

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

September 19, 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 09/05/2023 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]

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

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *29* Waking Staff: *22*

## Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *09/05/2023*

## Inspection Dates and Department Representative

*09/05/2023 - On-Site:* [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *38* Residents Served: *29*

## Secured Dementia Care Unit

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

## Hospice

Current Residents: *0*

## Number of Residents Who:

Receive Supplemental Security Income: *27* Are 60 Years of Age or Older: *18*  
 Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *8*  
 Have Mobility Need: *0* Have Physical Disability: *1*

## Inspections / Reviews

*09/05/2023 - Partial*

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND