

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

May 14, 2026

[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 01/27/2026 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: *03/01/2026*
 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: *21* Waking Staff: *16*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *01/27/2026*

Inspection Dates and Department Representative

01/27/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *29* Residents Served: *21*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *20* Are 60 Years of Age or Older: *10*
 Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/27/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/22/2026*

02/23/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/11/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/02/2026*

Inspections / Reviews *(continued)*

03/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/10/2026

05/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. 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 Person A was hired on [REDACTED] Their background check was not completed until [REDACTED]

Plan of Correction

Accept ([REDACTED] - 03/03/2026)

The administrator is responsible for ensuring that criminal background checks on staff are completed before they start to work in any manner. The administrator is responsible for fixing the problem and monitoring compliance. All staff files were checked on 1-30-26 to make sure criminal background checks were current. Going forward, the administrator will conduct a criminal background check before the staff person steps foot in the home for training. The administrator will also check the staff files the first Monday of every month to eliminate the violation from happening again. By having a current criminal background check will ensure that no person is working at the home with a prohibited offense.

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented ([REDACTED] - 03/18/2026)

54a - Direct Care Staff

2. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept ([REDACTED] - 03/03/2026)

The administrator is responsible for ensuring that all new employees have their high school diploma, GED or nurses aid certificate before they can start working. The administrator received Staff A's GED on 2-10-26. The administrator will not work any new staff until [REDACTED] receives all necessary paperwork. The administrator reviewed all staff files to make sure mandated paperwork was in place on 1-30-26. The administrator has a staff training checklist that will be completed before any new hire is able to start working.

Staff person A no longer works for this home. Having the necessary paperwork on education ensures that direct care staff persons are adequately educated to perform all required tasks to do the job.

Licensee's Proposed Overall Completion Date: 03/01/2026

Implemented ([REDACTED] - 03/31/2026)

63a - First Aid/CPR Training

3. Requirements

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

63a - First Aid/CPR Training (continued)

Description of Violation

Staff Person B was the only staff present in the home from 3:00p.m. to 11:00p.m on 1/20/26 through 1/24/26 and the home had a census of 21 residents. Staff Person B's CPR certification expired on [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/03/2026

The administrator is responsible for ensuring that all staff persons have a current CPR card when working alone. The administrator had resident B take [REDACTED] class on 1-28-26. The administrator also checked all staff CPR cards to make sure they were current. on 1-28-26. The administrator made a note on [REDACTED] calendar as to when the next CPR/FA class should take place for renewal. The administrator will schedule a month early so CPR/FA cards are always current. This will ensure that all staff are properly trained in case there is an emergency.

Licensee's Proposed Overall Completion Date: 02/24/2026

Implemented [REDACTED] - 05/14/2026

65d - Initial Direct Care Training

4. 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

Direct Care Staff Person A, hired on [REDACTED] began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Repeat Violation: 4/17/25.

Plan of Correction

Accept [REDACTED] - 03/03/2026

The administrator is responsible for ensuring that all staff complete the Direct Care Staff Training Course and Test before they start to work at the home. The administrator received Staff A's certificate on 2-8-26. Staff A no longer works at the home. The administrator reviewed all staff files to make sure that all had DCST certification on 1-30-26. The administrator will monitor the staff files every first Monday of the month to ensure that the violation is not repeated. Having the Direct Care Staff Training and Test ensures that everyone is qualified to assist with ADLs.

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented [REDACTED] - 03/31/2026

65g - Annual Training Content

5. 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:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff Person B did not receive training in fire safety training by a fire safety expert during training year 2025.

65g Annual Training Content (continued)

Plan of Correction

Accept (█) - 03/03/2026)

The administrator is responsible for ensuring that all staff are trained in fire safety yearly. The administrator had a fire class, drill and building inspection with the Williamsport Fire Company on 2 3 26. All staff attended the class and have been trained in fire safety for the year. The administrator will check the fire safety training monthly to make sure all staff are currently trained. The administrator will mark a month early on █ calendar when next year's fire drill is due, so time does not lapse when staff does not have fire training. This will ensure that all staff are trained in fire safety in case there is an emergency.

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented (█) - 03/31/2026)

82a - Poisonous Materials

6. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At 9:10a.m., a bottle of clear liquid, without a manufactures label, was in the unlocked laundry room. Staff Person C stated the liquid was a laundry sanitizer.

