

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

December 17, 2025

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

RE: INSINGER'S PERSONAL CARE
HOMES NORTH
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 review on 10/15/2025 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 HOMES NORTH* 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: *5* Total Daily Staff: *15* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/15/2025*

Inspection Dates and Department Representative

10/15/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *20* Residents Served: *10*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *5*
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *10*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/15/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/14/2025*

11/12/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/19/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/19/2025*

Inspections / Reviews *(continued)*

11/19/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/19/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/30/2025

12/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/19/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

At 9:12 a.m., the basement's carbon monoxide detector's batteries were last changed on [REDACTED]. The Care Facility Carbon Monoxide Alarms Standard Act requires that the batteries be changed annually.

Plan of Correction

Accept ([REDACTED] - 11/12/2025)

The administrator is the person responsible for ensuring that all facility carbon monoxide detectors are checked annually and batteries replaced. The administrator had all new 10-year carbon monoxide detectors put in by our contractor on 10-17-2025. The administrator will still check the carbon monoxide detectors yearly to make sure they are in working condition. Because the new detectors have a 10-year lithium battery, this will rectify the carbon monoxide batteries needing to be changed yearly.

The new carbon monoxide detectors will ensure compliance with all applicable health, safety and wellness requirements.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented ([REDACTED] - 12/10/2025)

51 Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff member B was hired [REDACTED] but their criminal background check was not initiated until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 11/19/2025)

The administrator is responsible for ensuring that criminal background checks on staff are completed before they start to work. The administrator checked all staff files on 10-17-25 to make sure a criminal background check were completed. The administrator has a checklist that will be followed showing everything that needs to be done before a new hire can work in the home. Going forward, the administrator will check staff files the last Thursday of every month to ensure they are completed. By having a current criminal background check will ensure that no one is working there with a prohibitive offense.

Licensee's Proposed Overall Completion Date: 11/13/2025

Implemented ([REDACTED] - 12/10/2025)

65g Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.

65g - Annual Training Content (continued)

3. Resident rights.

Description of Violation

Staff person A did not receive training in emergency procedures and resident's rights during training year 2024.

Plan of Correction

Accept [redacted] - 11/12/2025)

The administrator is responsible for ensuring that all staff are compliant with training. The administrator had staff person A complete training in Resident Rights and Emergency Preparedness on 10-16-25. The administrator will make sure that everyone is present at trainings, so no one is overlooked. The administrator will also mark [redacted] to do calendar to check staff files the last Thursday of every month. By having all staff complete mandated training will ensure that all staff are properly trained and residents receive quality care.

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented [redacted] - 12/10/2025)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 11:00 a.m., the ceiling fan located in the kitchen was covered in a thick layer of black dirt and grime.

Plan of Correction

Accept [redacted] - 11/12/2025)

The administrator is responsible for ensuring that sanitary conditions are maintained throughout the home. The administrator had a new fan put in the kitchen on 10-20-25 by a contractor. The staff will include cleaning the fan in their weekly cleaning routine. The administrator will check the fan every Tuesday when [redacted] does [redacted] walk through of the home. The administrator will mark on [redacted] to-do calendar to check the fan every Tuesday. By keeping the fan clean, it will greatly minimize the risk of illness and provide dignified living conditions for residents.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented [redacted] - 12/10/2025)

96a - First Aid Kit

5. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

At approximately 1:05 p.m., the first aid kit in the kitchen did not include a breathing shield or eye coverings.

Plan of Correction

Accept [redacted] - 11/12/2025)

The administrator is responsible for ensuring that the homes first aid kit includes everything in an easily accessible location. The administrator put the eye coverings and breathing shield with the first aid kit on 10-17-25. All staff is aware of the existing location. The administrator will check the kit monthly to make sure everything is in place. By having a required accessible kit will ensure that everything is provided in case of an emergency.

96a - First Aid Kit (continued)

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented () - 12/10/2025)

101o - Walls, Floors, Ceilings

6. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

At approximately 1:20 p.m., a hole approximately two to three inches in diameter was observed in the ceiling of resident room ().

