

Department of Human Services
Bureau of Human Service Licensing

October 18, 2022

[REDACTED]

RE: INSINGERS PERSONAL CARE
HOMES WEST
124 EMERY STREET
WILLIAMSPORT, PA, 17701
LICENSE/COC#: 22745

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/16/2022 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: *INSINGERS PERSONAL CARE HOMES WEST* License #: *22745* License Expiration: *03/01/2023*
Address: *124 EMERY STREET, WILLIAMSPORT, PA 17701*
County: *LYCOMING* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *570-447-9815* Email: [REDACTED]

Legal Entity

Name: *INSINGERS PERSONAL CARE HOMES WEST INC*
Address: *2075 MEADOW LANE, MONTOURSVILLE, PA, 17754*
Phone: *5703370676* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *01/18/2019* Issued By: *PA LI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *27* Waking Staff: *20*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *08/16/2022*

Inspection Dates and Department Representative

08/16/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *29* Residents Served: *27*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *26* Are 60 Years of Age or Older: *14*
Diagnosed with Mental Illness: *25* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/16/2022 - Partial
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/09/2022*

Inspections / Reviews (*continued*)

09/28/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/04/2022*

10/13/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/17/2022*

10/18/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 1 was admitted to the home on [REDACTED] Their initial assessment was not finalized until [REDACTED]

Plan of Correction

Do Not Accept

Original assessment for Resident #1 was completed on [REDACTED]. A new yearly assessment was done [REDACTED].

Changes updated on [REDACTED] and [REDACTED].

There is no violation on this resident.

Completion Date: 08/31/2022

Update: 09/28/2022

Please include in your plan of correction:

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

Original assessment for Resident #1 was completed on [REDACTED]. A new yearly assessment was done [REDACTED].

Changes updated on [REDACTED] and [REDACTED].

There is no violation on this resident. The administrator will ensure that all RASPS are completed within 15 days of the admission date. Updates to the RASP will be made on a as needed basis and yearly RASPS will be completed with the first week of January each year.

The administrator will monitor ongoing compliance by adhering to above plan.

Completion Date: 10/05/2022

Update: 10/13/2022

Document Submission

Implemented

Original assessment for Resident #1 was completed on [REDACTED]. A new yearly assessment was done [REDACTED].

Changes updated on [REDACTED] and [REDACTED].

There is no violation on this resident. The administrator will ensure that all RASPS are completed within 15 days of the admission date. Updates to the RASP will be made on a as needed basis and yearly RASPS will be completed with the first week of January each year.

The administrator will monitor ongoing compliance by adhering to above plan.