pennsylvania
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **RONALD E INSINGER**
LEGAL ENTITY

To operate **INSINGER'S PERSONAL CARE-SOUTH**
NAME OF FACILITY OR AGENCY

Located at **6 EAST CENTRAL AVENUE, SOUTH WILLIAMSPORT,, PA 17702**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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 **38**
(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 **November 26, 2025** until **November 26, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **202090**

ISSUING OFFICER

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 628 – 04/23

Pennsylvania
Department of Human Services

EMAILING DATE: NOVEMBER 26, 2025

[redacted]
[redacted]
Ronald E Insinger
[redacted]
[redacted]

RE: Insinger's Personal Care-South
6 East Central Avenue
South Williamsport, Pennsylvania 17702
License #202090

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on July 29, 2025 and August 4, 2025 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

**Department of Human Services**
**Bureau of Human Service Licensing**
## LICENSING INSPECTION SUMMARY

November 4, 2025

[redacted]
RONALD E INSINGER
[redacted]

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 07/29/2025, 08/04/2025 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]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name**: *INSINGER'S PERSONAL CARE-SOUTH* **License #**: *20209* **License Expiration**: *10/18/2025*

**Address**: *6 EAST CENTRAL AVENUE, SOUTH WILLIAMSPORT,, PA 17702*

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

## Administrator

**Name**: [redacted]

## Legal Entity

**Name**: *RONALD E INSINGER*

**Address**: [redacted]

## Certificate(s) of Occupancy

**Type**: *I-1* **Date**: *03/06/2009* **Issued By**: *L&I*

## Staffing Hours

**Resident Support Staff**: *0* **Total Daily Staff**: *33* **Waking Staff**: *25*

## Inspection Information

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

**Reason**: *Renewal, Incident* **Exit Conference Date**: *08/04/2025*

## Inspection Dates and Department Representative

*07/29/2025 - On-Site:* [redacted]

*08/04/2025 - Off-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *38* **Residents Served**: *33*

### Secured Dementia Care Unit

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

### Hospice

**Current Residents**: *0*

### Number of Residents Who:

**Receive Supplemental Security Income**: *25* **Are 60 Years of Age or Older**: *23*

**Diagnosed with Mental Illness**: *26* **Diagnosed with Intellectual Disability**: *4*

**Have Mobility Need**: *0* **Have Physical Disability**: *1*

# Inspections / Reviews

### 07/29/2025 - Full

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/23/2025*

### 09/02/2025 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *09/09/2025*

**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/07/2025*

## Inspections / Reviews *(continued)*

**09/08/2025 - POC Submission**

**Submitted By:** [redacted] **Date Submitted:** *09/09/2025*

**Reviewer:** [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *09/13/2025*

**11/04/2025 - Document Submission**

**Submitted By:** [redacted] **Date Submitted:** *09/09/2025*

**Reviewer:** [redacted] **Follow-Up Type:** *Not Required*

## 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 [redacted]/25 resident #1 and resident #2 engaged in physical aggression with each other resulting in the police being called to the home. The home did not report this incident to the department until 7/14/25.*
*Repeat violation 9/8/24*

**Plan of Correction** ***Accept [redacted] - 08/27/2025)***

*The administrator [redacted] did not think DHS was open on a Saturday. The incident happened on a Friday July 11th 2025 so I waited till the next business day to fax the report which was Monday July 14th 2025. Going forward in the future the administrator now knows incidents can be reported on non business days and will fax reports within 24 hrs. whether it is a business day or not. The administrator put a reminder on the front of the reportable incident book to report within 24 hrs even over the weekend please see attachment.*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Evidence of Completion** ***Implemented [redacted] - 10/15/2025)***

*See attached.*

## 17 - Record Confidentiality

**2. Requirements**

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**Description of Violation**

*At approximately 9:39 a.m. the privacy coding sheet was attached to the License inspection summary report dated 3/25/25, et al that was posted on a bulletin board in the home.*

**Plan of Correction** ***Accept ([redacted] - 08/27/2025)***

*Going forward the Administrator will be responsible for taking the privacy coding sheet out of the License inspection summary before hanging in a public area. As soon as we got the new report on 7/29/25 the administrator posted it in a public area without the privacy coding attached.*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Evidence of Completion** ***Implemented [redacted] - 10/15/2025)***

*See attached.*

## 42c - Treatment of Residents

**3. Requirements**

2600.
42.c. A resident shall be treated with dignity and respect.

