



**Mailing Date: February 25, 2020**

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

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

Dear Mr. Insinger:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 24, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano". The signature is written in a cursive style.

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *INSINGER'S PERSONAL CARE-SOUTH*

License Number: 20209

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

County: LYCOMING

Region: NORTHEAST

## Administrator

Name: *Marsha Reed*

Phone: 5703222017

Email: *RINSINGE@LOYALSOCKLANCERS.ORG*

## Legal Entity

Name: *RONALD E INSINGER*

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

## Certificate(s) of Occupancy

Type: *I-1*

Date:

Issued By:

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *32*

Waking Staff: *24*

## Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

## Inspection Dates and Department Representative

*10/24/2019 - On-Site: Ryan Yankow*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *38*

Residents Served: *32*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *24*

Are 60 Years of Age or Older: *19*

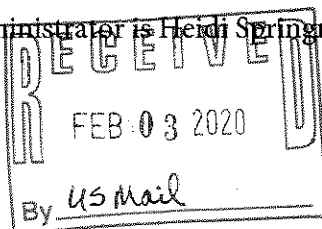
Diagnosed with Mental Illness: *27*

Diagnosed with Intellectual Disability: *7*

Have Mobility Need: *0*

Have Physical Disability: *1*

new administrator is Heidi Springman, e mail = *hspring984@aol.com*



*(North Insingers  
not South)*

*Ronald E Insinger 1-31-20*

227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 utilizes portable oxygen and also uses adult briefs for incontinence care. The residents RASP dated 1/25/19 is not updated to reflect the residents current care needs.

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.)

Resident #1 RASP was overlooked and not updated with her needs. The Homes Administrator did update the RASP on 10-24-19. The homes Administrator will continue to update all RASP's as the residents needs change in the future.

Legal Entity Representative

Signature *Ronald E. Insinger*

Printed Name and Title *Ronald E. Insinger Owner* Date *1-31-20*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2-20-2020  
(Date)

Plan of correction implementation status as of 2-20-2020  
(Date)

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

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