



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 5, 2016

Mr. Ronald E. Insinger, Owner/President
6 East Central Avenue
South Williamsport, Pennsylvania 17702

RE: Insinger's Personal Care - South
License #202090

Dear Mr. Insinger:

As a result of the Department of Human Services' licensing inspection on December 23, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20209 - 12/23/2015 - Yellenic, Cindy
PCH Name: INSINGER S PERSONAL CARE SOUTH

1. REGULATION 55 Pa.Code §2600

2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION

The home has an active infestation of bed bugs observed by Licensing Representative in Resident #1 and Resident #2's rooms.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Administrator and Staff has completed a complete clean out on rooms #1 and #2, washing down all walls, furniture, and floors, all of residents clothing went through the dryer for one hour. The Staff has relocated the two residents that occupied those rooms as well as being treated by Engler's Pest Control. The home will continue to inspect for infestation. at this time we have inspected other rooms and no infestation has been seen.

The home will submit the most recent professional services agreement w/a copy of the most current receipt for services in order to demonstrate ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Ronald Insinger

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

RONALD INSINGER, Owner

Date 1-11-2016

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-2-16
(Date)

Plan of correction implementation status as of 1-2-16
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented