

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

July 28, 2023

[REDACTED], OWNER
INSINGERS PERSONAL CARE HOMES WEST INC
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/02/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *INSINGERS PERSONAL CARE HOMES WEST* License #: *22745* License Expiration: *03/01/2024*
 Address: *124 EMERY STREET, WILLIAMSPORT, PA 17701*
 County: *LYCOMING* Region: *NORTHEAST*

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: *INSINGERS PERSONAL CARE HOMES WEST INC*
 Address: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *1 2* Date: *01/17/2019* Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [Redacted]
 Reason: *Renewal, Complaint* Exit Conference Date: *05/02/2023*

Inspection Dates and Department Representative

05/02/2023 On Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *29* Residents Served: *17*

Secured Dementia Care Unit
 In Home: *No* Area: [Redacted] Capacity: [Redacted] Residents Served: [Redacted]

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *16* Are 60 Years of Age or Older: *10*
 Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/02/2023 - Full
 Lead Inspector: [Redacted] Follow Up Type: *POC Submission* Follow Up Date: *06/01/2023*

Inspections / Reviews *(continued)*

06/08/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/05/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 06/13/2023

06/13/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/05/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/20/2023

07/28/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/05/2023

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's boiler was not inspected annually as required. The most recent inspection was completed 7/19/21.

Plan of Correction

Accept (████) - 06/13/2023)

The administrator is responsible for maintaining boiler inspections. Labor & Industry has been contacted for an inspection. (████) will be out this month to inspect the boiler. He was contacted by the administrator on 5-5-23. (████) will automatically come every year before the due date.

The administrator will mark it on her calendar when the inspection is due, so it is not overlooked like last year. This will help in eliminating this violation and correct the existing violation. The administrator is responsible for ongoing compliance. A copy of the boiler certificate will be sent to the state as soon as it is received.

Keeping inspections current will help ensure safety.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented (████) - 07/28/2023)

65e - 12 Hours Annual Training

2. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff persons "A" and "B" have been employed at the facility during the annual training period of 1/1/22 thru 12/31/22 and did not receive the required 12 hours of annual training.

Plan of Correction

Accept (████) - 06/13/2023)

The administrator is responsible in making sure 12 hours of annual training for direct care staff is completed annually. The administrator updated list of staff training will be kept above the administrator's desk so that she can check it monthly to make sure all required trainings are completed. This was posted on 5-5-23. The administrator will be responsible for continuous monitoring so that this violation does not reoccur.

The benefit of this training ensures that direct care staff persons receive high quality training and continue to develop their knowledge of requirements and best practices in resident care. All staff has been retrained.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented (████) - 07/07/2023)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff Persons "A" and "B" as well as all other direct care staff who were employed at the Facility for the entire training year of 2022, did not receive the required direct care training on the following topics: Self administration of medication; utilizing the Department forms in meeting the needs of the residents; How to care for residents with

65f Training Topics (continued)

dementia and cognitive issues; infection control; Personal care needs of the residents and care for residents with mental health issues and developmental issues.

Plan of Correction

Accept () - 06/13/2023

The administrator is responsible in making sure that all direct care staff persons are trained annually in self administration of medication; utilizing the department forms in meeting the needs of residents; How to care for residents with dementia and cognitive issues; infection control; personal care needs of the residents with mental health issues and developmental issues. Class was conducted on 5 5 23 to correct this violation.

The administrator will keep () yearly training chart above () desk on the wall so () can check monthly to make sure all trainings are complete for this month. This will help to ensure that we are always in compliance. The administrator is responsible for ongoing compliance.

Training staff annually will ensure that they are knowledgeable in providing resident care services. All staff has been trained.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented () - 07/07/2023

65g - Annual Training Content**4. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

The home's staff did not receive training in fire safety; Emergency preparedness; Resident rights; Older Adult Protective Service Act and the prevention of falls and accidents.

Plan of Correction

Accept () - 06/13/2023

The administrator is responsible for making sure that all staff receive annual training in fire safety; Emergency preparedness; Resident rights; Older Adult Protective Services Act and the prevention of falls and accidents. Class was completed on 5 5 23 and 5 9 23 to correct the violation. The administrator will keep a list of staff trainings above () desks show () can check monthly to make sure all trainings are completed. Checking () list monthly will help eliminate a reoccurrence of this violation. The administrator is responsible for ongoing compliance.

This will ensure that staff persons receive the necessary training to successfully provide essential resident care services.

All staff have been trained.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented () - 07/07/2023

85d - Trash Receptacles**5. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

85d Trash Receptacles (continued)

Description of Violation

The trash can in the main dining and kitchen area did not have a lid.

Plan of Correction

Accept (████) - 06/13/2023)

The administrator is responsible for making sure that all lids are on trash cans.

