pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **INSINGER'S PERSONAL CARE HOME INC**
LEGAL ENTITY

To operate **INSINGER'S BOARDING HOME**
NAME OF FACILITY OR AGENCY

Located at **673 CAMPBELL STREET, WILLIAMSPORT, PA 17701**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

PROVISIONAL

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **20** (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **April 2, 2025** until **October 2, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **202101**

ISSUING OFFICER

ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [redacted]

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: APRIL 2, 2025

Insinger's Personal Care Home Inc

RE: Insinger's Boarding Home
673 Campbell Street
Williamsport PA 17701
License: 202101

Dear Insinger's Personal Care Home Inc:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on December 6, 2024, December 11, 2024, and January 28, 2025, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 20210) dated November 24, 2024, to November 24, 2025, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated November 24, 2024, to November 24, 2025, is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from April 2, 2025 to October 2, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 or § 2800 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

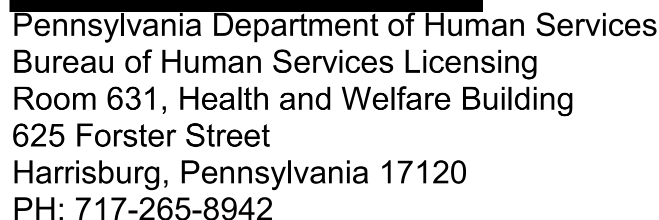
55 Pa. Code Chapter 2600 Section	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)

185a	II	13	$5	$65	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:



Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

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

Facility Information

Name: *INSINGER'S BOARDING HOME* **License #**: *20210* **License Expiration**: *11/24/2025*

Address: *673 CAMPBELL STREET, WILLIAMSPORT, PA 17701*

County: *LYCOMING* **Region**: *NORTHEAST*

Administrator

Name:

Legal Entity

Name: *INSINGER'S PERSONAL CARE HOME INC*

Addres

Phone:

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**: *13* **Waking Staff**: *10*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Interim* **Exit Conference Date**: *01/28/2025*

Inspection Dates and Department Representative

01/28/2025 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20* **Residents Served**: *13*

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**: *6*

Diagnosed with Mental Illness: *13* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

01/28/2025 - Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/17/2025*

Inspections / Reviews *(continued)*

03/11/2025 - POC Submission

Submitted By:

Reviewer:

Date Submitted: *03/11/2025*

Follow-Up Type: *Bypass Document Submission*

03/11/2025 - Bypass Document Submission

Submitted

Reviewer:

Date Submitted: *03/11/2025*

Follow-Up Type: *Enforcement*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:

Description of Violation

On 1/28/25, at approximately 1:00 pm, the Licensing Representative observed that bedrooms numbered 1, 3, and 7 did not have an operable lamp or other light source that was available from bedside.

Plan of Correction ***Accept [redacted] - 03/05/2025)***

The administrator is responsible for ensuring that each resident has an operable night light on their nightstand. The administrator corrected the problem by replacing the existing lights with new lights and bulbs on 2-3-25. All lights and bulbs were checked by manager [redacted] on 2-3-25. The manager will check the lights every Monday to ensure they are all working. The administrator will randomly check the lights monthly. Having a nightstand light will help residents find their way at night and provide extra lighting in their room as needed. See attached pictures off additional lights in stock and a cas of additional light bulbs

Licensee's Proposed Overall Completion Date: *02/11/2025*

Not Implemented ([redacted] - 03/11/2025)

185a - Implement Storage Procedures

2. 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

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results from Resident 1's glucometer. At 7am on 1/17/25 the reading on the glucometer was124 but was incorrectly transcribed as 123 and at 7am on 1/15/24 the reading on the glucometer was 180 but was transcribed as 130.

Repeat Violation: 1/9/2024.

Plan of Correction ***Accept ([redacted] - 03/11/2025)***

The administrator is responsible for ensuring that staff takes and records blood sugars correctly. The administrator posted a note to the staff on the medication cart on 1-28-25 regarding accuracy when taking blood sugars. The administrator checks the blood sugar readings on each resident every Tuesday and Thursday and records the check as of Feb 1, 2025 on their MAR. Checking the blood sugars will ensure that the staff is accurate and blood glucose readings are being recorded correctly. Please see attached note and MARS

Proposed Overall Completion Date: 02/11/2025

Licensee's Proposed Overall Completion Date: *02/11/2025*

Not Implemented ([redacted] - 03/11/2025)

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

Facility Information

Name: *INSINGER'S BOARDING HOME* **License #**: *20210* **License Expiration**: *11/24/2025*

Address: *673 CAMPBELL STREET, WILLIAMSPORT, PA 17701*

County: *LYCOMING* **Region**: *NORTHEAST*

Administrator

Name: **Phone**:

Legal Entity

Name: *INSINGER'S PERSONAL CARE HOME INC*

Address:

Phone:

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *14* **Waking Staff**: *11*

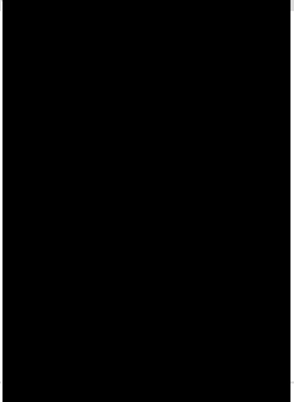
Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *01/24/2025*

Inspection Dates and Department Representative

12/11/2024 - On-Site:
12/20/2024 - Off-Site:
12/24/2024 - Off-Site:
12/26/2024 - Off-Site:
01/07/2025 - Off-Site:
01/13/2025 - Off-Site:
01/21/2025 - On-Site:
01/23/2025 - Off-Site:
01/24/2025 - Off-Site:



Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20* **Residents Served**: *14*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14*
Are 60 Years of Age or Older: *7*
Diagnosed with Mental Illness: *12*
Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0*
Have Physical Disability: *0*

Inspections / Reviews

12/11/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/21/2025*

02/21/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *02/20/2025*
Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/02/2025*

03/12/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *03/03/2025*
Reviewer: [redacted] **Follow-Up Type**: *Bypass Document Submission*

03/12/2025 - Bypass Document Submission

Submitted By: [redacted] **Date Submitted**: *03/12/2025*
Reviewer: [redacted] **Follow-Up Type**: *Enforcement*

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 the following dates and times, EMS was called to the home because Resident #1 was found unresponsive:

[redacted]-24 at 1042 - Unresponsive
[redacted]-24 at 0507 - Unresponsive
[redacted]-24 – at 2312 – Diaphonic, uncommunicative
[redacted]-24 – at 1042 – Unresponsive
[redacted]-24 – at 0919 – Unresponsive, staff administered CPR

There have been no Incident Reports filed with the Department for any of the above listed dates and times.

Plan of Correction ***Directed [redacted] 03/06/2025)***

The administrator is responsible for reporting any incidents that happen in the home where the resident experienced risk of death, substantial pain, loss of function or a limb, substantial internal damage and protracted unconsciousness. Reports of incident or condition will be reported to the personal care hotline by the administrator within 24 hours of the incident. A written report will also be filed by the administrator within 24 hours of the incident and faxed into the department. As of 2-11-25 there were no incident reports to be filed. The administrator reread the regulations from 15a through 16f on 2-12-25 to refresh [redacted] memory on these regulations. The administrator is fully aware of reportable incidences and when to report and will stringently follow the reread regulations. The administrator also reviewed with staff the reportable incident form and what is considered a reportable incident. The administrator also reenforced with the staff that a reportable incident needs to be reported to the administrator immediately. The administrator also reviewed with the staff that a reportable incident should also be logged in the staff logbook so that other staff is aware of what is going on and can respond as needed. Please see attached lesson reviewed and where the Incident Report forms are kept.
By staff participating in the lesson and Incident Report forms being kept in the med room all needed report should be filed. Staff was trained on 2-20-25

Proposed Overall Completion Date: 02/25/2025

(Directed)
The home will train all staff members on reportable incidents and conditions. This training will also include the homes internal policy on who is responsible for reporting to the Department on weekends and holidays. The Administrator will report incidents to the Department as required.

Directed Completion Date: *04/11/2025*

42b - Abuse

2. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42b - Abuse *(continued)*

Description of Violation

According to staff, resident interviews, EMT reports, and medical documents, Resident #1 was noticed to have self-harming behaviors approximately 6 months prior to death. These behaviors include eating rock salt or ice melt, eating bird seed, eating peeling paint and mortar from the front porch.

Through staff interviews, Resident #1 was not able to self-administer their medications without supervision. The resident was found to have insulin pen needles, a bottle of insulin, and insulin pens that did not belong to the resident, or anyone else at the facility, in their possession. The resident also had an insulin pump to help maintain their diabetes, this was maintained by the resident. On multiple occasions, 6-11-24, 8-26-24, 9-16-24, 9-22-24, 9-23-24, the resident was found unresponsive and transported to the hospital, the resident was taken to the hospital due to blood glucose too high or too low.

On ■■■ 24 – 0919, the resident was non-responsive, CPR was begun, and EMS services arrived and transported the resident to the hospital and was admitted for, pneumonia and altered mental status, confusion and hypoglycemic. Blood work showed blood glucose reading 337 and medical toxicology indicated lead level of 19.7 mcg/dL (High). Several days later, the resident ■■■■■.

The staff were aware of these dangerous, harmful behaviors at least 6 months prior to the resident's death. The home did not provide services necessary to maintain physical or mental health, furthermore, neglected this resident which resulted in physical harm.

Plan of Correction ***Directed ■■ - 03/06/2025)***

The administrator is responsible for monitoring residents' behavior and changes in their mental and physical wellbeing. The administrator is also responsible to monitor compliance. The staff is responsible for notifying the administrator and updating other staff about any resident changes. A class on communication was reviewed with the staff on 2-27-25. The staff was instructed to always log resident changes and concerns in the logbook. The were also instructed to always notify the administrator when a change or concern occurs.
A documentation review was also taken by the staff on 2-27-25. Documenting everything correctly in the logbook, will give a clear understanding to staff and the administrator what is going on with a resident.
Communicating and documenting correctly will ensure that staff remain up to date on a resident concern so that the administrator can act accordingly to get the resident help that may be needed.

Proposed Overall Completion Date: 02/27/2025

(Directed)
All staff, including the administrator, will receive training in caring for residents with mental illness or intellectual disabilities from an outside source.

Directed Completion Date: *04/11/2025*

141b1 - Annual Medical Evaluation

3. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent Documentation of Medical Evaluation (DME) was completed 23.

Plan of Correction ***Accept (- 03/12/2025)***

The administrator is responsible for fixing this violation and obtaining a DME annually. The administrator overlooked the need for a new DME in June 2024. The administrator will check all DME's monthly to see who needs a new DME the following month. The administrator also marked on her office calendar what resident needs a DME the following month. On 2-5-25 all DME's were checked. The home is current on DME's as of 2-20-25. The administrator will keep the DME'S accurate at all times. See attached calendar. By using the calendar for DME information will ensure that all DME's are on time. The administrator is responsible for monitoring compliance.

Repeat Violation: 1/9/24

Proposed Overall Completion Date: 02/25/2025

Licensee's Proposed Overall Completion Date: *02/25/2025*

Implemented (- 03/12/2025)

225c - Additional Assessment

4. Requirements

2600.
225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1''s most recent Resident Assessment and Support Plan (RASP) was completed on 23.