Plan of Correction

Accept (█) - 02/23/2026)

The administrator is responsible for ensuring that poisonous materials are stored in their original container. The administrator will check the laundry room every week to make sure that unmarked liquids are not in the laundry room. A sign was put up reminding the staff that all poisonous materials must be kept in their original bottle. A staff meeting reviewing all state write ups will take place Tuesday February 24th at 10:00am to ensure that every staff member is aware of the regulation and what needs to change at the home.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented (█) - 03/31/2026)

85a - Sanitary Conditions

7. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:36a.m., the 1st floor bathroom had a strong urine odor. At 1:01p.m., there were plastic medication cups that were empty observed on top of the medication cart. Staff Person C indicated that those are re usable cups that are used during each medication pass. The cups were dirty and had crusty substances on the side of them.

Plan of Correction

Accept (█) - 03/03/2026)

The administrator is responsible for ensuring that all bathrooms are cleaned on every shift daily. The administrator posted a note for the staff reminding them that bathrooms need to be cleaned on every shift plus as needed on 1 28 26. The administrator will check bathrooms multiple times throughout the week. Staff will clean medication cups after every use and Staff person B has been assigned to change the med cups the first of every month plus replace as needed. The administrator will also randomly check med cups weekly when █ is ordering the meds for the week. Keeping the medication cups clean greatly reduces the risk of disease or infection and provides dignified living

85a - Sanitary Conditions (continued)

conditions for resident.

Licensee's Proposed Overall Completion Date: 03/01/2026

Implemented () - 03/31/2026

85d - Trash Receptacles

8. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 9:27a.m., there was a full, uncovered, unattended trash can in the 1st floor shared bathroom. At 1:30p.m., there was a full, uncovered, unattended trash can in the kitchen.

Plan of Correction

Accept () - 02/23/2026

The administrator is responsible for ensuring that all trash cans have lids. The administrator replaced trash cans without lids with trash cans that have attached lids on 2-4-26. Attached lids will prevent staff and residents from throwing or misplacing lids. The administrator will have staff check bedrooms and bathrooms every Wednesday when they are cleaning to make sure all trash cans have lids. The administrator will check randomly every week to make sure cans have lids. Covered trash containers will prevent disease and prevent rodents and insect infestation.

Licensee's Proposed Overall Completion Date: 02/15/2026

Implemented () - 05/14/2026

102i - Soap Dispenser

9. 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 9:22 a.m., a used, unlabeled bar of soap was observed in the shower of the shared bathroom located in the new addition 2nd floor hallway.

Plan of Correction

Accept () - 02/23/2026

The administrator is responsible for ensuring that soap is not left in the bathroom. The administrator put body wash in all the bathrooms on 1-29-26 so that bar soap does not need to be used. The administrator also announced to the resident that body wash is now available in all bathrooms for them to use instead of bar soap. The staff will check the bathrooms for left items on every shift when they are cleaning the bathrooms. The administrator will randomly check the bathrooms weekly for left items. By replacing soap with liquid body wash will ensure that personal hygiene is maintained.

Licensee's Proposed Overall Completion Date: 02/15/2026

Implemented () - 03/31/2026

102j - Towels/Wash Cloths Access

10. 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 9:19 a.m., there were two used toothbrushes in the medicine cabinet in a shared bathroom located in the new addition hallway on the second floor.

Plan of Correction

Accept (█) - 03/03/2026)

The administrator is responsible for ensuring that residents maintain their own possessions of towels, washcloths toothbrushes, soap etc. The administrator labeled everyone's toothbrush with black marker on 1-28-26. The administrator also provided toothbrush holders and soap dishes and labeled both with the resident's name. The administrator also spoke to the residents on the benefits of not sharing personal items with other residents on 2-23-26 and how sharing items can cause sickness and disease. Labeling their toothbrushes will prevent residents from sharing personal items. If a toothbrush is left in the bathroom other residents will know not to use it because of the label denoting the residents' name. Having residents use their own personal items and not sharing will prevent the spread of disease.

Licensee's Proposed Overall Completion Date: 02/24/2026

Implemented (█) - 03/31/2026)

103e - Left Overs**11. 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.

Description of Violation

At approximately 9:30 a.m., in the dining room, three plastic storage containers containing cereal were not labeled or dated.

Repeat Violation: 4/17/25.

Plan of Correction

Accept (█) - 02/23/2026)

The administrator is responsible for ensuring that all food is dated and labeled correctly. The 3 cereal containers were labeled and dated at the time of inspection 1-27-26. The 3-11 staff will check daily to make sure all foods are dated and labeled. The administrator put on the communication board for all staff to make sure everything is labeled and dated. The administrator will check food are random weekly to make sure everything is labeled and dated. Having everything dated and labeled ensures the identity of the food items and the length of time it has been in storage preventing cross contamination and expired food from being used.

Licensee's Proposed Overall Completion Date: 02/15/2026

Implemented (█) - 05/14/2026)

132b - Safety Inspection/Fire Drill**12. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

132b - Safety Inspection/Fire Drill (continued)

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 5/2/24.

Plan of Correction

Accept () - 02/23/2026

The administrator is responsible for ensuring that there are annual fire drill and inspections with the fire company. The administrator had the Williamsport Fire Company in on 2-3-26 for fire class with staff, inspection of the building and a fire drill with residents. The administrator marked on calendar a month early when the next fire drill, training and inspection needed to be done. Having a yearly fire drill, training and building inspection will help identify unsafe conditions and prevent fires from occurring.

Licensee's Proposed Overall Completion Date: 02/15/2026

Implemented () - 03/31/2026

162e - Menu Changes

13. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 1/27/2026, at approximately 1:15 p.m., the scheduled lunch menu listed fish and macaroni and cheese, however staff indicated that broccoli stew was served. The change to the lunch meal was not posted in the home in advance of the meal.

Plan of Correction

Accept () - 02/23/2026

The administrator is responsible for ensuring that a menu is accurate and placed in a conspicuous place. The administrator will check the menu weekly to ensure that it is accurate and being followed by the cook. The administrator also spoke with the staff cook to remind that any changes on the menu must be posted for that day, so the residents are aware of what is being served that day. Following the menu will help resident decide if they need an alternate meal on that day and to notify the staff in advance.

Licensee's Proposed Overall Completion Date: 02/15/2026

Implemented () - 03/31/2026

183a - Original Containers and Injections

14. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

At 1:01p.m., Omeprazole for resident #1 was in a plastic cup, labeled with the resident's first name and located in the top drawer of the medication cart. This medication was scheduled for administration at 12:00p.m. The resident was not present in the home at the time of discovery.

Plan of Correction

Accept () - 03/03/2026

The administrator is responsible for ensuring that staff give out medications properly and do not pre pour

183a Original Containers and Injections (continued)

medications. The administrator is responsible for fixing the problem and monitoring compliance. The administrator reviewed with Staff C the medication regulations on 1 28 26 and told [redacted] that [redacted] cannot pre pour medications for any reason. The administrator wrote on the communication board on 1 28 26 for all staff that pre pouring medications is a violation and cannot be done. The administrator will check the medication cart weekly to ensure that the home stays in compliance and that this error will not happen again. The administrator also sent in an incident report for a medication error on 2 12 26. The administrator will randomly check the medication cart weekly to ensure that meds are not being pre poured. Not pre pouring medications reduces the possibility of misplacing the medication or administering the wrong medication.

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented ([redacted] - 05/14/2026)

183e - Storing Medications

15. 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

At 1:10p.m., 1 pink pill, 1 1/2 white pill, 2 white pills, 1 yellow pill, 1 orange pill, and 5 single packets of olanzapine were in the med cart laying in the drawer.

Plan of Correction

Accept ([redacted] - 03/03/2026)

The administrator is responsible for ensuring that the medication cart is kept in an organized manner both prescribed, OTC and CAM. The administrator went through the medication cart on 1 30 26 to check for any loose pills and to make sure everything was in order. [redacted] disposed of the loose pills. The administrator wrote on the communication board about the necessity of being careful so that all residents get their medications, The administrator will go through the med cart randomly once a week to make sure the med cart is in order and that there are no loose pills. By keeping everything in order will ensure that medications are stored in a manner that prevents loss or damage.

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented ([redacted] - 03/31/2026)

184b - Labeling OTC/CAM

16. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

At 1:15p.m., a bottle of calcium antacid (tums) was in the Medication cart and was not labeled with the resident's name. Staff Person C was unsure who it belonged to.

Plan of Correction

Accept ([redacted] - 03/03/2026)

The administrator is responsible for ensuring that any OTC house medications are marked denoting that they are house medications and are kept in the bottom drawer of the med cart. The administrator went through the medication cart to make sure all meds were marked accordingly on 1 29 26 and 2 25 26. The administrator will

184b - Labeling OTC/CAM (continued)

go through the medication cart every 2 weeks when [redacted] is ordering meds to make sure everything is labeled and marked. The administrator has instructed the staff to put any unlabeled medications on my desk or leave me a note so that the administrator can label everything [redacted] Having everything labeled and marked will make it clear for staff as to whom the OTC medication or CAM belongings.