Plan of Correction

Accept () - 11/12/2025)

The administrator is responsible for ensuring that bedrooms have walls, floors and ceiling that are finished, clean and good repair. The administrator had the hole in the ceiling patched, repaired and painted in room () on 10-23-25 by a contractor. The administrator will check the condition of all rooms every Tuesday during () walk through of the building. The administrator will denote on () to-do calendar the task at hand as a reminder. By keeping all walls, ceilings and floors in good condition will help to maintain sanitary conditions.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented () - 12/10/2025)

102i - Soap Dispenser

7. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

At approximately 9:20 a.m., there was no hand soap in the shared bathroom, located on the 2nd floor, first bathroom on the right.

Repeat Violation: ()

Plan of Correction

Accept () - 11/19/2025)

The administrator is responsible for ensuring that all bathroom hand soap containers are filled every night on third shift. The soap dispenser was filled on 10-16-25. The administrator told the 11-7 shift of their daily responsibility regarding bathrooms. The administrator will make unannounced checks to make sure the job is being completed. By always having hand soap in the bathrooms will help ensure that personal hygiene is being maintained.

Proposed Overall Completion Date: 11/13/2025

Licensee's Proposed Overall Completion Date: 11/13/2025

Implemented () - 12/10/2025)

102j - Towels/Wash Cloths Access

8. Requirements

102j - Towels/Wash Cloths Access (continued)

2600.

102.j. Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

Description of Violation

At approximately 9:21 a.m., there were two unlabeled, used toothbrushes in the medicine cabinet in the second-floor shared bathroom near the front stairwell.

Plan of Correction

Accept ([redacted] - 11/19/2025)

The administrator is responsible for ensuring that personal items such as toothbrush, towels, deodorant soap, washcloths etc. are not left in the bathroom after each use. The administrator threw the toothbrush on 10-16-25 correcting the citation. The administrator made an announcement at lunch to all residents about leaving personal items in the bathroom. The staff and administrator will randomly check bathrooms to make sure we stay in compliance. By ensuring that personal items are not left in the bathroom will help prevent the spread of disease.

Licensee's Proposed Overall Completion Date: 11/13/2025

Implemented ([redacted] 12/17/2025)

130g - Smoke Detector Repair

9. Requirements

2600.

130.g. If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

Description of Violation

At 9:24 a.m., the smoke detector located in the entryway was inoperable due to the battery being removed. Staff indicated that the battery was removed more than 48 hours ago.

Plan of Correction

Directed ([redacted] 11/19/2025)

The administrator is responsible for ensuring that all smoke detectors are in good operable condition. The administrator had a contractor install a 10-year smoke detector on 10-15-25. The contractor returned on 10-16-25 and replaced all smoke detectors with 10-year lithium battery smoke detectors throughout the entire building. All smoke detectors are good for 10 years. The administrator will check monthly to make sure the detectors are working. All smoke detectors are new, hard wired and have a backup 10-year battery. By ensuring that all smoke detectors are in operable condition will help protects resident and staff in case of a real fire.

Proposed Overall Completion Date: 11/13/2025

Directed: In addition to the above plan of correction, monthly smoke detector tests will be documented with the date, time, smoke detector checked, person completing the check, and any issues identified.

Directed Completion Date: 11/30/2025

Implemented ([redacted] - 12/10/2025)

130h - Inoperable Smoke Detector

10. Requirements

2600.

130h - Inoperable Smoke Detector (continued)

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The smoke detector located in the entryway had no battery and was inoperable. The home failed to implement procedures for an inoperable smoke detector.

Plan of Correction

Directed (████) - 11/19/2025)

The administrator is responsible for ensuring that all smoke detectors are operable and in good condition. The administrator had a contractor come in 10-15-25 and install a new 10-year smoke detector in the building by the front door. On 10-16-25 the administrator had all new 10-year smoke detectors installed throughout the building by a contractor. The smoke detectors come with a lithium battery and are good for 10 years. All smoke detectors are hard wired and are backed up by the battery. By having better smoke detectors installed, the need to change the battery every year will not be necessary. The administrator will check them monthly to ensure they work but will not replace the battery. All new smoke detectors have a date on the front of them indicating when the detector will need to be replaced. By having updated smoke detectors will ensure that residents are protected from injury or death in case of a fire.