## 42c - Treatment of Residents *(continued)*

**Description of Violation**

*On [redacted]/25 at approximately 7:00 P.M. resident # 1 and resident #2 engaged in physical aggression with each other. Resident #1 hit resident #2 with a remote control and resident #2 placed their hands around the neck of resident #1.*

**Plan of Correction** ***Do Not Accept [redacted] - 09/02/2025)***

*The administrator asked resident #1 and resident #2 to avoid each other and take different shifts watching T.V. Their bedrooms are on separate floors in different areas of the building. Resident #1 and resident #2 have agreed to take turns in the living room watching T.V. Attached a sheet for my staff to sign showing they were all apprised of the situation and that they (the staff) must ask the resident #1 and resident #2 to separate if they are in the same area.*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Update:** *09/02/2025*

*Who is responsible for maintaining compliance and how?*

**Plan of Correction** ***Accept [redacted]/08/2025)***

*The administrator asked resident #1 and resident #2 to avoid each other and take different shifts watching T.V. Their bedrooms are on separate floors in different areas of the building. Resident #1 and resident #2 have agreed to take turns in the living room watching T.V. Attached a sheet for my staff to sign showing they were all apprised of the situation and that they (the staff) must ask the resident #1 and resident #2 to separate if they are in the same area. During every day hourly checks of the residents the staff will look to see that resident #1 and resident #2 are in separate areas of the facility and ask them to separate to maintain the separation needed. To maintain this the staff will have to sign the sheet weekly to ensure they are still doing what is needed going on into the future. The Administrator going forward will audit the Hourly check of resident sheets on Mondays to assure that staff are maintaining the compliance*

**Licensee's Proposed Overall Completion Date:** *09/05/2025*

**Evidence of Completion** ***Implemented [redacted] - 10/15/2025)***

*See attached.*

## 65f - Training Topics

**4. Requirements**

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

**Description of Violation**

*Direct care staff person A did not receive training in Medication self-administration, care for residents with dementia and cognitive impairment, Infection control, safe management techniques, and care for residents with mental health or intellectual disability needs during training year 1/1/2024 to 12/31/2024.*

## 65f - Training Topics *(continued)*

**Plan of Correction** ***Do Not Accept [redacted] 08/27/2025)***

*As soon as the inspection concluded the Administrator downloaded and printed off training material for the staff to read and sign. Please note that Med Self Admin training and the Needs of the Residents are together in one training and Care for People with Dementia/Cognitive Disabilities and Care for ID people are together in another training. As the administrator cannot do anything about last year trainings the administrator has now had the staff do the proper trainings and will continue to do so in the future. See attachments for trainings and their corresponding sign off sheets.*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Update:** *08/27/2025*

*What day was training completed.*
*Was an audit of staff training completed? What date?*

**Plan of Correction** ***Accept [redacted] - 09/08/2025)***

*As soon as the inspection concluded the Administrator downloaded and printed off training material for the staff to read and sign. Please note that Med Self Admin training and the Needs of the Residents are together in one training and Care for People with Dementia/Cognitive Disabilities and Care for ID people are together in another training. The training for Med Self Admin meeting the needs of residents and Care for residents with dementia was completed on 7-30-25. The training for Care for people with Dementia/Cognitive Disabilities and care for ID people was completed on 7-30-25. The training for Infection Control was completed on 7-22-25. The training for Safe Management Techniques was completed on 8-4-25. The training for Meeting the needs of Residents utilizing the RASP, Med Eval, and Prescreening was completed on 8-1-25. The training for Mental Health was completed on 6-24-25 As the administrator cannot do anything about last year trainings the administrator has now had the staff do the proper trainings and will continue to do so in the future. See attachments for trainings and their corresponding sign off sheets and audi*

