

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

July 22, 2025

[REDACTED]  
INSINGER'S PERSONAL CARE HOME INC  
[REDACTED]

RE: INSINGER'S BOARDING HOME  
673 CAMPBELL STREET  
WILLIAMSPORT, PA, 17701  
LICENSE/COC#: 20210

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/08/2025 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 BOARDING HOME* License #: *20210* License Expiration: *10/02/2025*  
 Address: *673 CAMPBELL STREET, WILLIAMSPORT, PA 17701*  
 County: *LYCOMING* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *INSINGER'S PERSONAL CARE HOME INC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/05/1985* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *07/08/2025*

**Inspection Dates and Department Representative**

*07/08/2025 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *20* Residents Served: *11*

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

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *4*  
 Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

*07/08/2025 Partial*  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND