

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

January 27, 2023

[REDACTED], ADMINISTRATOR  
INSINGERS PERSONAL CARE HOMES WEST INC  
[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 09/29/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**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: [Redacted]

**Legal Entity**

Name: *INSINGERS PERSONAL CARE HOMES WEST INC*  
 Address: [Redacted]  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #: [Redacted]  
 Reason: *Complaint* Exit Conference Date: *09/29/2022*

**Inspection Dates and Department Representative**

09/29/2022 On Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *29* Residents Served: *26*

Secured Dementia Care Unit  
 In Home: *No* Area: [Redacted] Capacity: [Redacted] Residents Served: [Redacted]

Hospice  
 Current Residents: *0*

Number of Residents Who:  
 Receive Supplemental Security Income: *26* Are 60 Years of Age or Older: *17*  
 Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *3*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

09/29/2022 - Partial  
 Lead Inspector: [Redacted] Follow Up Type: *POC Submission* Follow Up Date: *10/28/2022*

11/16/2022 POC Submission  
 Submitted By: [Redacted] Date Submitted: *12/07/2022*  
 Reviewer: [Redacted] Follow Up Type: *Document Submission* Follow Up Date: *11/23/2022*

Inspections / Reviews *(continued)*

12/07/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/07/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/14/2022

01/27/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/07/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

**141b1 - Annual Medical Evaluation****1. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation***Resident #1's most recent DME was completed on [REDACTED].***POC Submission****Accept** ([REDACTED] - 11/16/2022)*The administrator will be responsible for ensuring that a medical evaluation is completed annually.**Every first Monday of the month the administrator will go through all resident files to make sure the medical evaluations due for that month are completed and current. Appointments for those who need a physical will be set up that month so that the doctor can complete the DME on time.**Having an updated or current DME will ensure that an accurate medical record is kept at all times. Residents needs can be better met with current information.***Licensee's Plan Completion Date:** 10/19/2022**Implemented** ([REDACTED] - 01/27/2023)