**Licensee's Proposed Overall Completion Date:** *09/05/2025*

**Evidence of Completion** ***Implemented [redacted] - 10/15/2025)***

*See attached.*

## 65g - Annual Training Content

**5. 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:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

**Description of Violation**

*Staff person A did not receive training in Resident rights or the Older Adult Protective Services Act.during training year 1/1/2024 to 12/31/2024.*
*Staff person B did not receive training in Resident Rights, the Older Adult Protective Services Act, or Falls and accident*

## 65g - Annual Training Content (continued)

*prevention during training year 1/1/2024 to 12/31/2024.*

**Plan of Correction** ***Do Not Accept [redacted] - 08/27/2025)***

*As soon as the inspection concluded the Administrator downloaded and printed off the Resident Rights and Older Adult Service act training material and had the staff train shortly after. The Falls and accidents material the administrator already had trained the staff on 7/22/25. As the administrator cannot do anything about last years trainings the administrator has now had the staff do the proper training and will continue to do so. See attachments for training material and sign off sheets*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Update:** *08/27/2025*

*What day was training completed.*
*Was an audit of staff training completed? What date?*

**Plan of Correction** ***Accept [redacted] - 09/08/2025)***

*As soon as the inspection concluded the Administrator downloaded and printed off the Resident Rights and Older Adult Service act training material and had the staff train shortly after. The administrator already had trained the staff on Falls and accidents on 7/22/25. The Administrator trained the staff on Resident Rights and the Older Adult Service Act on 8/5/25. As the administrator cannot do anything about last years trainings the administrator has now had the staff do the proper training and will continue to do so. See attachments for training material and sign off sheets*

**Licensee's Proposed Overall Completion Date:** *09/05/2025*

**Evidence of Completion** ***Implemented ([redacted] - 10/15/2025)***

*See attached.*

## 81b - Resident Personal Equipment

**6. Requirements**

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**Description of Violation**

*At approximately 9:20 a.m. an oxygen tank was observed being stored directly on the floor next to the lower-level side exit door.*

**Plan of Correction** ***Do Not Accept [redacted] - 08/27/2025)***

*The administrator will train the staff that while doing their hourly welfare checks of the residents to look for any hazards and to remove such hazards promptly. Then the staff will notify either the administrator or management of such hazards. See attachment for training sign off sheet and photo showing the oxygen tank has been removed.*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Update:** *08/27/2025*

*What date was oxygen tanks removed?*
*What date will staff be trained?*

**Plan of Correction** ***Accept [redacted] - 09/08/2025)***

*The administrator will train the staff that while doing their hourly welfare checks of the residents to look for any hazards and to remove such hazards promptly. Then the staff will notify either the administrator or management*

## *81b - Resident Personal Equipment (continued)*

*of such hazards. See attachment for training sign off sheet and photo showing the oxygen tank has been removed. Training was done 8/14, 8/15, 8/19, and 9/4 2025. See the attachment for the signed training sheet*

**Licensee's Proposed Overall Completion Date:** *09/05/2025*

**Evidence of Completion** ***Implemented [redacted] - 11/04/2025)***

*See attached.*

## 85a - Sanitary Conditions

**7. Requirements**

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

**Description of Violation**

*At approximately 9:10 a.m. the toilet seat, flush lever, and the tank of the toilet in the area #6 bathroom was stained with a dried brown substance that appeared to be feces.*

**Plan of Correction** ***Accept [redacted] - 08/27/2025)***

*Currently we have a sign off sheet for Bathroom checks to make sure each shift is looking for dirty towels, washcloths and laundry. Going forward I will add on the same check off sheet for staff to also check to make sure bathrooms are kept clean and to look for any excrement or any type of bodily fluids. Please see attachment for current and new check off lists.*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Evidence of Completion** ***Implemented [redacted] - 11/04/2025)***

