

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

June 24, 2024

[REDACTED], OWNER  
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 06/07/2024 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** *INSINGERS PERSONAL CARE HOMES WEST*      **License #:** *22745*      **License Expiration:** *03/01/2025*

**Address:** *124 EMERY STREET, WILLIAMSPORT, PA 17701*

**County:** *LYCOMING*      **Region:** *NORTHEAST*

**Administrator**

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

**Legal Entity**

**Name:** *INSINGERS PERSONAL CARE HOMES WEST INC*

**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** *1 2*      **Date:** *01/17/2019*      **Issued By:** *L&I*

**Staffing Hours**

**Resident Support Staff:** *0*      **Total Daily Staff:** *14*      **Waking Staff:** *11*

**Inspection Information**

**Type:** *Partial*      **Notice:** *Unannounced*      **BHA Docket #:**

**Reason:** *Interim*      **Exit Conference Date:** *06/07/2024*

**Inspection Dates and Department Representative**

*06/07/2024*    **On Site:** [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** *29*      **Residents Served:** *14*

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** *0*

**Number of Residents Who:**

**Receive Supplemental Security Income:** *13*      **Are 60 Years of Age or Older:** *10*

**Diagnosed with Mental Illness:** *14*      **Diagnosed with Intellectual Disability:** *2*

**Have Mobility Need:** *0*      **Have Physical Disability:** *0*

**Inspections / Reviews**

**06/07/2024 - Partial**

**Lead Inspector:** [REDACTED]      **Follow Up Type:** *POC Submission*      **Follow Up Date:** *06/30/2024*

Inspections / Reviews *(continued)*

06/24/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/24/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

06/24/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/24/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 183d - Prescription Current

**1. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

Resident #1's [REDACTED] inhaler was labeled as being removed from the pouch for use on [REDACTED]. The manufacturer's instructions indicate the inhaler is to be discarded 6 weeks after the inhaler is removed from the foil pouch for use.

**Plan of Correction**

Accept ([REDACTED] - 06/24/2024)

The administrator is responsible for labeling resident inhalers. The administrator will label the open date as soon as the inhaler comes in from the pharmacy. [REDACTED] will check all inhalers every Monday to ensure they have an open date and a discard date with initials. Labeling medications ensures that expired inhalers are not being used by the resident and that the manufacturer's directions are being followed.

Licensee's Proposed Overall Completion Date: 06/24/2024

Implemented ([REDACTED] - 06/24/2024)

## 183e - Storing Medications

**2. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

Resident #2's [REDACTED] inhaler was not initialed and dated when it was removed from the foil pouch for use.

**Plan of Correction**

Accept ([REDACTED] - 06/24/2024)

The administrator is responsible for ensuring that all inhalers have an open date, discard date and initials on the box. The administrator will check every Monday to ensure all inhalers are dated and initialed. Dating inhalers with open and discard dates prevents the resident from using an expired inhaler and assures that the manufacturer's directions are being followed.

Licensee's Proposed Overall Completion Date: 06/24/2024

Implemented ([REDACTED] - 06/24/2024)