Resident #1's initial Resident Assessment and Support Plan (RASP) dated 5-31-23 indicates the resident does not need supervision. According to staff interviews, the resident began showing self-harming behaviors up to 6 months prior to death. In June 2024 staff began to suspect the resident was manipulating the insulin pump to administer the incorrect amounts of insulin, as reported to EMS on 6-11-24 when the resident was transported to the hospital. On September 7, and 8, 2024 the staff reported to EMS staff they were suspicious of the resident eating paint chips, plaster, rock salt, ice melt, and had a toxicology report that indicated there were poisons and lead in the residents system. The resident's assessment was not updated when these behaviors started to develop and no plan was put in place to manage these behaviors.

Plan of Correction ***Directed (- 03/06/2025)***

The administrator is responsible for updating the resident assessment yearly or as changes are needed to be recorded. As of 1-3-25 all RASPS were reviewed by the administrator and were all updated and completed at that time. The administrator is responsible for compliance and continuous monitoring. The administrator will review

225c - Additional Assessment (continued)

and update RASPs when resident brings home discharge papers from a doctor or hospital that day. Changes will be recorded on the RASP by the administrator at the time that they happen. The administrator will also review the RASPs at the end of each month to ensure this violation does not occur again. The administrator has a reminder written on [redacted] calendar. Staff will also report any changes that they notice to the administrator on the day the changes occurred. By following this plan, RASPs will always be updated and accurate so all the residents' needs can be met.

Proposed Overall Completion Date: 02/27/2025

(Directed)
The home will audit all resident records to ensure all assessments are accurate and complete. The home will hold weekly meetings starting the week of 3/10/25 to ensure the residents constantly changing care needs are being addressed and the support plans are being updated accordingly. The home will create a tracking sheet to track these updates during the meetings.

Directed Completion Date: *04/11/2025*

252 - Record Content

5. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
 23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

Resident #1 was found unresponsive on [redacted]-24 in the home, CPR was administered by Staff A, and 9-1-1 was called. Resident #1 was taken to the hospital and admitted. Resident #1 [redacted] several days later while still a resident at the home. There is no death certificate in the resident's file.

Plan of Correction ***Directed [redacted] 03/12/2025)***

The administrator is responsible for obtaining a death certificate if the resident dies within the home or dies elsewhere but is still a resident of the home. The administrator has received a copy of the death certificate and is in Rachels file as of 1-24-25. The administrator as of 1-24-25 will request a death certificate immediately upon death of a resident. Past resident files have been reviewed by the administrator as of 2-25-25 and all files are in compliance. The administrator is responsible for maintaining compliance as of 2-25-25.

Proposed Overall Completion Date: 02/25/2025

(Directed)
The administrator will audit all resident records to ensure that all of the information required by this regulation is present. Missing information will be added immediately.

Directed Completion Date: *04/11/2025*

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

Facility Information

Name: *INSINGER'S BOARDING HOME* **License #**: *20210* **License Expiration**: *11/24/2025*

Address: *673 CAMPBELL STREET, WILLIAMSPORT, PA 17701*

County: *LYCOMING* **Region**: *NORTHEAST*

Administrator

Name:

Legal Entity

Name: *INSINGER'S PERSONAL CARE HOME INC*

Address:

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**: *14* **Waking Staff**: *11*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *12/06/2024*

Inspection Dates and Department Representative

12/06/2024 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *20* **Residents Served**: *14*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *14* **Are 60 Years of Age or Older**: *7*

Diagnosed with Mental Illness: *12* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

12/06/2024 - Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/06/2025*

Inspections / Reviews *(continued)*

01/09/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *01/21/2025*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/16/2025*

01/15/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *01/21/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *01/22/2025*

03/05/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *01/21/2025*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

26a - Quality Management Plan

1. Requirements

2600.
26.a. The home shall establish and implement a quality management plan.

Description of Violation

The most recent quality management meeting was held on [redacted] 2023, exceeding the annual requirement of the home's quality management policy.

Plan of Correction ***Accept ([redacted] - 01/15/2025)***

The administrator is responsible for ensuring that a quality management meeting is conducted annually. The administrator did complete a quality management review on 12-09-24 in order to put the home in compliance with the state. The administrator will mark on [redacted] personal calendar when the next quality management review needs to be completed to monitor compliance. Quality management reviews will help identify problems with the home and address how to fix the problem.

Licensee's Proposed Overall Completion Date: *01/14/2025*

Implemented [redacted] - 01/22/2025)

82a - Poisonous Materials

2. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 12/6/24, the Licensing Representative observed 3 clear containers of cleaning supplies located in the kitchen without original labels. The containers had hand-written labels of Clorox, All Purpose Cleaner, and Windex.

Plan of Correction ***Accept [redacted] 01/15/2025)***

The administrator is responsible for ensuring that cleaning products are stored in their original containers. The administrator checked all cleaning products on 12-9-24 and all are in their original bottles. [redacted] (manager) is in charge of monitoring compliance by checking all cleaning products weekly. Keeping cleaning products in their original bottle minimizes the possibility that a staff person will mistake a poisonous substance for a harmless substance.

Licensee's Proposed Overall Completion Date: *01/09/2025*

Implemented [redacted] - 02/06/2025)

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 12/3/24 at 6:05am, Resident 1’s glucometer was used to take Resident 2’s blood glucose reading

On 12/4/24 at 6:12am, Resident 2’s glucometer was used to take Resident 1’s blood glucose reading.

85a - Sanitary Conditions (continued)

Plan of Correction ***Accept (- 01/15/2025)***

The administrator is responsible for ensuring that glucose monitors are not being shared with other residents. The administrator replaced both glucose monitors on 12-11-24 and threw away the old ones. Staff took a class on the dangers of sharing glucose monitors on12-9-24. The administrator will monitor compliance by checking the meters against the recordings on the computer weekly. Following the CDC's recommendations helps prevent the spread of illness and maintains sanitary conditions.
Doctor was called on 12-9-24 and because they are husband and wife the doctor's nurse RF found no reason to do bloodwork since neither resident had any infectious diseases.

Licensee's Proposed Overall Completion Date: *01/09/2025*

Not Implemented (- 02/06/2025)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 3 does not have lighting assessable from their bedside.

Plan of Correction ***Accept (- 01/15/2025)***

The administrator is responsible for ensuring that an operable lamp is at the bedside of every resident. The lamp has been replaced in resident #3's room on 12-6-24. Staff persons will check the lamps weekly when they are cleaning the resident's room to ensure all lamps are working. The administrator will randomly check a few rooms weekly in order to monitor compliance. A nightstand light will provide the resident with light as needed in order to move around safely in his/her room.

Licensee's Proposed Overall Completion Date: *01/09/2025*

Not Implemented (- 01/22/2025)

102h - Toilet Paper

5. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

The two upstairs bathrooms/shower rooms did not have toilet paper.

Repeat Violation: 01/09/2024

Plan of Correction ***Accept (- 01/15/2025)***

The administrator is responsible for ensuring that there is toilet paper in every bathroom at all times. The administrator has instructed who takes care of the toilet paper to check daily to make sure there are at least five additional rolls in the vanity at all times. The toilet paper was replaced at time of inspection on 12-6-24. The bathrooms have been stocked. The administrator will continue to monitor compliance by randomly checking the

102h - Toilet Paper (continued)

bathrooms a few times a week. Having toilet paper in all the bathrooms ensures personal hygiene is maintained in a dignified manner.

Licensee's Proposed Overall Completion Date: *01/09/2025*

Implemented (- 02/06/2025)

102i - Soap Dispenser

6. 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

On 12/6/24, the Licensing Representative observed a used bar of soap in a shared bathroom shower stall. The shared bathroom shower is located on the second-floor, first bathroom on the right.

