

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

March 29, 2024

[REDACTED], OWNER
INSINGER'S PERSONAL CARE HOME INC
[REDACTED]
[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 01/09/2024 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: *INSINGER'S BOARDING HOME* License #: *20210* License Expiration: *11/24/2024*
 Address: *673 CAMPBELL STREET, WILLIAMSPORT, PA 17701*
 County: *LYCOMING* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *INSINGER'S PERSONAL CARE HOME INC*
 Address: [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: *10* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *11/09/2024*

Inspection Dates and Department Representative

01/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *20* Residents Served: *10*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *4*
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/09/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/02/2024*

02/06/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/06/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/11/2024*

Inspections / Reviews *(continued)*

03/29/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/06/2024

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 batteries for the Carbon Monoxide monitor located in the home's basement were last replaced on 11/22/22. Repeat violation 11/22/22.

Plan of Correction

Accept (█ - 02/05/2024)

The administrator is responsible for ensuring that all Carbon Monoxide detectors are checked and have working batteries in the detectors at all times and are labeled accordingly. The administrator will check all Carbon Monoxide detectors the first Monday of each month during a walk-through of the home to prevent future occurrences. The detector has new batteries and is marked to show the date the batteries were replaced. Correction was made on 1-10-2024. The attached pictures show completion of the violation. Compliance ensures the safety of residents, staff and the home.

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented (█ - 03/29/2024)

64c - Annual Training

2. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Administrator A had only 9 hours of documented administrator training for the 2023 training year.

Plan of Correction

Accept (█ - 02/06/2024)

The administrator is responsible for completing 24 hours annually. The administrator has attached additional hours and will take the missing hours in 2024 by the middle of March in addition to her 2024 regular hours. The administrator will keep a log of classes taken on the wall by her desk so █ can check weekly what █ needs to take in order to complete the requirement. Keeping track will elevate a shortage in hours again. Attached are all the hours taken in 2023 by the administrator. Keeping training hours up to date keeps the administrator current and informed on practices and personal care home operation.

Licensee's Proposed Overall Completion Date: 01/29/2024

Implemented (█ - 03/29/2024)

83a - Indoor Temperature

3. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

83a Indoor Temperature (continued)**Description of Violation**

The temperature of the tv room where residents were watching tv was measured at 67° during the inspection.

Plan of Correction

Accept () - 02/05/2024)

The administrator is responsible for maintaining at least a 70 degree temperature in the home during the winter months. The administrator turned up the heat on 1 9 24 to 71 degrees. A walkthrough of the home will be conducted every Tuesday morning by the administrator to ensure the home temperature is maintained at the regulatory temperature. The attached picture shows the setting of the thermostat in the home. Keeping a consistent temperature of 70 72 degrees will ensure the continuous comfort of the residents and staff.

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented () - 03/29/2024)

85d - Trash Receptacles**4. Requirements**

2600.

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

Description of Violation

The trash can in the home's kitchen had no lid.

Plan of Correction

Accept () - 02/05/2024)

The administrator is responsible for ensuring that all trash cans have lids. The administrator replaced the lid on 1 17 24. Please see the attached picture of the new lid. To ensure ongoing compliance the administrator will check every Monday during her walkthrough to that the lids are all in place. Keeping lid on trash receptacles will prevent the spread of disease and insects.

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented () - 03/29/2024)

85e - Trash Outside Home**5. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The lid for the dumpster located in the rear of the yard was observed to be open during the initial walkthrough.

Plan of Correction

Accept () - 02/05/2024)

The administrator and staff are responsible for making sure the lid on the dumpster is always closed. The correction for the dumpster lid was made on 1 9 2024. The administrator and staff will check the dumpster lid throughout the day to ensure the lid is always closed. A picture of the dumpster is attached. Keeping the lid closed on the dumpster will secure trash and prevent infestation.

Licensee's Proposed Overall Completion Date: 01/24/2024

85e - Trash Outside Home *(continued)*

Implemented (█ - 03/29/2024)

89b - Hot Water Temperature

6. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

*The temperature of the water in the upstairs bathroom sinks were measured at 141°F and 136°F.**Repeat violation 11/22/22.*

Plan of Correction

Accept (█ - 02/05/2024)

The administrator is responsible for the temperature of the water. The water temperature was turned down to 120 degrees. The administrator will check the water temperature monthly to ensure compliance. The temperature was corrected on 1-10-2024. Keeping the temperature at 120 degrees will avoid accidental scalding of residents.