*See attached.*

## 102h - Toilet Paper

**8. Requirements**

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

**Description of Violation**

*At approximately 9:20 a.m. there was no toilet paper in the 2nd floor area #5 bathroom.*

**Plan of Correction** ***Do Not Accept [redacted] - 09/02/2025)***

*Currently we have a sign off sheet for Bathroom checks to make sure each shift is looking for dirty towels, washcloths and laundry. Going forward the administrator will add on the same bathroom check off sheet for staff to add toilet paper if needed also. Please see attachment for new check off list.*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Update:** *09/02/2025*

*Who is responsible for maintaining compliance and how?*

**Plan of Correction** ***Accept [redacted] - 09/08/2025)***

*Currently we have a sign off sheet for Bathroom checks to make sure each shift is looking for dirty towels, washcloths and laundry. Going forward the administrator will add on the same bathroom check off sheet for staff to add toilet paper if needed also. Please see attachment for new sign off list. The administrator will continue to look at the sign off sheet weekly on Mondays to make sure the staff is doing their daily bathroom checks*

## 102h - Toilet Paper *(continued)*

**Licensee's Proposed Overall Completion Date:** *09/05/2025*

**Evidence of Completion** ***Implemented [redacted] - 10/15/2025)***

*See attached.*

[redacted]

## 103f - Refrigerator/Freezer Temps

**10. 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**

*At 1:30 P.M. there was no thermometer in the freezer of kitchen refrigerator number one.*
*Repeat violation 9/8/24*

**Plan of Correction** ***Do Not Accept [redacted] - 09/02/2025)***

*The administrator shall make a check off list for cook to sign weekly to make sure the thermometers are in each of the freezers and the refrigerators. Please see attachment for sign off sheets and pic showing there is now a thermometer in the freezer.*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Update:** *09/02/2025*

*Who is responsible for maintaining compliance and how?*

**Plan of Correction** ***Accept [redacted] - 09/08/2025)***

*The administrator shall make a check off list for cook to sign weekly to make sure the thermometers are in each of the freezers and the refrigerators. Please see attachment for sign off sheets and pic showing there is now a thermometer in the freezer. The administrator will look at the thermometer sign off sheet on Mondays to make sure the cook continues to look for thermometers in the refrigerators and the freezers*

**Licensee's Proposed Overall Completion Date:** *09/05/2025*

**Evidence of Completion** ***Implemented [redacted] - 10/15/2025)***

*See attached.*

## 125a - Combustible Storage

**11. Requirements**

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

## 125a - Combustible Storage *(continued)*

**Description of Violation**

*At 9:35 A.M. the Department representative observed the dryer on the right did not have the vent hose connected to the dryer exit vent, and therefore, a buildup of lint was observed on the wall and on the floor behind the dryer.*

**Plan of Correction** ***Do Not Accept [redacted] - 09/02/2025)***

*The administrator will be responsible to make sure that the dryer vent hoses are connected properly. As soon as the administrator learned of the violation the maintenance [redacted] was notified. [redacted] came and fixed the hose the next day. Pictures are provided in the attachment showing the vent was fixed.*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Update:** *09/02/2025*

*Who is responsible for maintaining compliance and how?*

**Plan of Correction** ***Accept [redacted] - 09/08/2025)***

*The administrator will be responsible to make sure that the dryer vent hoses are connected properly and will check the vent hoses weekly on Mondays. As soon as the administrator learned of the violation the maintenance [redacted] was notified. [redacted] came and fixed the hose the next day. Pictures are provided in the attachment showing the vent was fixed.*

**Licensee's Proposed Overall Completion Date:** *09/05/2025*

**Evidence of Completion** ***Implemented [redacted] 10/15/2025)***

*See attached.*

## 141a 1-10 Medical Evaluation Information

**12. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

*Resident #3's status change medical evaluation dated [redacted]/25 did not include the resident's temperature or height.*

