

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

July 2, 2025

[REDACTED], ADMINISTRATOR  
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 04/17/2025 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: *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]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *04/17/2025*

**Inspection Dates and Department Representative**

04/17/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *29* Residents Served: *20*

Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:

Hospice  
 Current Residents: *0*

Number of Residents Who:  
 Receive Supplemental Security Income: *19* Are 60 Years of Age or Older: *11*  
 Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *3*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

04/17/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/17/2025*

05/19/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/22/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/26/2025*

Inspections / Reviews (*continued*)

## 05/20/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/27/2025

## 07/02/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 3c - Post Current License

## 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

## Description of Violation

*At 9:15 a.m., the home's Licensing Inspection Summary, dated 04/30/2024 was not posted in the home.*

*Repeat Violation: 04/30/2024*

## Plan of Correction

Accept (█ - 05/19/2025)

*The administrator is responsible for ensuring that a current copy of home's Licensing Inspection Summary is posted in the home on the resident bulletin board. The current Licensing Inspection Summary was posted on 4-18-25 correcting this violation. The administrator will check monthly to make sure the Licensing Inspection Summary is always posted on the bulletin board. The administrator will mark on █ work calendar the first Monday of each month to check the bulletin board to ensure the LIS is always there. Posting the LIS ensures that residents, family and staff are aware of the home's current violations at time of inspection and what has been done to correct the violations.*

**Licensee's Proposed Overall Completion Date: 05/12/2025**

Implemented (█ - 05/22/2025)

## 65d - Initial Direct Care Training

## 2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

## Description of Violation

*Staff person A, hired on █ was providing unsupervised ADL services. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.*

*Repeat Violation: 04/30/2024*

## Plan of Correction

Accept (█ - 05/20/2025)

*The administrator is responsible for ensuring that all staff complete the Department approved direct care training course before they start providing unsupervised ADL services. This violation was corrected on 5-9-25 by staff person A by the completion of the course and test. The certificate of completion is proof that this violation has been corrected. The administrator audited all of the staff files to make sure the direct care training and test was taken by all. The administrator will make a list of required forms, tests and classes that need to be completed before new hires can start working. Having a completed list of all requirements will ensure that everything is completed and in compliance.*

**Licensee's Proposed Overall Completion Date: 05/20/2025**

65d - Initial Direct Care Training (*continued*)

Implemented (█) - 05/22/2025)

## 89b - Hot Water Temperature

**3. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation***At 2:11 p.m., the hot water temperature in the upstairs bathroom measured 125 degrees Fahrenheit.***Plan of Correction**

Accept (█) - 05/19/2025)

*The administrator is responsible for ensuring that the water temperature does not exceed 120 degrees Fahrenheit. The temperature was turned down to 118 degrees Fahrenheit on 4-18-25 by our maintenance man therefore putting the home in compliance on that date. The administrator will check the water temperatures throughout the home monthly. A record of temperatures will be kept in the office to show continuous compliance. regulating the water temperature protects residents from accidental scalding.*

Licensee's Proposed Overall Completion Date: 05/13/2025

Implemented (█) - 05/22/2025)

## 101j2 - Bedroom Chairs

**4. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

2. A chair for each resident that meets the resident's needs.

**Description of Violation***At 2:17 p.m., only one chair was present in Bedrooms 4 and 9, and both bedrooms have two residents residing in them.***Plan of Correction**

Accept (█) - 05/19/2025)

*The administrator is responsible for ensuring that rooms have a chair for each resident. On 4-18-25 chairs were put into bedrooms 4 and 9. At this time all other rooms were checked for chairs. The administrator will check for chairs monthly in each resident rooms to make sure we are in compliance. A check list will be devised with initials showing that this check is being done monthly. Comfortable and appropriate furnishings will raise the quality of life for residents.*

Licensee's Proposed Overall Completion Date: 05/13/2025

Implemented (█) - 05/22/2025)

## 103e - Left Overs

**5. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

103e - Left Overs (continued)

**Description of Violation**

At approximately 9:30 a.m., there was an unlabeled and undated package of pizza shells and hamburger patties in the kitchen freezer.

Repeat Violation: 04/30/2024

**Plan of Correction**

Accept (█ - 05/19/2025)

The administrator is responsible for ensuring that all food is dated and labeled in the refrigerator and freezer. On 4-21-25 all the food in the refrigerators and freezers were checked for labels and dates. Everything was dated and labeled on that date putting the home in compliance. The administrator will check the refrigerators and freezers weekly to make sure food is being dated and labeled. Information on food prevents using expired food and cross contamination.

Licensee's Proposed Overall Completion Date: 05/13/2025

Implemented (█ - 05/22/2025)

103i - Outdated Food

**6. Requirements**

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

At 9:26 a.m., the kitchen pantry had a dented can of Pork & Beans 112oz and of stewed tomatoes 102oz.