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented (█ - 03/29/2024)

93a - Handrails

7. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The railing installed on the left side of the 2nd floor stairwell was not securely fastened to the wall.

Plan of Correction

Accept (█ - 02/05/2024)

The administrator is responsible in making sure all handrails are securely fastened to the wall. The administrator corrected the problem on 1-10-24. The handrails will be checked by the administrator during her walkthrough every Monday to ensure continuous compliance. Attached is a picture of the fixed handrail. Secure handrails will help prevent falls and provide for safe evacuation during an emergency.

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented (█ - 03/29/2024)

102h - Toilet Paper

8. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

The 2nd floor bathroom closest to the stairwell had no toilet paper in it.

Plan of Correction

Accept (█ - 02/05/2024)

The administrator and staff are responsible for making sure that there is toilet paper in every bathroom. Staff will check bathrooms during every shift to ensure there is always toilet paper in bathroom the bathrooms. The

102h - Toilet Paper (continued)

administrator will check bathrooms randomly during the week to make sure compliance is being met. This regulation was enforced as of 1-11-24. Attached is a picture of the bathroom with toilet paper and extra rolls in the sink cabinet. Keeping toilet paper constantly in each bathroom will ensure personal hygiene is maintained in a dignified manner.

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented (█) - 03/29/2024)

103d - Storing Food Off Floor

9. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

There was a 25 pound bag of flour stored on the floor of the pantry located off of the kitchen.

Plan of Correction

Accept (█) - 02/05/2024)

The administrator is responsible for making sure that food is not stored on the floor. The bag of flour was removed from the floor and put on a shelf 1-9-2024.

To prevent this violation from reoccurring the administrator will check all food storage every Monday during her walkthrough. The cook will also check every week to make sure compliance is being maintained. Attached is a picture of the flour and how it is being stored. Keeping food off the floor protects food from becoming contaminated.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented (█) - 03/29/2024)

103e - Left Overs

10. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

Several food items were store in the home's refrigerators and freezers unlabeled and undated, including: a Ziploc bag of 3 sausage patties, a bag of frozen pepperoni, frozen riblets, frozen butter, a bottle of maple syrup, and a container of mayonnaise.

Plan of Correction

Accept (█) - 02/05/2024)

The administrator and the cook are responsible for making sure that all food is labeled correctly. All foods were labeled on 1-10-2024. the administrator will check the refrigerators every Tuesday to make sure all food is labeled correctly. the cook will also check during the week to make sure labeling is being done. Staff was notified through our logbook about storage and labeling. Attached is a picture of our freezers and refrigerator. Labeling food helps identify the contents, the date it was used and when it expires.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented (█) - 03/29/2024)

103i Outdated Food

11. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was a can of crushed tomatoes and a can of diced pears in the food storage area that both had large dents in them. Also, a bottle of blue cheese dressing was found in the basement refrigerator with an open date of 2/6/23.

Plan of Correction

Accept (█ - 02/05/2024)

The administrator and the cook will be responsible for ensuring that dented cans and expired food are thrown away. the administrator will check all foods every Tuesday to ensure that we are compliant. The cook will check daily and also check on Wednesday when food is delivered, and █ is putting it away. All corrections were made on 1-10-2024. Attached is a picture of food storage. Maintaining this regulation ensures that all food is safe.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented (█ - 03/29/2024)

105g Lint Removal and Duct Cleaning

12. 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

Both dryers in the home's laundry area had layers of lint left in the lint traps.

Plan of Correction

Accept (█ - 02/05/2024)

The administrator is responsible for making sure lint is always removed from the dryer after each use. The correction was made during the time of inspection. Staff were notified via logbook about removing lint. A sign was also put on the dryer to remind everyone to remove lint after each load. The administrator will randomly check the dryer weekly to make sure this is being done. Attached find picture of the logbook and dryer. Keeping the dryer lint free helps prevent fires.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented (█ - 03/29/2024)

121a Unobstructed Egress

13. 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

The exit door located in resident #1's room was blocked by a chair with clothing on it.

