

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

August 23, 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 06/27/2024 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]

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: *15* Waking Staff: *11*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *06/27/2024*

Inspection Dates and Department Representative

06/27/2024 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *29* Residents Served: *15*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *11*
 Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *11*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/27/2024 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *07/22/2024*

Inspections / Reviews *(continued)*

07/25/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/30/2024

08/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED] in both nostrils during night. However, this medication was not administered to resident from admission on [REDACTED] because the medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 07/25/2024)

The administrator is responsible for ensuring that all medications for a resident are available at the home and directions are followed by the subscriber. The administrator made multiple attempts to get her doctor to order her oxygen, but he would not order it for some reason. Resident was sent to the hospital to have her oxygen ordered and delivered at the home. In the future, when a doctor will not order what is needed for a resident, the administrator will send a resident to get oxygen or any other medications that are needed from the hospital. The resident did get her oxygen from the hospital, and it was started at night as directed.

This procedure will ensure that residents receive medications and treatments as ordered by the doctor.

Licensee's Proposed Overall Completion Date: 07/25/2024

Implemented [REDACTED] - 08/23/2024)