

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

May 15, 2026

[REDACTED]  
INSINGERS PERSONAL CARE HOMES WEST INC  
[REDACTED]

RE: INSINGERS PERSONAL CARE  
HOMES WEST  
124 EMERY STREET  
WILLIAMSPORT, PA, 17701  
LICENSE/COC#: 22745

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/31/2026 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** *INSINGERS PERSONAL CARE HOMES WEST*      **License #:** *22745*      **License Expiration:** *03/01/2027*  
**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:** *1 2*      **Date:** *01/17/2019*      **Issued By:** *Dept of L&I*

**Staffing Hours**

**Resident Support Staff:** *0*      **Total Daily Staff:** *19*      **Waking Staff:** *14*

**Inspection Information**

**Type:** *Partial*      **Notice:** *Unannounced*      **BHA Docket #:**  
**Reason:** *Interim*      **Exit Conference Date:** *03/31/2026*

**Inspection Dates and Department Representative**

*03/31/2026*    **On Site:** [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** *29*      **Residents Served:** *18*

**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:** *6*  
**Diagnosed with Mental Illness:** *18*      **Diagnosed with Intellectual Disability:** *0*  
**Have Mobility Need:** *1*      **Have Physical Disability:** *0*

**Inspections / Reviews**

**03/31/2026 - Partial**  
**Lead Inspector:** [REDACTED]      **Follow Up Type:** *POC Submission*      **Follow Up Date:** *04/26/2026*

Inspections / Reviews *(continued)*

05/11/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/18/2026

05/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 17 - Record Confidentiality

### 1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

### Description of Violation

*At 9:30 a.m. and at 10:02 a.m., a laptop with access to resident personal information was located on top of the medication cart located in the dining room. The laptop was unlocked, unattended and accessible to residents.*

### Plan of Correction

Accept [REDACTED] - 05/11/2026)

*The administrator is responsible for ensuring that all residents information is secured. The administrator reviewed with staff during a staff meeting on 4-8-26 the importance of securing resident information, namely closing out the computer after every use. The administrator had staff sign off on subjects covered during the staff meeting to show their understanding of the subjects covered, one being shutting down the computer. The administrator will check during different shifts weekly to make sure compliance is being followed. The administrator also posted a note on top of the med cart reminding staff to log off the computer after use. Logging off the computer after every use will ensure that unauthorized persons cannot access the records.*

Licensee's Proposed Overall Completion Date: 05/09/2026

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

## 63a - First Aid/CPR Training

### 2. 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.

### Description of Violation

*On [REDACTED], from the hours of 3:00 p.m. to 11:00 p.m., 20 residents were present in the home. During this time, no staff were present in the home who were certified in First Aid and CPR.*

### Plan of Correction

Accept [REDACTED] - 05/11/2026)

*The administrator is responsible for ensuring that all staff are trained in CPR/FA at all times, especially if working alone. The administrator is also responsible for ensuring that CPR/FA is trained in person by a certified instructor. All staff were trained on 4-1-26 in both CPR/FA. Training for all current staff is valid until 4-1-28. The administrator has a scheduled reminder on [REDACTED] phone for 2-1-28 to schedule new classes that day. The administrator will continue to use the American Red Cross for all future trainings in CPR/FA. New staff will be trained by an in person certified trainer before they can start work. All documentation will be kept in personal staff files. Training staff in CPR/FA will ensure that immediate response by staff is present until professional medical help arrives.*

Licensee's Proposed Overall Completion Date: 05/09/2026

Implemented [REDACTED] - 05/14/2026)

63b Current First Aid Training

3. Requirements

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

CPR training for Staff Member A was conducted online through the National CPR Foundation and does not have any hands-on component and is not certified by a hospital or recognized healthcare organization.

Plan of Correction

Accept ( [redacted] 05/11/2026)

The administrator is responsible for ensuring that all staff are trained in person by a certified trainer. On 4-1-26 all staff were trained by the American Red Cross, in person by a certified trainer. Training for all staff is valid until 4-1-28. The administrator has a scheduled reminder on 2-1-28 to schedule classes that day. All documentation will be kept in personal staff files. The administrator will continue to use the American Red Cross for all future trainings in CPR/FA. New staff will be trained by the American Red Cross before they can work. Training staff in CPR/FA will ensure that immediate response by staff is present until professional medical help arrives.

Licensee's Proposed Overall Completion Date: 05/09/2026

Implemented [redacted] 05/14/2026)

85d Trash Receptacles

4. 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 9:20 a.m., there was an uncovered, unattended trash can in the 1st floor shared bathroom near the living room area that had garbage in the trash can..

Plan of Correction

Accept ( [redacted] 05/11/2026)

The administrator is responsible for ensuring that trash cans are covered. The administrator purchased new garbage cans with attached lids on 4-9-26. The administrator will continue to purchase garbage cans with attached lids so that they cannot be removed by residents or staff. The administrator will walk around the first week of every month to check all garbage cans in the home. There will be a scheduled reminder on the administrator's phone to remind [redacted] to check all cans. The staff will check all garbage cans for lids on every Wednesday during weekly cleaning to make sure we are in compliance. Having a lid on every garbage can prevents pest infestations and ensures hygiene of the residents.