Plan of Correction

Accept (█ - 02/05/2024)

The administrator is responsible for making sure all egresses are unobstructed. The administrator will check every Tuesday during her walkthrough of the building all egresses. The chair was removed from the door of room #1 the day of the inspection. Attached is a picture of room #1 and the location of the chair. Keeping the egress clear will

121a - Unobstructed Egress (continued)

help during an emergency.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [redacted] - 03/29/2024)

141b1 - Annual Medical Evaluation

14. Requirements

2600.

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

Description of Violation

Resident #2 did not have an annual medical evaluation completed for 2022. The home had only documentation of medical evaluation (DME) forms completed on [redacted]

Plan of Correction

Accept [redacted] - 02/05/2024)

The administrator is responsible for all DME'S and keeping them current. The administrator made a list of residents and the due dates of their DME. One month prior to the due date the administrator will call for an appointment for the resident to have the DME completed. This will ensure that all DME'S are done in a timely manner. Attached is a picture of the list. Since the DME was for 2022, I cannot correct it. The DME for 2023 is present in the resident file. Keeping the DME current helps to determine if the needs of the resident can be met at the home. It also gives a clear picture of the residents' health and mental issues.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [redacted] - 03/29/2024)

162c - Menus Posted

15. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home did not have the current or the following week's menus posted as required. Per staff interview the menus posted were not current and did not reflect what was being served during that week.

Plan of Correction

Accept [redacted] - 02/05/2024)

The administrator and the cook are responsible for posted menus for the current and following week. This was fixed on 1-10-2024. The cook will post all menus and the administrator will check them at the beginning of each week to ensure they are always current. attached is a picture of the menus. Keeping the menus current will help residents plan for their meals.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [redacted] - 03/29/2024)

182c - Medication Administration

16. Requirements

182c Medication Administration (continued)

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

Resident #3 had several medications listed on their MAR that were not found in the medication cart, including:

[REDACTED]. The home was unable to explain why the medications were not in the cart. Staff were initialing these medications as administered on the MAR.

Plan of Correction

Accept ([REDACTED]) - 02/05/2024)

The administrator is responsible for making sure all medications are in the med cart and that the MAR agrees with the residents list of meds. The administrator will review the medications weekly while she is doing her ordering. Medications will also be checked against the MAR at this time. The administrator is also responsible for notifying the doctor for refills if needed. The administrator reviewed with the staff documenting when administering medications. Attached is the state corrections to the violations received as reviewed by the staff. Keeping an accurate MAR and medication cart ensures that medication is administered correctly and safely.

Licensee's Proposed Overall Completion Date: 01/29/2024

Implemented ([REDACTED]) - 03/29/2024)

183c Refrigerated Meds Locked

17. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

The home had insulin pens for residents #3, #4 and #5 stored in an unlocked refrigerator located in the home's kitchen. This included resident #3's [REDACTED] for resident #4 and a [REDACTED] pen for resident #5.

Plan of Correction

Accept ([REDACTED]) - 02/05/2024)

The administrator and the staff are responsible for making sure all refrigerated medications are locked in a lock box. Staff was told via logbook to make sure the insulin box is always locked after each use. The administrator will check the box randomly each week to ensure it is being locked. Attached is a picture of the lock box with lock and key. Keeping medications locked will ensure safety and prevent theft and misuse.

Licensee's Proposed Overall Completion Date: 01/29/2024

Implemented ([REDACTED]) - 03/29/2024)

183e Storing Medications

18. Requirements

183e - Storing Medications (continued)

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 Lantus insulin pen for resident #3 was not labeled with the date it was opened for use.

Plan of Correction

Accept ([redacted] - 02/05/2024)

The administrator is responsible for making sure that insulin is dated when opened. The administrator will check opened insulin pens for the date weekly when she is reviewing and ordering meds. Keeping a check on the medications will help ensure that this violation does not become a repeat offense. Attached is a picture of what was reviewed with the staff and their signature denoting understanding the violations and procedures to correct. Keeping medications with open dates helps ensure that medications are safe for use.

Licensee's Proposed Overall Completion Date: 01/29/2024

Implemented [redacted] - 03/29/2024)

184a - Resident's Meds Labeled

19. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The [redacted] insulin pen for resident #3 was stored in the refrigerator with no pharmacy label attached to it. Timolol eye drops for resident #3 were stored in the medication cart with no pharmacy label.

