

Department of Human Services  
Bureau of Human Service Licensing

September 29, 2020

RONALD INSINGER, OWNER  
INSINGER'S PERSONAL CARE HOME INC  
2075 MEADOW LANE  
MONTOURSVILLE, PA 17754

RE: INSINGER'S BOARDING HOME  
673 CAMPBELL STREET  
WILLIAMSPORT, PA, 17701  
LICENSE/COC#: 20210

Dear Mr. Insinger,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/03/2020, 08/11/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *INSINGER'S BOARDING HOME* License #: *20210* License Expiration Date: *11/24/2020*  
 Address: *673 CAMPBELL STREET, WILLIAMSPORT, PA 17701*  
 County: *LYCOMING* Region: *NORTHEAST*

**Administrator**

Name: *Heidi Springman* Phone: *5703222597* Email:  
*hspring984@aol.com, lindscott@pa.gov,*  
*mmoskalczy@pa.gov*

**Legal Entity**

Name: *INSINGER'S PERSONAL CARE HOME INC*  
 Address: *2075 MEADOW LANE, MONTOURSVILLE, PA, 17754*  
 Phone: *5703222597* Email: *rinsinge@loyalsocklancers.org*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/05/1985* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *08/03/2020*

**Inspection Dates and Department Representative**

*08/03/2020 - On-Site: Amy Deluca*  
*08/11/2020 - Off-Site: Amy Deluca*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *20* Residents Served: *18*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *9*  
 Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

## Inspections / Reviews

## 08/03/2020 - Partial

Lead Inspector: *Amy Deluca*Follow-Up Type: *POC Submission*Follow-Up Date: *10/02/2020*

## 9/28/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *10/06/2020*

## 9/29/2020 - Document Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Not Required*

## 20b1 - Financial Records

**1. Requirements**

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

**Description of Violation**

*Residents #2, #3, and #4 all received a stimulus check in the amount of \$1200 from the federal government in May 2020. All 3 residents' financial account summaries were reviewed and it was determined that the total account balances for the residents were inaccurate as of 8/3/20 because the \$1200 was not reflected in the residents' total account balances.*

**Plan of Correction****Accept**

*The administrator will keep an accurate record of all financial transactions with the resident, including cash deposits and cash withdrawals of any amount, and purchases of any amount made by the provider on behalf of the resident. transactions will include dates, amounts of deposits, amount of withdrawals and current balance. the resident will sign for each transaction and the administrator will be responsible for accurate documentation. Financial records will be checked weekly by the administrator to ensure accuracy. The transaction record ensures that the residents' funds are no misused, and protects the home from accusations of misuse of residents' funds.*

**Completion Date:** 09/22/2020

**Update - 09/28/2020**

*Please send proof of Resident #2, 3 and 4's current financial record.*

**Document Submission****Implemented**

*Plas see attachment of financial records*

## 228a - Assistance Relocating

**1. Requirements**

2600.

228.a. At the resident's request, the home shall provide assistance in relocating to the resident's own home or to another residence that meets the needs of the resident.

**Description of Violation**

*Through information received from a complaint and also through interviews with other supportive agencies assisting residents, it was determined that resident #1 was evicted from the home on 11/4/19 and was not assisted with obtaining other housing. A complaint received indicated the resident was possibly homeless until 11/7/19 when she was taken to live with a relative. Information received from supporting agencies confirmed this complaint.*

**Plan of Correction****Accept**

*The administrator will provide assistance in relocating a resident to a residence that meets the needs of a resident. The administrator will contact other personal care homes, nursing homes, caseworkers and local human service agencies.*

*Providing relocation assistance to a resident helps to ensure that the resident's needs will be met in a safe appropriate environment, especially if the resident is unable to advocate for him/herself or incapable of finding a new home.*

**Completion Date:** 09/22/2020

**228a - Assistance Relocating (continued)****Update - 09/28/2020**

*Please send proof of residents current location and proof of any and all refunds made to resident secondary to her discharge from the facility.*

**Document Submission****Implemented**

*I do not know where this resident has relocated. She never paid for November 2019 so no refund was due.*