Licensee's Proposed Overall Completion Date: 02/27/2026

Implemented ([redacted] - 03/31/2026)

187a - Medication Record

17. Requirements

2600.

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

13. Date and time of medication administration.

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed Omeprazole. This medication was in a cup in the top drawer and not administered on 1/27/25 at 12:00p.m.; however, it was signed off on resident #1's medication administration record as being administered by Staff Person D.

Plan of Correction

Accept ([redacted] - 03/03/2026)

The administrator is responsible for ensuring that a resident's MAR is followed and entry is accurate. The administrator reviewed with staff person C the administration of medications and the accuracy of assisting with medications on 1-28-26. The administrator also reviewed with staff person C the pre pouring of medications on 1-28-26. The administrator will no longer sign for medications that [redacted] has not poured. An incident report was completed and sent to the DHS on 2-13-26. The administrator will check medications randomly weekly to make sure medications are being given accurately and not being pre poured. Administering medications properly will allow all staff persons to be able to track all medications and ensure that medications are being administered as prescribed.

Licensee's Proposed Overall Completion Date: 02/24/2026

Implemented ([redacted] - 05/14/2026)

187d - Follow Prescriber's Orders

18. Requirements

2600.

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

Description of Violation

On 1/27/26 at 1:01p.m., Resident #1 had not received their Omeprazole that is prescribed to be administered at 12:00 p.m.

Plan of Correction

Accept ([redacted] - 03/03/2026)

The administrator is responsible for ensuring that all medications are given out as prescribed by the doctor. The administrator is responsible for fixing the problem and monitoring compliance. The administrator reviewed with Staff C that pre pouring a medication is a violation and why medications cannot ever be pre poured on 1-28-26. The administrator also wrote on the communication board on 1-29-26 to all staff about not pre pouring medications. Residents who are not in the building must log into the MAR and note that the resident is out of the building. The

187d - Follow Prescriber's Orders (continued)

administrator will randomly check the medication cart weekly starting 2-2-26 to ensure that medications are not being pre poured. Going forward residents will receive their medications as directed by the prescriber.

Licensee's Proposed Overall Completion Date: 03/01/2026

Implemented () - 05/14/2026)

221c - Post Activity Calendar

19. 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

Accept () - 03/03/2026)

The administrator is responsible for ensuring that an activity calendar is always present for the current month's activities. The administrator completed and hung an activity calendar on 1-28-26 in the hall by the bulletin board. The administrator will change the calendar on the first of each month. The administrator will check the calendar every Monday to make sure it is posted and appropriate. Diverse activities encourage greater participation.

Licensee's Proposed Overall Completion Date: 02/24/2026

Implemented () - 03/31/2026)

225c - Additional Assessment

20. Requirements

2600.

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

Description of Violation

Resident # 2's most current assessment was completed on [REDACTED]

Repeat Violation: 4/17/25.

Plan of Correction

Accept () - 03/03/2026)

The administrator is responsible for ensuring that resident assessment is completed annually. The administrator went through all resident assessments and made sure they were all completed for 2026 on 1-30-26. Resident 2 moved out of the home [REDACTED] days after the assessment was do and therefore was not corrected. All assessment were completed for this year. The administrator will make changes to their assessment as changes are needed on the day the change occurs. Having an updated and current assessment allows the home to create a comprehensive profile of the residents needs and serves as the basis for the plan to meet those needs.

Licensee's Proposed Overall Completion Date: 02/24/2026

Implemented () - 03/31/2026)

252 - Record Content

21. Requirements

2600.

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

252 - Record Content (continued)

2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident #3's record does not include information regarding identifying marks.

Plan of Correction

Accept (█ - 02/23/2026)

The administrator is responsible for ensuring that each resident record contains the race, height, weight, hair color, color of eyes, religious affiliation and identifying marks. On 1-28-26 the administrator completed the identifying mark section on resident #3's record. all resident records were checked at this time to ensure that all resident files were complete. The administrator will check resident files the first week of every month to make sure they are complete. Having a complete resident record give the home the best possible picture of who the resident is, what the residents history is, and what services and needs the resident may have.

Licensee's Proposed Overall Completion Date: 02/15/2026

Implemented (█ - 03/31/2026)