Plan of Correction

Accept ([redacted] - 02/05/2024)

The administrator is responsible in making sure all medication in a pharmacy bag with the label attached. The administrator will check all medications weekly when she is reviewing and ordering the medications from the pharmacy on Thursday morning. Checking medications weekly will ensure that everything is labeled properly and will help alleviate a repeat of this violation. Attached is a picture of the staff signing off on the review of non-compliant items during the last inspection. Their signature signifies an understanding of the write up and the procedure to be used for compliancy. Original packaging from the pharmacy ensures the right resident and dosage of medication. It also helps prevent errors.

Licensee's Proposed Overall Completion Date: 01/29/2024

Implemented [redacted] - 03/29/2024)

185a - Implement Storage Procedures

20. Requirements

2600.

185a - Implement Storage Procedures (continued)

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

The home did not have the following PRN medications on hand for resident #3: [REDACTED]

Resident #3 requires blood glucose readings 3 times daily with insulin administered on a sliding scale. On the following dates the blood glucose readings were incorrectly documented on the Medication Administration Record (MAR):

[REDACTED] the blood glucose was [REDACTED] but documented as [REDACTED]; [REDACTED] the blood glucose was [REDACTED] but documented as [REDACTED]; [REDACTED] the blood glucose was [REDACTED] but was documented as [REDACTED] the blood glucose was [REDACTED] but was documented as [REDACTED]

Also, the glucometer was not calibrated to the correct time. The time in the glucometer was approximately 2 to 3 hours ahead of the actual time.

Plan of Correction

Accept [REDACTED] - 02/05/2024)

The administrator is responsible for ensuring all medications listed on the MAR are included in the med cart. The administrator is also responsible for correct blood glucose readings and proper insulin amounts based on the reading. The administrator recalibrated the glucose meter and had the pharmacy put a spot on the MAR for base insulin amounts and sliding scale amounts of insulin. Staff also attended a diabetic class for complete understanding of diabetes, insulin, sliding scales, recording proper meter readings, different types of insulin, calibrating meters, dating open pens, storage and insulin administration. The administrator will also check weekly all resident medications to ensure they are present in the medication cart or deleted if stopped. Keeping track of medications during the ordering process will help alleviate a reoccurrence of the citation. Keeping compliant with this regulation will reduce medication errors, misuse of medication and keep meds safely in storage. Attached are diabetic certificates, and review by staff of medication distribution.

Licensee's Proposed Overall Completion Date: 01/29/2024

Implemented [REDACTED] - 03/29/2024)

187a - Medication Record

21. Requirements

2600.

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

6. Dose.

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

The MAR for resident #3 did not list a diagnosis or purpose for the medication [REDACTED].

Also, resident #3 requires blood glucose monitoring 3 times daily with insulin administered on a sliding scale. The home was not documenting the number of sliding scale units of insulin administered on the MAR.

Plan of Correction

Accept [REDACTED] - 02/05/2024)

The administrator is responsible for making sure diagnosis is on the MAR, that blood glucose readings are recorded properly, and insulin units are recorded correctly. The administrator recalculated the glucose meters, had the pharmacy add units given to the MAR program and had the staff take a diabetic class. This was all corrected by 1-22-2024. Attached is a verification picture. The administrator will check meters and recordings at the beginning of

187a - Medication Record (continued)

each week to ensure documenting is done correctly and insulin is given out as ordered. The following will ensure that medication is given correctly and safely.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented () - 03/29/2024)

187d - Follow Prescriber's Orders

22. Requirements

2600.

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

Description of Violation

Resident #3 had several medications listed on their MAR that were not found in the medication cart, including: [redacted]. The home was unable to explain why the medications were not in the cart. Staff were initialing these medications as administered on the MAR.

Also, resident #3 has a straight order for eight units of [redacted] insulin 3 times daily. On [redacted] at [redacted] the insulin units were not administered.

Plan of Correction

Accept () - 02/05/2024)

The administrator is responsible for making sure that all medications are given out as directed by the prescriber. The administrator reviewed medication administration with the staff and proper documentation when giving out the medications. The administrator is also responsible for ensuring that medications are accurate on the MAR and in the medication cart. All medications will be checked weekly when the cart is reviewed, and meds are ordered by the administrator. Doctors will be contacted by the administrator when refills are needed, and they do not respond to the pharmacy. Attached is a picture of resident #3's medication list from her doctor. The administrator reviewed the list against the MAR and made all correction. Reviewing the medications weekly will ensure that all medications are present and that the MAR is accurate.

Licensee's Proposed Overall Completion Date: 01/29/2024

Implemented () - 03/29/2024)