

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

May 18, 2023

[REDACTED]
RONALD E INSINGER
[REDACTED]

RE: INSINGER'S PERSONAL CARE-
SOUTH
6 EAST CENTRAL AVENUE
SOUTH WILLIAMSPORT,, PA, 17702
LICENSE/COC#: 20209

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/27/2023, 05/05/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *INSINGER'S PERSONAL CARE SOUTH* License #: *20209* License Expiration: *06/03/2023*
 Address: *6 EAST CENTRAL AVENUE, SOUTH WILLIAMSPORT,, PA 17702*
 County: *LYCOMING* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *RONALD E INSINGER*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1 1* Date: *03/06/2009* Issued By: *S Williamsport*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *05/05/2023*

Inspection Dates and Department Representative

04/27/2023 On Site [REDACTED]
05/05/2023 Off Site [REDACTED]

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: *21* Are 60 Years of Age or Older: *23*
 Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *7*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

04/27/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND