

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

June 4, 2025

[REDACTED]
RONALD E INSINGER
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/25/2025, 04/01/2025 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: *INSINGER'S PERSONAL CARE-SOUTH* License #: *20209* License Expiration: *06/03/2025*
 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 Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *04/07/2025*

Inspection Dates and Department Representative

03/25/2025 - On-Site: [REDACTED]
 04/01/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *38* Residents Served: *34*

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: *24*
 Diagnosed with Mental Illness: *24* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

03/25/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/08/2025*

05/05/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/30/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/12/2025*

Inspections / Reviews (*continued*)

05/16/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 05/30/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 06/13/2025

06/04/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 05/30/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately 5:00 p.m., Staff Person A received a call from Resident [redacted] Rep-Payee/POA who reported that Staff Person B had stolen [redacted] from Resident [redacted] bank account. Staff Person B used the resident's debit card number to electronically connect the account to a "cash app" to transfer the money. Staff Person B made approximately 3 withdrawals on the account and their name appeared each time on the bank statement. Staff Person B also "borrowed" Resident [redacted] vehicle but would not return it. After attempting to get the vehicle back, Resident [redacted] reported it as stolen. The home did not immediately report the alleged financial exploitation to the local area agency on aging.

Plan of Correction

Directed ([redacted] - 05/16/2025)

The administrator Nichole Snyder reported the abuse to DHS only not realizing that one agency is not connected to the other. The administrator Nichole Snyder was told by the Inspector the day of the inspection that I also have to contact the AAA (Office of Aging) and file a report within 48hrs. The administrator [redacted] reported to AAA the suspected abuse on 3/26/25. Going forward now that I know that I have to report abuse to AAA within 48 hrs I will file a report within the 48 hrs. I also printed the material I provided in the attachment as a reminder to file suspected abuse within the time guidelines. The administrator going forward will have all staff starting today 5/5/25 and all future staff to sign a printout that states that abuse must be reported within 48 hrs to AAA. The printout will be provided in the attachment. The administrator will also hang a copy of said printout in med room and main hallway.

Proposed Overall Completion Date: 05/05/2025

(Directed)

All staff, including the administrator, will receive training in abuse reporting and prevention from an outside source. In the future, the administrator will ensure that all suspected abuse is reported in accordance with the Older Adults Protective Services Act. Documentation of the training will be maintained by the home.

Directed Completion Date: 06/13/2025

Implemented ([redacted] - 06/04/2025)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately 5:00 p.m., Staff Person A received a call from Resident [redacted] Rep-Payee/POA who reported that Staff Person B had stolen [redacted] from Resident [redacted] bank account. Staff Person B used the resident's debit card number to electronically connect the account to a "cash app" to transfer the money.

42b - Abuse (continued)

Staff Person B made approximately 3 withdrawals on the account and their name appeared each time on the bank statement. Staff Person B also "borrowed" Resident [REDACTED] vehicle but would not return it. After attempting to get the vehicle back, Resident [REDACTED] reported it as stolen. Staff Person C contacted the police and a report was filed.

Plan of Correction**Directed [REDACTED] - 05/16/2025)**

The administrator going forward will be responsible for making sure the resident's rights are not violated. The administrator reported the suspected abuse to AAA on 3/26/25. The administrator Nichole Snyder had a meeting with the residents on 3/27/25 at their lunch hour to discuss the importance of never giving anything to the staff, including money, food or any type of belongings. I also had a staff meeting on 3/27/25 to discuss with staff they are not allowed to accept any money, food or any belongings from a resident. Furthermore, I have provided in the attachment 1 copy of a staff codes of conduct I will have all employees sign upon hire and 1 copy of resident codes of conduct that any future residents will have to sign upon moving in. The administrator from today 5/5/25 will have monthly staff and resident meetings to discuss the goings on to make sure the resident rights are not being violated.

Proposed Overall Completion Date: 05/05/2025

(Directed)

In addition to the above noted plan: All staff, including the administrator, will receive training in resident rights from an outside source. Documentation of the training will be maintained by the home.

Directed Completion Date: 06/13/2025

Implemented [REDACTED] - 06/04/2025)