

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

November 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 10/01/2025 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: *10/18/2025*
 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: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *33* Waking Staff: *25*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident, Interim* Exit Conference Date: *10/01/2025*

Inspection Dates and Department Representative

10/01/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *38* Residents Served: *33*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *25* Are 60 Years of Age or Older: *23*
 Diagnosed with Mental Illness: *26* Diagnosed with Intellectual Disability: *4*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

10/01/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/11/2025*

11/03/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/04/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/07/2025*

Inspections / Reviews *(continued)*

11/04/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/04/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

11/04/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/04/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

183e - Storing Medications

1. 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 [REDACTED] were opened for use on [REDACTED]. According to the manufacturer's instructions the eye drops are to be discarded 6 weeks after opening. On [REDACTED] at 11:15 a.m. resident [REDACTED] were still in the medication cart.

Resident [REDACTED]'s [REDACTED] was not labeled with the date the pen was opened for use. According to the manufacturer's instructions [REDACTED] pens are to be discarded 28 days after opening for use.

Plan of Correction

Accept [REDACTED] - 11/03/2025)

The manager will audit the med carts weekly to ensure that the meds are properly getting thrown and reordered as needed. Audit sheets were made of insulins, eye drops, inhalers, creams etc... The manager will also audit the med carts weekly to make sure the date open stickers and resident names are attached to the proper meds and insulin. The administrator will then check on Mondays that the audit is being done by the manager. Audit sheets for medications and med carts are attached.

Licensee's Proposed Overall Completion Date: 10/28/2025

Implemented [REDACTED] - 11/04/2025)

185a - Implement Storage Procedures

2. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

At approximately 9:40 a.m. 5 oxygen tanks were observed being stored directly on the floor in resident room [REDACTED] on the second floor.

Resident [REDACTED] has an order for blood glucose checks twice daily with insulin administered on a sliding scale basis. The glucometer for resident [REDACTED] did not have blood glucose readings stored in it for any dates prior to [REDACTED].

Resident [REDACTED] has an order for blood glucose checks four times daily. On [REDACTED] at 7:00 a.m. there was a blood glucose reading of [REDACTED] found in the resident's glucometer that was incorrectly recorded as [REDACTED] on the resident's medication administration record (MAR).

Plan of Correction

Accept [REDACTED] - 11/04/2025)

Rm [REDACTED] Oxygen: The administrator called the O2 company and had all O2 tanks removed from the facility on 10/7/25. The O2 company said that the resident does not need the metal tanks because the resident is on a portable rechargeable concentrator. In the future if the need arises the administrator will ask for a crate for the metal O2 tanks. Resident [REDACTED] does not have a glucometer. Resident [REDACTED]: The administrator contacted the MTM clinic and requested a new glucometer which has been shipped in the mail. The G7 does not store more than 15 readings in

185a Implement Storage Procedures (continued)

it, which the administrator has now been made aware of. In the future the administrator will discourage the residents from getting a G7 or equivalent BG machine. The manager will audit the BG machines weekly to ensure that the readings are being recorded on the BG machines. The administrator will check on Mondays to make sure that the manager is doing the weekly audits. Resident [REDACTED]: The administrator had a training with the staff on the importance of monitoring Blood Glucose on 10/24/25 The training sheet and material is in the attachment. The manager will complete a weekly audit to make sure that the BG is being completed and recorded properly in the MAR. The administrator will then check Mondays to make sure that the manager is completing her weekly audits. Please see attachment for audit sheets for all the above

Licensee's Proposed Overall Completion Date: 11/04/2025

Implemented [REDACTED] - 11/04/2025)

187a - Medication Record

3. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation

Resident [REDACTED] has an order for blood glucose checks twice daily with insulin administered on a sliding scale basis. The home did not record the number of insulin units administered for the sliding scale for any dates or times from [REDACTED] to [REDACTED] on the resident's MAR.

Plan of Correction

Accept [REDACTED] - 11/04/2025)

shResident [REDACTED]: The MAR program has a box that said "amount" that the staff was putting the units in. The staff all assumed that the MAR program was recording the units that the staff was typing in. However when the administrator went to print the MAR out for the BG records it would not show up. The administrator now know that there is a glitch in the MAR program itself after consulting the pharmacy. Going forward the administrator now will check the make sure that the "unit" box is checked on all new Insulin orders with sliding scale. Training was done on 10/24/25 with the staff. See attachment for corrected orders and MARs and staff training sheets.

Licensee's Proposed Overall Completion Date: 11/04/2025

Implemented [REDACTED] - 11/04/2025)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident [REDACTED] has an order for blood glucose checks twice daily with insulin administered on a sliding scale basis. There was no blood glucose reading found in the resident's glucometer for [REDACTED] at 7:00 a.m.

Resident [REDACTED] has an order for blood glucose checks four times daily. On the following dates and times there were no blood glucose readings found in the resident's glucometer: [REDACTED] at 10:00 a.m. and 12 noon, [REDACTED] at 4:00 p.m. and 8:00 p.m.

Repeated violation [REDACTED]

187d - Follow Prescriber's Orders (continued)**Plan of Correction****Accept** [REDACTED] - 11/04/2025)

The manager will audit the BG machines weekly to ensure that the readings are being recorded on the BG machines. The administrator will check on Mondays to make sure that the manager is doing the weekly audits. The administrator had a training with the staff on the importance of monitoring Blood Glucose on 10/24/25. The training sheet and material is in the attachment. The manager will complete a weekly audit to make sure that the BG is being completed and recorded properly in the MAR. The administrator will then check Mondays to make sure that the manager is completing her weekly audits. Please see attachment for audit sheets for all the above

Licensee's Proposed Overall Completion Date: 11/04/2025**Implemented** [REDACTED] - 11/04/2025)