

Department of Human Services  
Bureau of Human Service Licensing

October 18, 2021

[REDACTED], OWNER/ADMINISTRATOR

RE: ALC FAMILY CARE  
897 HOBBIE ROAD  
WAPWALLOPEN, PA, 18660  
LICENSE/CO# : 22838

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *ALC FAMILY CARE* License #: *22838* License Expiration Date: *10/25/2020*  
Address: *897 HOBBIE ROAD, WAPWALLOPEN, PA 18660*  
County: *LUZERNE* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *12/31/1981* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *08/19/2021*

**Inspection Dates and Department Representative**

08/19/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *18* Residents Served: *17*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *9*  
Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

## Inspections / Reviews

08/19/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/07/2021*

10/6/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/16/2021*

10/14/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

102k - No Common Towel

1. Requirements

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

The bathroom located in Room #1, which is shared by two residents, contained an unlabeled bath towel hanging on a towel rod.

Plan of Correction

Accept

The home understands the importance of this regulation by using individual cloth towels, air blowers, and paper towels prevent the spread of disease.

This violation was corrected at time of inspection.

The administrator and staff will monitor this by adding this monthly room/bathroom inspection. All staff will monitor towel bars to be individually identified.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit a copy of a completed Monthly Room/Bathroom Inspection Checklist to verify compliance.

Documentation should be sent in the Portal.

█, 10-6-21

Completion Date: 08/19/2021

Document Submission

Implemented

Enclosed is a copy of the monthly check list for regulation 2600.102k

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the leftmost freezer located in the home's basement.

103f - Refrigerator/Freezer Temps (*continued*)**Plan of Correction****Accept**

*The home understands the importance of this regulation that it ensures foods are being stored at a safe temperature.*

*This violation was corrected at the time of inspection.*

*The administrator and staff will monitor this by adding this to the weekly check list.*

**Directed Plan of Correction:**

*To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send in a copy of the Weekly Check list with this ITEM ADDED and showing that is has been added to the tasks being checked weekly. This will verify compliance.*

*Documentation should be sent in the Portal.*

*█, 10-6-21*

**Completion Date: 08/19/2021**

**Document Submission****Implemented**

*Enclosed is a copy of the weekly check list for regulation 2600.103f*

## 125a - Combustible Storage

**1. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

**Description of Violation**

*There was a rag located behind the home's rightmost dryer, posing a possible fire hazard.*

## 125a - Combustible Storage (continued)

**Plan of Correction****Accept**

*The home understands the importance of this regulation as combustible and flammable materials can be ignited by heat sources leading to explosion's and fires.*

*This violation was corrected at time of inspection.*

*Administrator added this to the daily check list. Administrator and all housekeeping staff will monitor this daily.*

**Directed Plan of Correction:**

*To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit a copy of a sample of a Completed Daily Check List to verify compliance.*

*Documentation should be sent in the Portal.*

*AG, 10-6-21*

**Completion Date:** 08/19/2021

**Document Submission****Implemented**

*Enclosed is a copy of our Daily Check list for regulation 2600.125a*

## 224a - Preadmission Screen Form

**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

*Resident #1's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.*

## 224a - Preadmission Screen Form (continued)

**Plan of Correction****Accept**

*The home understands the importance of this regulation to ensure that the home can safely meet a residents needs prior to their admission.*

*This violation was corrected at time of inspection.*

*Administrator and administrator designee will monitor the preadmission screenings to be sure to include a determination that the needs of the resident can be met by the services the home provides.*

**Directed Plan of Correction:**

*To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send on a copy of the corrected document to show compliance. If another resident has been admitted since the date(s) of the Renewal Inspection, the Adm will submit a copy of that document as well to verify compliance.*

*If a tool has been developed to monitor Pre-Admission Screenings at the time of Admissions in order to ensure ongoing compliance, the Adm will submit a copy of this tool as well.*

*Documentation should be sent in the Portal.*

10-6-21

**Completion Date:** 08/19/2021

**Document Submission****Implemented**

*Enclosed is a copy of the pre-admission screening for our latest admission.*