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

October 15, 2026

[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 09/17/2026 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: *INSINGER'S PERSONAL CARE-SOUTH* **License #**: *20209* **License Expiration**: *11/26/2026*

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**: *Dept of L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *31* **Waking Staff**: *23*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *09/17/2026*

Inspection Dates and Department Representative

09/17/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* **Residents Served**: *31*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *13* **Are 60 Years of Age or Older**: *22*

Diagnosed with Mental Illness: *19* **Diagnosed with Intellectual Disability**: *5*

Have Mobility Need: *0* **Have Physical Disability**: *5*

Inspections / Reviews

09/17/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/12/2026*

10/13/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/15/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/20/2026*

Inspections / Reviews *(continued)*

10/15/2026 POC Submission

Submitted By: [redacted]
Date Submitted: *10/15/2026*
Reviewer: [redacted]
Follow Up Type: *Bypass Document Submission*

10/15/2026 Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *10/15/2026*
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] but their criminal background check was not initiated until [redacted]

Plan of Correction ***Accept [redacted] - 10/13/2026)***

The administrator will initiate the criminal background check prior to the employee's start date and retain documentation. Administrator made a new checklist on 10/02/26 for any new hires that shows that the PA criminal background check was initiated and completed. Please see attachment for the checklist.

Licensee's Proposed Overall Completion Date: *10/02/2026*

Implemented [redacted] 10/15/2026)

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

A prescription for [redacted] tablets, a narcotic medication belonging to resident [redacted] was delivered to the home on [redacted]. The medication was received by Staff person A but not documented in the home's medication tracking system upon receipt and was not placed in a secured medication storage location. On [redacted], Staff person B discovered that the medication was missing and was unable to account for the medication or provide documentation regarding its storage or disposition. The home did not follow policy that state at shift change narcotics count must be completed together with both the MedTech leaving and the Medtech starting. Staff interviews reveal narcotic counts are not being completed with both staff members present.

Plan of Correction ***Accept [redacted] 10/15/2026)***

Administrator called Physician on 9/11/26 and talked to them about the missing Oxycodone. A new updated Medication Policy and Procedure was done on 10/8/26 and the medication staff was also trained on 10/8/26 on the new updated medication and policy procedures. Please see attachment for the new updated medication policy and procedures. The administrator will be responsible going forward once a week to reach out to staff to make sure staff is signing off on the shift changes with two staff present. On 10/9/2026 Administrator made a weekly audit sheet to verify with staff they are signing off on the controlled substance sheet together, Please see attachment for administration weekly sign off. Furthermore the administrator involved the pharmacy to also implement a Controlled Substance Delivery Procedure that their own drivers must follow. The med staff was also asked to read and sign off of the pharmacy Controlled Substance Delivery Procedure. Please see attachments for the Policies and sign off sheets showing the staff was properly trained. The Administrator will also audit the controlled substance sheets weekly to make sure they are signed by the both staff persons at each shift change for all residents that take a controlled substance. Audit sheet for this was created by administrator on 10/14/26 and audits will be performed by the administrator weekly. The Controlled Substance Sign off Sheet audit was performed on 10/14/26 by the

185a Implement Storage Procedures (continued)

administrator. Please see attachment for the controlled substance sheet audit form.

Licensee's Proposed Overall Completion Date: *10/14/2026*

Implemented [redacted] - 10/15/2026)

187c - Refusal of Medication

3. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident # [redacted] is prescribed [redacted] tablets twice daily. On [redacted] and [redacted], the resident refused the 8:00 p.m. administration of medication. The home did not report the refusals to the resident's medical provider.

Plan of Correction ***Accept [redacted] 10/13/2026)***

The Administrator on 10/8/26 updated the medication policies and procedures to reflect what to do in case of a refusal. Med staff was trained on the updated policy and procedures and signed off on being trained on 10/8/26. Please see attachments for the new updated med policies and procedures as well as the sign off showing that the staff was trained. As part of the re education of the staff on 10/8/26 they were informed they must notify the administrator of any refusals within 24 hrs. Going forward from 10/8/26 the Administrator will be responsible for making sure the prescriber is notified of any refusals. Administrator called the Physician's office on 9/18/26 and let them know about refusals of Acetaminophen. The physician's office on 9/28/26 changed [redacted] order of acetaminophen to a PRN instead. Please see attachment for the order.

Licensee's Proposed Overall Completion Date: *10/09/2026*

Implemented [redacted] - 10/15/2026)