**Plan of Correction** ***Do Not Accept [redacted] - 09/02/2025)***

*The administrator going forward will read them but will also have her manager double check the med evaluations after the home receives them to make that they are fully completed. The administrator has since contacted the physician and asked them to correct the DME the corrected form was faxed back on 8/19/25. See attachment for corrected form.*

## 141a 1-10 Medical Evaluation Information *(continued)*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Update:** *09/02/2025*

*Was an audit of all resident DME's completed? What date?*

**Plan of Correction** ***Accept ( - 09/08/2025)***

*The administrator fully did an audit on 9/2/25 of all the resident's DMEs to make sure they are complete. The audit sheet that the administrator used is attached. The administrator has since contacted the physician and asked them to correct the DME the corrected form was faxed back on 8/19/25. See attachment for corrected form.*

**Licensee's Proposed Overall Completion Date:** *09/05/2025*

**Evidence of Completion** ***Implemented - 11/04/2025)***

*See attached.*

## 144c1 - Smoking Area Guidelines

**13. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**Description of Violation**

*At 9:20 a.m. the home's designated smoking area contained cigarette butts in the grass area.*
*Repeat violation 9/8/24.*

**Plan of Correction** ***Do Not Accept - 09/02/2025)***

*Currently we have each shift going out only once to make sure there are not cigarette butts laying on the porch or on the property. Administrator will tell each shift they need to do 2 checks on each of their shifts. And will also post signs reminding each shift to do 2 checks. Pictures of the area cleaned up and signs posted in the attachments*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Update:** *09/02/2025*

*Who is responsible for maintaining compliance and how?*

**Plan of Correction** ***Accept - 09/08/2025)***

*Currently we have each shift going out only once to make sure there are not cigarette butts laying on the porch or on the property. Pictures of the area cleaned up and signs posted in the attachments. Administrator will have a sign off sheet for each staff to sign checking the porch and property for cigarette butts and will audit said sheets on Mondays that staff is signing the sign off sheets and doing their appropriate checks to maintain the compliance.*

**Licensee's Proposed Overall Completion Date:** *09/05/2025*

**Evidence of Completion** ***Implemented - 10/15/2025)***

*See attached.*

## 183e - Storing Medications

**14. Requirements**

2600.

## 183e - Storing Medications *(continued)*

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**

*At approximately 2:00 p.m. the Lantus insulin pen belonging to resident #1 was not labeled with the date the pen was opened for use. According to manufacturer's instructions, the insulin pen is to be discarded 28 days after it is opened for use.*

*At approximately 1:15 p.m. the Novolog insulin pen belonging to resident #4 was not labeled with the date the pen was opened for use. According to the manufacturer's instructions, the insulin pen is to be discarded 28 days after it is opened for use.*

*At approximately 2:00 p.m. the Breo Elipta inhaler belonging to resident #5 and the Trelegy inhaler belonging to resident #6 were not labeled with the dates the inhalers were removed from the foil pouches for use. According to manufacturers' instructions, both inhalers are to be discarded 6 weeks after they are removed from the foil pouches for use.*

**Plan of Correction** ***Do Not Accept [redacted] - 09/02/2025)***

*The administrator since inspection has asked all staff to date inhalers, insulins, eye drops, ear drops, creams etc. as soon as they are opened. The administrator has also tasked the manager with doing a cart audit once a week to make sure the medications are properly dated. See attachment for corrected dates on insulin pens and inhalers for resident #1, resident #4, resident #5 and resident #6.*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Update:** *09/02/2025*

*Was training given to med techs? What day?*
*Who is responsible for maintaining compliance and how?*

**Plan of Correction** ***Accept [redacted] - 09/08/2025)***

*The administrator has trained all med techs on dating inhalers, insulins, eye drops, creams etc. as soon as they are opened and to make sure the medications are properly labeled at all times. The manager will responsible for doing a weekly audit of the med carts, to make sure dates are on opened medications, that meds are properly labeled, expired meds are being discarded, and the BG machines are being calibrated to maintain compliance. Training was completed on 9/4/25 for all current med techs. See attachment for training sign off sheet.*

