

Department of Human Services
Bureau of Human Service Licensing

August 29, 2022

[REDACTED], OWNER
[REDACTED]
2075 MEADOW LANE
MONTOURSVILLE, PA, 17754

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/04/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]
Human Services Licensing Supervisor

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* License #: *20209* License Expiration: *06/03/2023*
Address: *6 EAST CENTRAL AVENUE, SOUTH WILLIAMSPORT,, PA 17702*
County: *LYCOMING* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *RONALD E INSINGER*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *03/06/2009* Issued By: *South Williamsport Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/04/2022*

Inspection Dates and Department Representative

05/04/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* Residents Served: *32*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *19* Are 60 Years of Age or Older: *22*
Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *6*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

05/04/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/24/2022*

Inspections / Reviews (*continued*)

07/14/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/20/2022*

07/20/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/25/2022*

07/29/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/03/2022*

08/29/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

The home did not have documentation of a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry for the following direct care staff:

Staff person A, hire date



Staff person B, hire date



Staff person C, hire date



Plan of Correction

Do Not Accept

The Homes Administrator requested High School diplomas or GEDs from staff A, B, and C and had not receive them. Staff person A and staff person C ended their employment with Insinger's PCH. Administrator now requires 54.a. to be complete before first day of work is scheduled.

Completion Date: 06/09/2022

Update: 07/14/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

What action that person will take, and when that action will happen - (date).

Who will monitoring compliance?

Plan of Correction

Accept

The Homes Administrator requested High School diplomas or GEDs from staff A, B, and C and had not receive them. Staff person A and staff person C ended their employment with Insinger's PCH. Administrator now requires 54.a. to be complete before first day of work is scheduled. monitored by Administrator

Completion Date: 07/14/2022

Update: 07/20/2022

Please send proof of staff person B's requirements.

Document Submission

Implemented

The Homes Administrator requested High School diplomas or GEDs from staff A, B, and C and had not receive them. Staff person A and staff person C ended their employment with Insinger's PCH. Administrator now requires 54.a. to be complete before first day of work is scheduled. monitored by Administrator

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

103f - Refrigerator/Freezer Temps (continued)

Description of Violation

There were no thermometers found in the home's refrigerator or freezer located in the kitchen.

Plan of Correction**Do Not Accept**

The homes Kitchen refrigeration receives a lot of use from both staff and residents, a lot of times the thermometers are knocked out and kicked under the refrigerators.

The home keeps extra thermometers in a kitchen drawer for replacement, Kitchen staff will replace thermometers when needed.

Completion Date: 05/05/2022

Update: 07/14/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

What action that person will take, and when that action will happen - (date).

Who will monitoring compliance?

Plan of Correction**Accept**

The homes Kitchen refrigeration receives a lot of use from both staff and residents, a lot of times the thermometers are knocked out and kicked under the refrigerators.

The home keeps extra thermometers in a kitchen drawer for replacement, Kitchen staff will replace thermometers when needed daily and staff will be permitted to use refrigerators, this will be monitored by Administrator.

Completion Date: 07/14/2022

Update: 07/20/2022

Please send proof of compliance (picture).

Document Submission**Implemented**

The homes Kitchen refrigeration receives a lot of use from both staff and residents, a lot of times the thermometers are knocked out and kicked under the refrigerators.

The home keeps extra thermometers in a kitchen drawer for replacement, Kitchen staff will replace thermometers when needed daily and staff will be permitted to use refrigerators, this will be monitored by Administrator.

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

The home's smoking area is on the front porch of the home. There were cigarette butts observed in the grassy/mulchy area below the front and side of the porch. Approximately 20 cigarette butts were observed.

Plan of Correction**Do Not Accept**

Prior to the homes inspection there was a windy rainstorm that blew over a cigarette receptical that was not cleaned up yet.

The anccelary staff makes evening rounds of the grounds (weather permitting) cleans up cigarette butts and will maintain clean grounds in the future.

Completion Date: 05/05/2022

125a - Combustible Storage (continued)**Update:** 07/14/2022*Please include in plan of correction:**Who is responsible for fixing the problem?**What action that person will take, and when that action will happen - (date).**Who will monitoring compliance?***Plan of Correction****Accept***Prior to the homes inspection there was a windy rainstorm that blew over a cigarette receptical that was not cleaned up yet.**The anccelary staff makes evening rounds of the grounds (weather permitting) cleans up cigarette butts and will maintain clean grounds in the future. Adminisrtator will monitor***Completion Date:** 07/14/2022**Update:** 07/20/2022*Please send proof of compliance (picture).***Document Submission****Implemented***Prior to the homes inspection there was a windy rainstorm that blew over a cigarette receptical that was not cleaned up yet.**The anccelary staff makes evening rounds of the grounds (weather permitting) cleans up cigarette butts and will maintain clean grounds in the future. Adminisrtator will monitor***132a - Monthly Fire Drill****1. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation*The home did not have documentation of fire drills held in 2022 for January, February, March, and April.***Plan of Correction****Do Not Accept***The Administrator could not locate 2022 fire drill log, it was later located in a training book from a drill being done with a new hire.**The Administrator will see that the fire drill log is placed in a secured location after each monthly drill being held in the future.***Completion Date:** 05/12/2022**Update:** 07/14/2022*Please include in plan of correction:**Who is responsible for fixing the problem?**What action that person will take, and when that action will happen - (date).**Who will monitoring compliance?***Plan of Correction****Accept***The Administrator could not locate 2022 fire drill log, it was later located in a training book from a drill being done with a new hire.**The Administrator will see that the fire drill log is placed in a secured location after*

132a - Monthly Fire Drill (continued)

each monthly drill being held in the future. Adimistrator will monitor

Completion Date: 05/12/2022

Update: 07/20/2022

Please send fire drill log for review.