The trash can in the kitchen now has a lid on it as of 5 5 23. It is labeled not to remove. The staff person who was throwing the lid has been advised by the administrator of the regulation and why it is in place, this was done on 5 9 23.

The administrator will check all trash cans for lids during her Monday morning walk through to ensure that lids are not being thrown and continuous compliance is being met. The administrator is responsible for ongoing compliance. Covered trash cans prevent the spread of disease. The risk of open food containers also helps prevent rodent infestation.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented (████) - 07/07/2023)

88a - Surfaces

6. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The first floor TV lounge room had 4 ceiling blocks that were heavy stained and sagging, located near the emergency door exiting to the patio.

Plan of Correction

Accept (████) - 06/13/2023)

The administrator is responsible for making sure that all surfaces are maintained in the home. All stained ceiling tiles were replaced in the home on 5 11 23.

The administrator will check all ceiling tiles during her Monday morning walk through the home to ensure that ongoing compliance is being met. The administrator will be responsible for ongoing compliance.

Safe and sanitary surfaces will help minimize the risk of resident injury and provide dignified living conditions.

Licensee's Proposed Overall Completion Date: 06/09/2023

Implemented (████) - 07/07/2023)

102i - Soap Dispenser

7. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

Bar soap was observed in the bathtub area of a bathroom located on the first level near bedroom identified as #7. The bar of soap was not in a labeled container indicating it belonged to a specific resident.

Repeat Violation 6/8/22

102i Soap Dispenser (continued)

Plan of Correction

Accept (█) - 06/13/2023)

The administrator is responsible for making sure that used soap is not left in the bathrooms.

The administrator, in order to correct the problem, spoke to the resident that continues to leave █ soap in the bathroom and gave him a bottle of bodywash. It was explained to █ that bar soap must be kept in a soap container with his name on it and that it had to be taken back to █ room after every shower. This was done on 5 5 23.

Bodywash is being provided to all residents so that bars of soap are not left in the bathroom. 5 5 23

The administrator will check during her Monday morning walk through all bathrooms to make sure soap is not in the bathrooms, and that we are in compliance at all times. The administrator is responsible for ongoing compliance. This will ensure that personal hygiene is maintained, and that soap is not being shared.

Licensee's Proposed Overall Completion Date: 06/09/2023

Implemented (█) - 07/07/2023)

103f - Refrigerator/Freezer Temps

8. 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.

Description of Violation

The home didn't have thermometers in the freezer located in the side by side refrigerator and stand alone freezer located in the main kitchen.

Plan of Correction

Accept (█) - 06/13/2023)

The administrator is responsible for making sure thermometers are in all refrigerators and freezers. New thermometers were purchased and placed in the freezer and refrigerator on 5 10 23. The administrator will check all freezers and refrigerators the last day of every month to ensure all are there and working properly in order to maintain compliance. The administrator will be responsible for ongoing compliance.

This will ensure that all foods are stored at safe temperatures.

Licensee's Proposed Overall Completion Date: 06/09/2023

Implemented (█) - 07/07/2023)

105g - Lint Removal and Duct Cleaning

9. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

The home's exterior dryer vent located on the side of the home facing the parking lot and coming from the second floor, appeared to be clogged with a heavy accumulation of lint.

Plan of Correction

Accept (█) - 06/13/2023)

The administrator is responsible to make sure all dryer vents are cleaned monthly or sooner if needed, in order to

105g - Lint Removal and Duct Cleaning (continued)

maintain compliance. This will be accomplished by having maintenance automatically clean the vent the first Monday of every month. the vent was cleaned on 5-8-23. The administrator will be responsible for making sure that we are in compliance in the future.

Keeping the vent cleared of lint and debris will greatly reduce the chance of a fire in the home.

The vent was cleaned on May 8th .

Licensee's Proposed Overall Completion Date: 06/09/2023

Implemented ([redacted] - 07/07/2023)

187a - Medication Record

10. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1's MAR for [redacted] had the following medications that were not initialed as being administered: [redacted] . for muscle rigidity 2 times a day; [redacted] . take 1 tab2 times a day for mood disorder and [redacted] . tab for [redacted] .

Repeat Violation 6/8/22

Plan of Correction

Accept ([redacted] - 06/13/2023)

The administrator is responsible for checking the MAR to make sure all medications are given and signed for by the staff. The administrator will check Mar every Friday to ensure medications are signed for. This was started on 5-5-23. By checking the MAR every Friday will correct the violation.

The staff person that did not sign for the medications was told of the violation and was told to pull meds with the door closed so that [redacted] is not interrupted by anyone and [redacted] train of thought. This will help in eliminating unsigned MARS. The administrator will be responsible for ongoing compliance.

This will ensure that residents receive medications and that they are properly signed by the staff.

Licensee's Proposed Overall Completion Date: 06/08/2023

Implemented ([redacted] - 07/07/2023)