**Licensee's Proposed Overall Completion Date:** *09/05/2025*

**Evidence of Completion** ***Implemented ([redacted] - 11/04/2025)***

*See attached.*

## 184a - Resident's Meds Labeled

**15. 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.

## 184a - Resident's Meds Labeled *(continued)*

**Description of Violation**

*The pharmacy label for the Novolog insulin pen belonging to resident # 4 incorrectly lists the order for the medication as four units at breakfast. The correct order for the medication listed on the Medication Administration Record (MAR) is five units twice daily with breakfast and lunch.*

**Plan of Correction** ***Do Not Accept [redacted] - 09/02/2025)***

*Administrator will advise staff that when a new order comes in that they either have to get a new label from the pharmacy or a change of direction sticker needs to be placed on the old directions on the pharmacy label. Manager will also double check during the once a week cart audits. See attachment for the correction*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Update:** *09/02/2025*

*Was training given to med techs? What day?*
*Who is responsible for maintaining compliance and how?*

**Plan of Correction** ***Accept [redacted] - 09/08/2025)***

*The administrator has trained all med techs on dating inhalers, insulins, eye drops, creams etc. as soon as they are opened and to make sure the medications are properly labeled at all times. Training completed by all current med techs on 9/4/25. The manager will responsible for doing a weekly audit of the med carts, to make sure dates are on opened medications, that meds are properly labeled, expired meds are being discarded, and the BG machines are being calibrated to maintain compliance. See attachment for training sign off sheet.*

**Licensee's Proposed Overall Completion Date:** *09/05/2025*

**Evidence of Completion** ***Implemented [redacted] - 11/04/2025)***

*See attached.*

## 185a - Implement Storage Procedures

**16. 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 #4 has an order to test blood sugar 3 times daily. The readings in the resident's glucometer must be manually saved by staff each time the resident's blood sugar is tested. On the following dates and times staff did not save the readings in the resident's glucometer:*
*7/29/25 at 7:00 a.m., 7/27/25 at 7:00 a.m., and 7/24/25 at 4:00 p.m.*

**Plan of Correction** ***Do Not Accept [redacted] - 09/02/2025)***

*Before the inspection not all staff was properly shown how to record Resident #4's blood sugar on the G7 meter. Since then, all staff have been shown by the Administrator how to correctly use the G7 meter for Resident #4. Please see attachment showing the staff have been properly trained.*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Update:** *09/02/2025*

*Was training given to med techs? What day?*
*Who is responsible for maintaining compliance and how?*

## 185a - Implement Storage Procedures *(continued)*

**Plan of Correction** ***Accept [redacted] - 09/08/2025)***

*Before the inspection not all staff was properly shown how to record Resident #4's blood sugar on the G7 meter. Since then, all med techs have been shown by the Administrator how to correctly use the G7 meter for Resident #4 on August 18th, 19th and 20th of 2025 please see attachment for sign off sheet and corresponding dates. Please see attachment showing the staff have been properly trained. The administrator going forward will show all new med techs how to properly record the Blood glucose readings on G7 meters*

**Licensee's Proposed Overall Completion Date:** *09/05/2025*

**Evidence of Completion** ***Implemented [redacted] - 11/04/2025)***

*See attached.*

## 187a - Medication Record

**17. Requirements**

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
6. Dose.