Licensee's Proposed Overall Completion Date: 05/09/2026

Implemented [redacted] - 05/14/2026)

103e Left Overs

5. Requirements

2600.

103e - Left Overs (continued)

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 9:39 a.m., in the dining room, a plastic storage container containing cereal was not labelled or dated. Repeat Violation: [REDACTED].

Plan of Correction

Accept [REDACTED] - 05/11/2026)

The administrator is responsible for ensuring that all foods are dated and labeled correctly. The administrator reviewed this violation with staff on 4-8-26 during a staff meeting. the administrator also posted a note on the cereal cupboard to date and label. The administrator will check every 2 weeks when the food order comes in to make sure everything is dated and labeled. Labeling and dating food ensure health and safety sanitation standards.

Licensee's Proposed Overall Completion Date: 05/09/2026

Implemented [REDACTED] - 05/14/2026)

183a - Original Containers and Injections

6. 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 10:02 a.m., a plastic cup, labeled with Resident [REDACTED] first name was located in the top drawer of the medication cart. Staff indicated that it contained the following: [REDACTED]

and [REDACTED] capsule and was prescribed to be administered this morning at 7:00 a.m.

Plan of Correction

Accept [REDACTED] - 05/11/2026)

The administrator is responsible for ensuring that medications are not pre poured and are always in their original pharmacy containers. The administrator had a staff meeting on 4-8-26. The administrator reviewed that all medications must be left in their original containers until it is time to pass them out. We also reviewed that medication cups will no longer be used and that medication has to be given out from the med sleeve. bottled medications must be given to the resident while they are holding the cup so that will not be sitting in the med cart. The administrator also posted a sign above the medication cart stating that meds cannot be pre poured. The administrator will check 2 times weekly right before med administration to guarantee that meds are not pulled early. The administrator scheduled a check on [REDACTED] phone as a reminder. Following the regulation ensures medication safety, prevents contamination and prevents identification errors.

Licensee's Proposed Overall Completion Date: 05/10/2026

Implemented [REDACTED] 05/14/2026)

183c - Refrigerated Meds Locked

7. Requirements

183c - Refrigerated Meds Locked (continued)

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On [redacted] at 9:42 a.m., [redacted] prescribed for Resident [redacted] was unlocked and accessible in the kitchen refrigerator.

Plan of Correction

Accept [redacted] - 05/11/2026)

The administrator is responsible for ensuring that all refrigerated meds are in a lock box in the refrigerator that is locked. The Meds were immediately locked. The administrator held a staff meeting on 4-8-26 reviewing that all refrigerated medications must be locked up in the refrigerator med box. A note was posted on the front of the refrigerator reminding staff to lock all refrigerated meds. The administrator will check weekly to make sure we stay in compliance regarding this regulation. The administrator scheduled a check on [redacted] phone as a reminder. Locking refrigerated meds prevents meds from being taken by a resident, ensures safety and accuracy.

Proposed Overall Completion Date: 05/10/2026

Licensee's Proposed Overall Completion Date: 05/10/2026

Implemented [redacted] 05/14/2026)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] and [redacted] capsule. This medication was in a cup in the top drawer and not administered on [redacted] at 7:00 a.m.; however, it was signed off on resident [redacted] medication administration record as being administered by Staff Person B at 7:00a.m..

Plan of Correction

Accept [redacted] - 05/11/2026)

The administrator is responsible for ensuring that medication is given out as prescribed by the doctor. The administrator held a staff meeting on 4-8-26 to discuss passing the medications out as directed on the MAR. The administrator also explained that the medication must be given and documented in real time as prescribed and that the DHS will verify that documentation is not prefilled or delayed. The review at the staff meeting also covered that passing a med and not documenting it at that time is a direct violation and punishable by termination from the home. The administrator now has the MAR on [redacted] work computer and can check 3-4 times weekly on different shifts to make sure we are in compliance. Keeping accurate MAR records helps prevent med errors and maintains accurate, up-to-date safe medication records.

Licensee's Proposed Overall Completion Date: 05/11/2026

187b - Date/Time of Medication Admin. (continued)

Implemented [REDACTED] 05/14/2026)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

Resident [REDACTED]'s prescribed medications for 7:00 a.m. are [REDACTED], [REDACTED] and [REDACTED] capsule. On [REDACTED] at 10:02 a.m., the medications had not been administered to the resident.

Plan of Correction

Accept [REDACTED] - 05/11/2026)

The administrator is responsible for ensuring that medications are administered as directed by the doctor. The administrator held a staff meeting on 4-8-26 and reviewed the medication procedures concerning pulling the meds, passing the meds and documenting the meds in real time. The administrator also reviewed the regulations and the staffs clear understanding of them. The administrator will check weekly to make sure the procedure is being followed and the home remains in compliance. Keeping in compliance with this regulation will help prevent medication errors and keep an accurate account on the residents MAR.

Licensee's Proposed Overall Completion Date: 05/11/2026

Implemented [REDACTED] - 05/14/2026)