



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to INSINGERS PERSONAL CARE HOMES WEST INC  
LEGAL ENTITY

To operate INSINGERS PERSONAL CARE HOMES WEST  
NAME OF FACILITY OR AGENCY

Located at 124 EMERY STREET, WILLIAMSPORT, PA 17701  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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 29  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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 March 1, 2019 until March 1, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **227450**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
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



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 28 2019

Mr. Ronald E Insinger  
President  
Insinger's Personal Care Homes West, Inc.  
2075 Meadow Lane  
Montoursville, Pennsylvania 17754

RE: Insinger's Personal Care Homes West  
124 Emery Street  
Williamsport, Pennsylvania 17701  
License #227450

Dear Mr. Insinger:

As a result of the Department's Bureau of Human Services Licensing inspection on January 17, 2019 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, citations on the enclosed violation report were found. All citations specified on the violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Application](https://www.surveymonkey.com/r/BHSL_Application).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential.

Mr. Ronald E Insinger

The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written in a cursive style.

Jacqueline L. Rowe  
Director

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: Insinger's Personal Care Home West		License Number: 22745
Address: 124 Emery Street, , PA 17701		County: Lycoming
Administrator: Heidi Springman		Region: NORTHEAST
Legal Entity Name: Insinger's Personal Care Home West, Inc.		
Legal Entity Address: 2075 Meadow Lane, Montoursville, PA 17754		
<b>Certificate(s) of Occupancy</b> I-2 01/18/2019 City of Williamsport		
<b>Staffing Hours</b> Resident Support: 0    Total Daily Staff: 24    Waking Staff: 18		
Type of Inspection: Partial    BHA Docket Number:    Notice: Announced		
<b>Reason(s) for Inspection(s)</b> Change Legal Entity		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/17/2019: Deluca, Amy		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>   		
<b>Other Details</b> Partial or Full Triggers:    Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 29 Number of Residents Served: 23 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents In past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 18 Are 60 Years of Age or Older: 15 Have Mental Illness: 17 Have an Intellectual Disability: 6 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 22745 - 01/17/2019 - Deluca, Amy  
 PCH Name: Insinger's Personal Care Home West

**1. REGULATION 55 Pa.Code §2600**

2600.123(d) - If the home serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 is currently on hospice and in need of assistance evacuating from the home in the event of an emergency. The resident's bedroom is currently on the 2nd floor. The home does not have fire safe areas.

**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 will only place residents with mobility needs on the first floor (ground level) Mobility needs will be defined as any resident with an assistive device such as a walker or wheelchair who requires assistance to evacuate the building during emergencies.

Residents will be evaluated monthly by the administrator to assure room location placement is accurate. (In case the residents mobility issues decline)

First floor (ground level) locations will allow for the staff to evacuate a resident with mobility needs more quickly during an emergency allowing for a safer environment.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Heidi Springman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heidi Springman - Administrator</i>	Date <i>2-19-19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>2-20-19</u> (Date)	Plan of correction implementation status as of <u>2-20-19</u> (Date)
The above plan of correction was approved by <u>MM</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22745 - 01/17/2019 - Deluca, Amy  
 PCH Name: Insinger's Personal Care Home West

**1. REGULATION 55 Pa.Code §2600**

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home's current notice to the fire department, which is not dated, states that all residents can safely evacuate without assistance. The notice was not updated to reflect that resident #1 is currently on hospice and in need of total assistance with evacuating during a fire or other emergency.

**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. *\*Corrected AT Time of Inspection\**

The administrator will notify the local fire department by certified mail when assistance is needed to evacuate a resident during an emergency. The information will include, at a maximum, the following information:

- Total capacity of the home
- Description of the general layout of the home (number of floors, wings, etc) or a diagram or blueprint of the home
- A general description of the mobility needs of the resident served

Having advance knowledge of the layout of the home and the needs of the residents will help the fire department evacuate residents quickly. The administrator will check information monthly to guarantee accuracy.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Heidi Springman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heidi Springman / Administrator</i>	Date <i>2-19-19</i>
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(Date)

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(Initials)

Plan of correction implementation status as of 2-20-19  
(Date)

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

Violation Report: 22745 - 01/17/2019 - Deluca, Amy  
 PCH Name: Insinger's Personal Care Home West

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

Resident #1's support plan dated 01/10/2018 was not updated to reflect that the resident is now currently receiving hospice services and needs assistance evacuating the home.

**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 administration will review support plans monthly (RASP) in conjunction with the DME to ensure the accuracy of the RASP.

She will help the staff to meet the needs of the resident, and that accountability for meeting those needs is firmly established.

A sudden change in the residents health will be dealt with immediately, and the administrator will be responsible for all updates. This will ensure proper resident care.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Heidi Springman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heidi Springman - Administrator</i>	Date <i>2-19-19</i>
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