REDACTED])did not include the date the preadmission was completed.

224a - Preadmission Screen Form (continued)

Plan of Correction**Accept**

The Administrator had gone to a home that was closing and pre-screened 6 potential residents and had forgot to date resident #1 preadmission form at that time, The administrator will at time of admissions see that all documents are completed.

Completion Date: 05/04/2021

Update - 06/16/2021

The Adm may note on the Record for Resident # 2 that this was overlooked and sign and date with a current date.

If the home has any new admissions since the renewal inspection, please send in a copy of the new Pre-Admission Screening to demonstrate compliance.

AG, 6-16-21

Document Submission**Implemented**

See attachment 20210621_091721 (1) RP Sreening.jpg

No new admissions at this time

225c - Additional Assessment

1. Requirements

2600.

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

Description of Violation

An annual R.A.S.P, was not completed for resident # 2 . The resident was admitted to the home on [REDACTED] . Resident # 2 was due for an annual R.A.S.P. by 11/2020.

Plan of Correction**Accept**

the homes Administrator had over looked resident #2 annual R.A.S.P. due to being sick at that time, The Administrator completed resident #2 R.A.S.P. and will track all R.A.S.P. and DME's on a calendar and a tracking sheet so they are done in a timely manor.

Completion Date: 05/05/2021

Update - 06/16/2021

Upon Resubmission of the POC, the Adm will send in a copy of the Annual RASP for Resident # 2 to document compliance.

The Adm will also send in a copy of the tracking sheet they will be using forward to eliminate any future violations. Please show any work on the tracking sheet since the date of the annual inspection, if any.

AG, 6-16-21

Document Submission**Implemented**

See attachment [REDACTED]. Rasp.jpg and Attachment 20210621 091412 (1) tracking sheet.jpg

227d Support Plan Medical/Dental

1. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The Residents Assessment and Support Plan, R.A.S.P. for resident # 3 (dated 11/4/20), did not include the residents dentist, if any. Resident has their own natural teeth. A dentist was not identified for resident # 3. The R.A.S.P. for resident # 2 also did not include the formal support of a dentist identified. Finally, the R.A.S.P. for resident # 1 also did not include the resident's Psychiatric Physician identified as a formal support.

Plan of Correction**Accept**

Administrator had missed adding resident #3's dentist to ■■■ R.A.S.P. due to ■■■ makes and keeps ■■■ own appointments, resident #2 has dentures and now will be seen by a dentist yearly for check ups, residents will have listed on their R.A.S.P.'s Dentists, Optometrists, Psychiatrist and any specialist that they see.

Completion Date: 05/07/2021

Update - 06/16/2021

Upon Resubmission of the POC, the Adm will send in either the RASPs or the Addendums for Resident #s 2 & 3 as evidence of compliance. These documents will be submitted via the Portal.

AG, 6-16-21

Document Submission**Implemented**

See attachment 20210623_085557 ■■■. rasp.jpg , ■■■. Rasp.jpg, and ■■■ Dental .jpg