

Department of Human Services
Bureau of Human Service Licensing

June 26, 2022

[REDACTED]
ALWAYS ON CARE LLC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/08/2022, 04/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

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: *ALWAYS ON CARE* License #: *23006* License Expiration: *06/03/2022*
Address: *600 NORTH LAUREL STREET, HAZELTON, PA 18201*
County: *LUZERNE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *(908)349-0574* Email: [REDACTED]

Legal Entity

Name: *ALWAYS ON CARE LLC*
Address: *4 FAIRFIELD DRIVE, WILKES-BARRE, PA, 18702*
Phone: *5704557890* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *04/22/2010* Issued By: *City of Hazelton*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *04/08/2022*

Inspection Dates and Department Representative

02/08/2022 - On-Site: [REDACTED]
04/08/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* Residents Served: *19*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *18*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/08/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/20/2022*

05/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/31/2022*

06/22/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/24/2022*

06/26/2022 - Document Submission

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

No reportable was sent to BHSL after the unexpected death of Resident 1 on [REDACTED].

Plan of Correction

Accept

Reported death of Resident 1. The administrator will manage the adherence to this policy. Attached is the submitted incident report.

Completion Date: 05/20/2022

Document Submission

Implemented

Reported death of Resident 1. The administrator will manage the adherence to this policy. Attached is the submitted incident report.

25d - Rent Rebate

1. Requirements

2600.

25.d. A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P. S. § 4751-1—4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

Description of Violation

The home contract for Resident 2 indicates that the home will collect 100% of the rent rebate funds.

Plan of Correction

Accept

Updated home contract of Resident 2 to indicate that the home will collect 50% of the rent rebate funds. The administrator will manage the adherence to this policy. Attached is the updated home contract.

Completion Date: 02/08/2022

Update: 05/24/2022

Document Submission

Implemented

Updated home contract of Resident 2 to indicate that the home will collect 50% of the rent rebate funds. The administrator will manage the adherence to this policy. Attached is the updated home contract.

100b - Removal Snow/Obstructions

1. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

The sidewalks leading to the front door were covered with ice during the inspection completed on 2/8/2022.

Plan of Correction

Accept

The administrator has purchased tools and supplies that will aid in the adherence of keeping the sidewalk clear

100b - Removal Snow/Obstructions (continued)

storms and when ice is present. The administrator will manage the adherence to this policy.

Completion Date: 02/08/2022

Document Submission**Implemented**

The administrator has purchased tools and supplies that will aid in the adherence of keeping the sidewalk clear storms and when ice is present. The administrator will manage the adherence to this policy.

227g -Support Plan Signatures**1. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

RASP dated [REDACTED] for Resident 2 was not signed by the assessor or the resident.

Plan of Correction**Accept**

Updated RASP with signatures of assessor and resident. The administrator will manage the adherence to this policy. Attached is the updated RASP.

Completion Date: 02/08/2022

Document Submission**Implemented**

Updated RASP with signatures of assessor and resident. The administrator will manage the adherence to this policy. Attached is the updated RASP.

183b - Meds and Syringes Locked**1. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

The home's medication cart was found unlocked and unattended. Repeat violation from 9/30/2021.

Plan of Correction**Do Not Accept**

Administrator locked the medication room. The administrator will manage the adherence to this policy.

Completion Date: 02/08/2022

Update: 05/24/2022

All POC's at a minimum must include:

Who is responsible for fixing the problem and what did they do to fix it?

i.e., staff retraining, hired contractor etc...

What action that person will take, and when that action will happen - (date).

i.e., audit records, monitor weekly x's 3 months etc...

Who will monitor ongoing compliance?

5-24-2022 MM

Plan of Correction**Accept**

Administrator locked the medication room doors. The administrator will manage the adherence to this policy. The administrator is in charge of fixing the issue. Staff were trained on the adherence on this policy in the past, and reiterated in a team meeting. The administrator will monitor ongoing compliance and will check to make sure it is

183b - Meds and Syringes Locked (continued)

locked throughout all shifts. Attached is the log that will be used to monitor ongoing compliance

Completion Date: 05/31/2022

Update: 06/22/2022

Please send proof of staff training.

Document Submission**Implemented**

Administrator locked the medication room doors. The administrator will manage the adherence to this policy. The administrator is in charge of fixing the issue. Staff were trained on the adherence on this policy in the past, and reiterated in a team meeting. The administrator will monitor ongoing compliance and will check to make sure it is locked throughout all shifts. Attached is the log that will be used to monitor ongoing compliance

Attached is the training that was completed.