Plan of Correction ***Accept - 01/15/2025)***

The administrator is responsible for ensuring that soap is not being shared by multiple residents. All bathrooms were checked for bars of soap and removed at time of inspection on 12-6-24. Cleaning staff will check daily when cleaning the bathroom to ensure bar soap is not being left in the bathroom. A sign has been hung on the inside of each bathroom door reminding residents to take all bar soap, towels, washcloths and cloths with them when they leave the bathroom. The sign was hung on 12-6-24 during time of inspection. Individual soap, towels and washcloths ensures that personal hygiene is maintained.

Licensee's Proposed Overall Completion Date: *01/09/2025*

Implemented - 02/06/2025)

103e - Left Overs

8. Requirements

103e - Left Overs *(continued)*

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

On 12/6/2024, the refrigerator near the stove contained a bowl identified by staff as chicken that was unlabeled and undated.

Repeat violation: 01/09/2024

Plan of Correction ***Accept [redacted] - 01/15/2025)***

The administrator is responsible for ensuring that all foods are labeled and dated in the refrigerator and freezer. All foods have been checked in both refrigerator and freezer for dates and labels on 12-6-24. We are now in compliance. [redacted]) will continue to monitor compliance by checking the refrigerator daily for dates and labels. Signs were also posted on the front of the refrigerator doors reminding staff to date and label. The administrator will randomly check the refrigerators and freezers to make sure we are always in compliance. Dating and labeling food prevents serving expired food, identifies the food and prevents cross contamination.

Licensee's Proposed Overall Completion Date: *01/14/2025*

Implemented [redacted] - 02/06/2025)

103f - Refrigerator/Freezer Temps

9. 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

On 12/6/2024, the refrigerator near the living room did not have a functional thermometer.

Plan of Correction ***Accept ([redacted] - 01/15/2025)***

The administrator is responsible for ensuring that a working thermometer is in each refrigerator and freezer. The problem was fixed when the administrator purchased a new thermometer on 12-12-24. Staff person [redacted] will monitor the thermometers weekly by checking every Monday for a functioning thermometer. The administrator will randomly check the thermometers monthly to ensure that we are continually in compliance. A functioning thermometer ensures that food is stored at a safe temperature.

Licensee's Proposed Overall Completion Date: *01/14/2025*

Implemented [redacted] - 02/06/2025)

107d - Procedure Emergency Management Agency Submission

10. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

There is no date to indicate when the written emergency procedures were reviewed and updated and submitted to the local EMA in the last year.

107d - Procedure Emergency Management Agency Submission *(continued)*

Plan of Correction ***Accept - 01/15/2025)***

The administrator is responsible for updating and documenting the written emergency procedures annually. The procedures were updated on 12-13-24. The administrator is responsible for making sure that the problem is fixed and that continues to monitor the situation so that we remain in compliance. The administrator will review emergency procedures every January to ensure compliance. A reminder on the administrator's calendar will by the system used to keep accurate and up to date emergency procedures. Updated plans will keep emergency management (the fire department) aware of the home's emergency procedures.

Licensee's Proposed Overall Completion Date: *01/14/2025*

Implemented - 01/22/2025)

132a - Monthly Fire Drill

11. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

On 12/6/24, after interviewing residents and staff the Licensing Representative could not verify that fire drills are being completed. The home documented that the last fire drill was conducted on 11/4/24 at 7:01 am. While conducting staff interviews, Staff Member A stated they have not been present for any fire drills, contradicting the staff schedule which indicates they were scheduled 7am-3pm Monday 11/4/24, the date and time the fire drill log document indicated last fire drill.

Plan of Correction ***Accept - 01/09/2025)***

The administrator is responsible for conducting monthly fire drills. A fire drill was conducted 12-17-24 by the fire chief. The administrator will have a resident or staff member sign the fire drill log to show that the drill did take place each month. Having a signature of an individual will verify thar they did participate in a drill. Unannounced fire drills will ensure that staff and residents are prepared in case of a real fire.

Licensee's Proposed Overall Completion Date: *01/03/2025*

Implemented (- 01/22/2025)

132b - Safety Inspection/Fire Drill

12. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's most recent supervised fire drill by a fire safety expert was 0/23.

Plan of Correction ***Accept - 01/09/2025)***

The administrator is responsible for ensuring that a fire drill is conducted annually by a fire safety expert. The administrator had a fire drill, fire class and building inspection by a safety expert on 12-17-2024. We are now in compliance. In order to monitor annual fire drills, the administrator has marked on wall calendar (2 months early) when the Fire chief should be contacted for an upcoming drill, inspection and class. The administrator will monitor the date by reviewing her calendar at the beginning of every month. Identifying and correcting unsafe

132b - Safety Inspection/Fire Drill (continued)

conditions helps prevent fires from occurring.

Licensee's Proposed Overall Completion Date: *01/02/2025*

Implemented (- 01/22/2025)

132e - Fire Drill Sleeping Hours

13. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home's sleeping hours fire drills occurred on 10/4/23 at 11:40pm, and then on 5/2/24 at 5:40am, exceeding the 6-month requirement.

Plan of Correction ***Accept - 01/09/2025)***

The administrator is responsible for ensuring that a sleeping fire drill is done every 6 months. The administrator held a sleeping fire drill on 12-19-24 at 5:00am with all residents. In order to ensure that a sleeping fire drill is held every 6 months the administrator has highlighted in yellow marker on the fire drill log when the 6-month drill needs to be held. The administrator is responsible for monitoring compliance. Having a sleeping fire drill is critical to practice response and evacuation times while the resident is asleep.

Licensee's Proposed Overall Completion Date: *01/02/2025*

Not Implemented - 02/06/2025)

185a - Implement Storage Procedures

14. 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 6's Medication Administration Record (MAR) indicates the blood glucose reading of 167 on 12/2/24 at 7pm. Resident 6's glucometer reading on 12/2/24 at 7pm showed a blood glucose reading of 116.

Repeat violation: 01/09/2024

Plan of Correction ***Accept 01/15/2025)***

The administrator is responsible for ensuring that blood glucose readings are being recorded right. The administrator has checked the blood glucose monitors to ensure their accuracy as of 12-10-24 The administrator has also instructed staff not to record blood glucose readings on paper, but to record them in the computer at the time they are taken to help avoid error. Staff training was completed 12-9-24. The administrator will check the meters weekly to ensure accuracy. Recording correct blood glucose readings provides an accurate account of how the residents diabetes is being controlled.

Licensee's Proposed Overall Completion Date: *01/14/2025*

Not Implemented - 01/22/2025)

225c - Additional Assessment

15. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

On 12/6/2024, the most recent Resident Assessment for Resident 8 was dated [redacted]/2023.

Plan of Correction ***Accept ([redacted] - 01/15/2025)***

The administrator is responsible for reviewing and updating RASPs annually. The administrator has reviewed all RASPs, updating and making them current. The administrator completed a RASP for 2024 and 2025 on 12-18-24 The administrator will do the yearly RASPs in the month of January each year. A reminder has been placed on the administrator's personal calendar to complete all RASPs so that she can monitor compliance. New residents will have a current RASP completed when they move in and then switched over to January of the following year so that annual RASPs are all completed at the same time. Annual and current RASPs allow the home to create a comprehensive profile of a residents needs and serves as a basis for the plan to meet those needs.

Proposed Overall Completion Date: 01/14/2025

Directed: All RASP's will be completed within 1 year and 15 days of the previous RASP.

Licensee's Proposed Overall Completion Date: *01/14/2025*

Implemented [redacted] - 01/22/2025)