Document Submission

Implemented

The Administrator could not locate 2022 fire drill log, it was later located in a training book from a drill being done with a new hire.

The Administrator will see that the fire drill log is placed in a secured location after each monthly drill being held in the future. Adimistrator will monitor

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most current Documentation of Medical Evaluation form was completed [redacted]. The resident did not have a medical evaluation completed in 2021.

Plan of Correction

Do Not Accept

The Administrator and staff have set up 3 to 4 doctor's appointments to have resident #1 DME completed and resident #1 refused to go to the appointments, we tried with assistance from case managers, office of aging to no avail. In the past [redacted] was given 30 day notices but will not leave nor can we find placement for him due to [redacted] is vary verbally abusive. We welcome any and all suggestions.

Completion Date: 07/05/2022

Update: 07/14/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

What action that person will take, and when that action will happen - (date).

Who will monitoring compliance?

Plan of Correction

Do Not Accept

The Administrator and staff have set up 3 to 4 doctor's appointments to have resident #1 DME completed and resident #1 refused to go to the appointments, we tried with assistance from case managers, office of aging to no avail. In the past he was given 30 day notices but will not leave nor can we find placement for him due to he is vary verbally abusive. We welcome any and all suggestions. Resident #1, Administrator will document and monitor all appointments

Completion Date: 07/18/2022

Update: 07/20/2022

Please send proof of Resident 1's DME.

Plan of Correction

Accept

The Administrator and staff have set up 3 to 4 doctor's appointments to have resident

#1 DME completed and resident #1 refused to go to the appointments, we tried with assistance from case

141b1 - Annual Medical Evaluation (continued)

managers, office of aging to no avail. In the past he was given 30 day notices but will not leave nor can we find placement for him due to [REDACTED] is vary verbally abusive. We welcome any and all suggestions. Resident #1, Administrator will document and monitor all appointments, Resident has ben given a new 30 day notice, and will vacate the home no later then Sept.1, 2022,

Completion Date: 09/01/2022

Update: 07/29/2022

Please send proof of Resident 1's DME and or discharge plan.

Document Submission

Implemented

The Administrator and staff have set up 3 to 4 doctor's appointments to have resident

#1 DME completed and resident #1 refused to go to the appointments, we tried with assistance from case managers, office of aging to no avail. In the past he was given 30 day notices but will not leave nor can we find placement for him due to [REDACTED] is vary verbally abusive. We welcome any and all suggestions. Resident #1, Administrator will document and monitor all appointments, Resident has ben given a new 30 day notice, and will vacate the home no later then Sept.1, 2022,

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

Resident #2 requires daily blood glucose monitoring. On the following dates the blood glucose readings were incorrectly documented:

04/18/22 the blood glucose reading was [REDACTED] but was documented as [REDACTED].

04/19/22 the blood glucose reading was [REDACTED] but was documented as [REDACTED].

Plan of Correction

Do Not Accept

This violation was reviewed with direct care staff that incorrectly documented resident #2 glucose reading. Resident #2 does [REDACTED] own glucose testing and he told staff the wrong reading. Staff must see all glucose readings so they will be recorded correctly.

Completion Date: 05/06/2022

Update: 07/14/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

What action that person will take, and when that action will happen - (date).

Who will monitoring compliance?

Plan of Correction

Accept

This violation was reviewed with direct care staff that incorrectly documented resident #2 glucose reading. Resident #2 does [REDACTED] own glucose testing and [REDACTED] told staff the wrong reading. Staff must see all

185a - Implement Storage Procedures (continued)

glucose readings so they will be recorded correctly. Med of Min. Will audit glucose meters/readings and monitor weekly.

Completion Date: 07/14/2022

Update: 07/20/2022

Please educate staff regarding this regulation.

Please send proof of staff training.

Document Submission

Implemented

This violation was reviewed with direct care staff that incorrectly documented resident #2 glucose reading. Resident #2 does own glucose testing and told staff the wrong reading. Staff must see all glucose readings so they will be recorded correctly. Med of Min. Will audit glucose meters/readings and monitor weekly.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #3 has a physician's order for which is to be held if the systolic blood pressure (SBP) is under or dystolic blood pressure (DBP) is under On 04/10/22 the DBP was but the medication was not held.

Plan of Correction

Do Not Accept

This violation was reviewed with the direct care staff on the importance of following physician orders, and what could have happened to this resident, The homes Administrator set up a date for this staff to be retrained by our Med a Min. trainer, But that staff ended employment with Insinger's PCH. (review was 05/06/2022) (retrain date would have been 05/12/2022)

Completion Date: 05/06/2022

Update: 07/14/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

What action that person will take, and when that action will happen - (date).

Who will monitoring compliance?

Plan of Correction

Accept

This violation was reviewed with the direct care staff on the importance of following physician orders, and what could have happened to this resident, The homes Administrator set up a date for this staff to be retrained by our Med a Min. trainer, But that staff ended her employment with Insinger's PCH. (review was 05/06/2022) (retrain date would have been 05/12/2022) All direct care staff will monitor.

Completion Date: 07/14/2022

Update: 07/20/2022

Please educate staff regarding this regulation.

Please send proof of staff training.

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

This violation was reviewed with the direct care staff on the importance of following physician orders, and what could have happened to this resident, The homes Administrator set up a date for this staff to be retrained by our Med a Min. trainer,

But that staff ended her employment with Insinger's PCH. (review was 05/06/2022)

(retrain date would have been 05/12/2022) All direct care staff will monitor.