



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via fax to: [REDACTED]
MAILING DATE: February 9, 2016

Mr. Ronald Insinger, Owner
Insinger's Personal Care Home Inc.
673 Campbell Street
Williamsport, Pennsylvania 17701

RE: Insinger's Boarding Home
License: #202100

Dear Mr. Insinger:

As a result of the Department of Public Welfare's 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20210 - 12/23/2015 - Yellenic, Cindy
PCH Name: INSINGER S BOARDING HOME

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 room.

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 clear out on resident 1 and 2 room, washing down all walls, furniture and floors, all of residents clothing went through the dryer, for one hour. The room was also treated by Engler's Pest Control, The homes staff will continue to inspect for infestations, at this time we have inspected other rooms and no infestations has been seen.

The administrator shall monitor and assure ongoing compliance.
MM 2/5/16

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Rowald E. Insinger*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **ROWALD E. INSINGER** Date **1-11-16**

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

The above plan of correction is approved as of 2/5/16 (Date)

Plan of correction implementation status as of 2/5/16 (Date)

The above plan of correction was approved by MM (Initials)

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