Repeat Violation: 04/30/2024

**Plan of Correction**

Accept (█ - 05/19/2025)

The administrator is responsible for ensuring that dented cans are not being used in the home. On 4-17-25 the 2 dented cans were pulled from the stock shelves and set aside bringing the home in compliance. The cans were sent back to the vendor on 4-18-25 during our food delivery. The administrator will check cans every Friday after the food order is put away to make sure there were no dented cans. Removing dented cans ensures that food is safe for consumption.

Licensee's Proposed Overall Completion Date: 05/14/2025

Implemented (█ - 05/22/2025)

141a - Medical Evaluation

**7. Requirements**

- 2600.
- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**Description of Violation**

Resident 1 was admitted to the home on █ and has not had a medical evaluation completed.

## 141a - Medical Evaluation (continued)

Repeat Violation: 4/25/2024

**Plan of Correction**

Accept (█ - 05/20/2025)

The administrator is responsible for ensuring that all medical evaluations are completed within 60 days prior to admission or within 30 days after admission. Resident #1 DME was completed on 5-1-25. The administrator will require a medical evaluation before a resident is admitted to the home. The administrator will apply two months in advance for existing residents to ensure appointments are available and DME's can be completed in time. The administrator reviewed all DME's to ensure they will be completed on time.

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented (█ - 05/22/2025)

## 141b1 - Annual Medical Evaluation

**8. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

Resident 2's most recent medical evaluation was completed on █ The resident's previous medical evaluation was completed on █

Resident 3's most recent medical evaluation was completed on █ The resident's previous medical evaluation was completed on █

Resident 4's most recent medical evaluation was completed on █ The resident's previous medical evaluation was not available.

**Plan of Correction**

Accept (█ - 05/19/2025)

The administrator is responsible for ensuring that all residents have medical evaluations done in a timely manner. Resident #2 was completed on 4-22-25, Resident #4 was completed on 4-23-25 and Resident #3 will be completed on 5-19-25. The administrator will make a sheet listing all residents and their due dates for their DME. Two months prior to their DME due date █ will set up an appointment to get their form completed. The list will remain on the wall by the administrator's desk so that it can be checked weekly. Having a current medical evaluation enables an accurate assessment and support plans and ensures that the residents' medical needs will be met.

Licensee's Proposed Overall Completion Date: 05/14/2025

Implemented (█ - 05/22/2025)

## 162c - Menus Posted

**9. Requirements**

2600.

**162c - Menu Posted (continued)**

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

At 11:15 a.m., the home's menu was not posted for the following week of 4/21/2025 through 4/27/2025 as required.

Repeat Violation: 04/30/2024

**Plan of Correction**

Accept (█ - 05/20/2025)

The administrator is responsible for ensuring that a current menu and a menu for the following week is always posted and accurate. A current 3-week rotational menu was posted on 4-18-25. The administrator posted the menus thru August 2025. The menus will be changed as needed and in advance. The cook will be responsible for placing a current menu every Monday. The administrator reviewed regulation 162 with the cook and had █ sign off on understanding on the material. Having a current menu plus one that is one week in advance allows the residents to plan their meal in advance.

Licensee's Proposed Overall Completion Date: 05/20/2025

Implemented (█ - 05/22/2025)

**181c - Self-administration Assessment****10. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**Description of Violation**

Resident 2 self-administers medication to include Trulicity; Resident 2's most current medical evaluation dated █ notes the resident cannot self-administer medications.

Repeat Violation: 04/30/2024

**Plan of Correction**

Accept (█ - 05/19/2025)

The administrator is responsible for ensuring that a DME and assessment both state that a resident can self-administer medications. Resident #2 received an updated DME stating that █ can self-administer medications and the administrator redid an assessment on 4-22-25 brining this citation into compliance. The administrator will check DME's and assessments monthly to ensure they are correct. █ will note this on █ calendar as a reminder to check this monthly. This will ensure the safety of residents who wish to self-administer their medications.

Licensee's Proposed Overall Completion Date: 05/15/2025

Implemented (█ - 05/23/2025)

**225c - Additional Assessment****11. Requirements**

225c - Additional Assessment (*continued*)

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

*Resident 4 has an order for Moujaro injection, 10MG weekly. Resident is able to self-administer medication after staff prepare the medications and hands them to the resident. The resident's support plan dated [REDACTED] does not indicate that the resident is able to self-administer this medication with assistance from staff.*

*The most current assessment for Resident 4 (DOA [REDACTED] was completed [REDACTED].*

**Plan of Correction****Accept ( [REDACTED] - 05/19/2025)**

*The administrator is responsible for ensuring that all assessments are current and that changes are made when condition of a resident significantly changes. Resident #4 had a new DME done on 4-23-25, a new assessment was completed showing the change of self-administration of the resident's medication on 4-24-25. The administrator will check monthly to ensure that assessments are up to date and current. The list and calendar will be kept on the wall by the administrator's desk so that [REDACTED] is reminded to check both monthly.*

**Licensee's Proposed Overall Completion Date: 05/15/2025**

**Implemented ( [REDACTED] - 05/22/2025)**