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

June 3, 2026

[redacted]
ALWAYS ON CARE LLC
[redacted]

RE: ALWAYS ON CARE
600 NORTH LAUREL STREET
HAZELTON, PA, 18201
LICENSE/COC#: 23006

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/01/2026 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: *ALWAYS ON CARE* **License #**: *23006* **License Expiration**: *05/21/2026*

Address: *600 NORTH LAUREL STREET, HAZELTON, PA 18201*

County: *LUZERNE* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *ALWAYS ON CARE LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *04/22/2010* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *22* **Waking Staff**: *17*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *05/01/2026*

Inspection Dates and Department Representative

05/01/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* **Residents Served**: *20*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *16* **Are 60 Years of Age or Older**: *17*

Diagnosed with Mental Illness: *20* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *2* **Have Physical Disability**: *2*

Inspections / Reviews

05/01/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/24/2026*

05/26/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/02/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/02/2026*

Inspections / Reviews *(continued)*

06/03/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/02/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], resident [redacted] had a witnessed fall in the facility elevator. The resident was confused and dizzy. Unsure of the resident's condition, an ambulance was summoned to the facility and transported the resident to the hospital. The home did not report this incident to the department.

Plan of Correction ***Accept ([redacted] - 05/26/2026)***

Responsible Person: Administrator

On 05/24/2026, the Administrator immediately reviewed the incident involving Resident [redacted]s witnessed fall in the elevator and identified the failure to recognize the event as a reportable incident under §2600.16(c). The Administrator reviewed internal reporting expectations with supervisory staff on the same date and implemented immediate corrective oversight.

Beginning 05/24/2026, the Administrator implemented a Revised Incident Reporting Procedure, requiring:

Immediate completion of an internal incident report for any resident fall involving injury, altered condition, hospitalization, emergency transport, elopement, fire event, abuse allegation, or any other potentially reportable occurrence
Immediate notification to the Administrator or Administrator Designee whenever an incident occurs that may require Department notification
Same-day review of all incidents by the Administrator to determine whether the event meets DHS reportable criteria
Submission of all qualifying reportable incidents within the required 24-hour timeframe in the manner designated by the Department
Documentation of all reportable incident determinations in the facility's Incident Reporting Log

On 05/27/2026, all direct care staff, supervisory staff, and administrative personnel will receive mandatory training on incident identification and DHS reporting requirements under §2600.16(c), including:

Identification of reportable incidents
Required Department reporting timelines
Staff responsibility for immediate internal notification
Documentation requirements for falls, hospital transfers, emergency events, resident safety concerns, and other reportable incidents

To ensure this violation does not recur, beginning 05/24/2026, the Administrator will implement a Weekly Incident Review Audit requiring review of all internal incident reports to verify that any reportable incident is identified and handled within regulatory timeframes. This enhanced monitoring period will remain in effect through 06/30/2026.

Monitoring:
The Administrator or Administrator Designee will review every incident report at the time of occurrence beginning

16c Written Incident Report (continued)

05/24/2026 through 06/30/2026 to determine reportability.
The Administrator will conduct and document weekly incident audits every Monday beginning 06/01/2026 through 06/30/2026 to ensure compliance with §2600.16(c).

Licensee's Proposed Overall Completion Date: *05/31/2026*

Implemented [redacted] - 06/03/2026)

141b1 - Annual Medical Evaluation

2. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident[redacted] medical evaluation dated [redacted], did not indicate that the resident's needs can be met safely at the Personal Care Home.

Plan of Correction ***Accepti[redacted] - 05/26/2026)***

Responsible Person: Administrator

On 05/24/2026, the Administrator immediately reviewed Resident [redacted]s annual medical evaluation dated 03/14/2026 and identified that the required physician determination indicating whether the resident's needs can be safely met in the personal care home was not documented. The Administrator will immediately contact the resident's medical provider to obtain a corrected medical evaluation containing the required determination.

Beginning 05/24/2026, the Administrator implemented a Medical Evaluation Compliance Review Procedure, requiring that every Department required medical evaluation (DME) be reviewed for completeness prior to filing in the resident's record. This review will specifically verify that all required regulatory elements are completed, including confirmation that the resident's needs can be safely met in the personal care home setting.

On 05/27/2026, administrative and supervisory staff responsible for resident record compliance will receive mandatory training on medical evaluation documentation requirements under §2600.141, including:

Required annual medical evaluation components
Physician determination regarding appropriateness for personal care home placement
Review procedures prior to acceptance and filing
Documentation correction procedures for incomplete evaluations

To ensure this violation does not recur, beginning 05/24/2026, the Administrator will conduct a full review of every current resident DME to confirm compliance with §2600.141 requirements and correct any deficiencies identified.

Monitoring:
The Administrator will review every DME received or updated beginning 05/24/2026 through 06/30/2026 to ensure compliance prior to placement in the resident chart.
The Administrator will also conduct weekly chart audits through 06/30/2026 to verify ongoing compliance with annual medical evaluation requirements.

Licensee's Proposed Overall Completion Date: *05/31/2026*

141b1 Annual Medical Evaluation *(continued)*

Implemented [redacted] - 06/03/2026)