Proposed Overall Completion Date: 11/13/2025

Directed: In addition to the above plan of correction, monthly smoke detector tests will be documented with the date, time, smoke detector checked, person completing the check, and any issues identified. If any smoke detector is found not to be working as designed, the home will immediately implement their inoperable smoke detector policy until fixed.

Directed Completion Date: 11/30/2025

Implemented (████) - 12/10/2025)

144c1 - Smoking Area Guidelines

11. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

Description of Violation

The home's designated smoking area is located on the front porch. At 9:00 a.m., on the back porch entryway there was a container with cigarette butts and an extinguished cigarette butt on the porch cement slab.

Plan of Correction

Accept (████) 11/19/2025)

The administrator is responsible for ensuring that all residents and staff smoke in the designated smoking area. The administrator made an announcement to residents and staff on 10-20-25 about the designated smoking area and that the back porch was off limits. Everything was removed from the back porch. The administrator removed the chair and cleaned up the cigarette butts on 10-17-25. The staff person who smoked out back had (████) employment terminated and is no longer employed at our personal care home, after total disregard to my announcement. The administrator will walk the grounds, weather permitting, every Thursday to make sure everyone is smoking in the designated area. Only smoking in the designated area will help prevent fires and keep residents safe.

Licensee's Proposed Overall Completion Date: 11/13/2025

Implemented (████) - 12/10/2025)

181c - Self-administration Assessment

12. 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

At approximately 10:49 a.m., staff stated that resident [REDACTED] administers their [REDACTED] with staff supervision. The resident is not assessed to self-administer this medication.

Plan of Correction

Accepted [REDACTED] 11/19/2025)

The administrator is responsible for ensuring that only residents assessed to administer medication with assistance do so. The doctor for resident [REDACTED] was contacted on 10-16-25 and [REDACTED] has an appointment at River Valley Health to show that [REDACTED] can administer [REDACTED] own [REDACTED] with assistance. [REDACTED] proved that [REDACTED] could administer [REDACTED] own [REDACTED]. The administrator is waiting for the documentation from the doctor. The administrator will check all DME's monthly to make sure the staff is following all directions of the doctor. By checking the DME's concerning medication administration will ensure that only residents who are able to do their own medications can do so safely.

Licensee's Proposed Overall Completion Date: 11/18/2025

Implemented [REDACTED] - 12/10/2025)

221c - Post Activity Calendar

13. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home's weekly activities calendar for the current week was not posted in the home.

Plan of Correction

Accepted [REDACTED] - 11/12/2025)

The administrator is responsible for ensuring that there is a current monthly activity calendar posted at all times in the home. The administrator posted a new activity calendar for the home on 10-16-25. The calendar will be changed monthly by the administrator to ensure that it is always current. The administrator has [REDACTED] to-do calendar marked at the end of each month as a reminder to change the month. By changing the activity calendar to different and diverse activities will encourage more participation, especially in the winter months.

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented [REDACTED] 12/10/2025)

252 - Record Content

14. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident [REDACTED] record does not include race, color of hair, color of eyes, religious affiliation, if any, or identifying marks.

252 Record Content (continued)

Repeat Violation: [REDACTED] et al.

Plan of Correction**Accept ([REDACTED] 11/12/2025)**

The administrator is responsible for ensuring that there is a face page containing race, color of hair color of eyes, religious affiliation, if any, and identifying marks. On 10 20 25 the administrator corrected Resident [REDACTED]'s file. The administrator also reviewed all of the remaining files to ensure that that they were completed with a face page. The administrator will review the files the first Tuesday of every month to ensure that this violation will not be repeated. Having a face page (completed record) will ensure that important resident information is contained in the file to give the best possible picture of the resident, so all the needs and services can be met for resident.

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented ([REDACTED] - 12/17/2025)