**Description of Violation**

*Resident #4 has an order for Novolog insulin to be administered according to the following sliding scale: Inject 3 times daily- 1 unit for every 50 points of blood glucose over 200. On 7/25/25 the resident's blood glucose reading was 313 at 5:00 p.m. There were no units of insulin recorded on the resident's MAR. Also, on 7/28/25 the resident's blood glucose reading was 262 at 5:00 p.m. and no units of insulin were recorded on the resident's MAR. The MAR did not include a section to record the number of insulin units for this order and the units were not otherwise recorded in the exception notes.*

**Plan of Correction** ***Do Not Accept [redacted] - 09/02/2025)***

*At the time of inspection the pharmacy had forgotten to mark check BG on the order for Resident #4's Novolog since then the pharmacy was notified and it has been corrected. Administrator has since advised all med staff to double check when we get new insulin orders to make sure that the BG record box is checked when there is a sliding scale for insulin. See attachment showing the correction to Resident #4's Novolog*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Update:** *09/02/2025*

*Was training given to med techs? What day?*
*Who is responsible for maintaining compliance and how?*

**Plan of Correction** ***Accept [redacted] - 09/08/2025)***

*The administrator has trained all med techs on dating inhalers, insulins, eye drops, creams etc. as soon as they are opened and to make sure the medications are properly labeled. The administrator is also training staff to check that the Record BG box is checked on the Quick Mar program so med techs are able to record the BG. The manager will responsible for doing a weekly audit of the med carts, to make sure dates are on opened medications, that meds are properly labeled, expired meds are being discarded, and the BG machines are being calibrated to maintain compliance. All current med techs were trained on 9/4/25. The manager will be responsible to check all new insulin and medications orders in the mornings to check that the med techs approved the new medications the correct way in the computer system to maintain the compliance. See attachment for training sign off sheet.*

**Licensee's Proposed Overall Completion Date:** *09/05/2025*

## 187a - Medication Record *(continued)*

**Evidence of Completion** ***Implemented [redacted] - 11/04/2025)***

*See attached.*

## 187d - Follow Prescriber's Orders

**18. Requirements**

2600.
187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #4 has an order for Novolog insulin to be administered 3 times daily based on a sliding scale of 1 unit for every 50 points of blood glucose over 200. Resident #4 also has a straight order for 5 units of insulin at lunch. The resident attends a program twice weekly and on these dates during lunch time the resident does not receive their order for straight insulin or lunch time blood glucose readings. The dates the resident missed this medication are: 7/25/25 at 12:00 p.m., 7/22/25 at 12:00 p.m., and 7/15/25 at 12:00 p.m.*
*Also, resident #4 has an order for Gabapentin 300mg, one capsule 3 times daily. On 7/4/25 at 8:00 p.m. the MAR indicates the resident missed this medication and there is no exception note to indicate why the medication was missed. Repeat violation 9/18/24.*

**Plan of Correction** ***Do Not Accept [redacted] - 09/02/2025)***

*Resident #4 refused to take [redacted] medications to [redacted] day program. The doctor was aware that Resident #4 did not take [redacted] medications at 12 pm when [redacted] was at [redacted] day program however the home did not have any thing in writing stating the doctor was aware. However, after the administrator talked to the physician's office the Dr. decided to just change the time on the Gabapentin to 3pm and to discontinue the Novolog dose at noon. Please see attachment for the physician's orders*

**Licensee's Proposed Overall Completion Date:** *08/21/2025*

**Update:** *09/02/2025*

*Was training given to med techs? What day?*
*Who is responsible for maintaining compliance and how?*

**Plan of Correction** ***Accept [redacted] - 09/08/2025)***

*Resident #4 refused to take [redacted] medications to [redacted] day program. The doctor was aware that Resident #4 did not take [redacted] medications at 12 pm when [redacted] was at [redacted] day program however the home did not have any thing in writing stating the doctor was aware. However, after the administrator talked to the physician's office the Dr. decided to just change the time on the Gabapentin to 3pm and to discontinue the Novolog dose at noon. Please see attachment for the new physician's orders. Staff will be trained to report to management or administrator when a patient is refusing to take [redacted] medications. Administrator will then maintain compliance by contacting the physician, or making sure staff is following up with refusals and getting something in writing to show what orders the physician would like to follow if a patient is refusing their medications. All current med techs trained on 9/4/25. Please see attachment for med tech sign off sheet*

**Licensee's Proposed Overall Completion Date:** *09/05/2025*

**Evidence of Completion** ***Implemented [redacted] - 11/04/2025)***

*See attached.*