

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

February 1, 2024

[REDACTED], PRESIDENT  
ALC FAMILY CARE INC  
897 HOBBIE ROAD  
WAPWALLOPEN, PA, 18660

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/10/2024 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]  
Acting Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name:** ALC FAMILY CARE **License #:** 22838 **License Expiration:** 10/25/2024  
**Address:** 897 HOBBIE ROAD, WAPWALLOPEN, PA 18660  
**County:** LUZERNE **Region:** NORTHEAST

## Administrator

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

## Legal Entity

**Name:** ALC FAMILY CARE INC  
**Address:** 897 HOBBIE ROAD, WAPWALLOPEN, PA, 18660  
**Phone:** [REDACTED] **Email:** [REDACTED]

## Certificate(s) of Occupancy

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

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 15 **Waking Staff:** 11

## Inspection Information

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 01/10/2024

## Inspection Dates and Department Representative

01/10/2024 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 18 **Residents Served:** 15

## Secured Dementia Care Unit

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

## Hospice

**Current Residents:** 0

## Number of Residents Who:

**Receive Supplemental Security Income:** 7 **Are 60 Years of Age or Older:** 11  
**Diagnosed with Mental Illness:** 15 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0 **Have Physical Disability:** 1

## Inspections / Reviews

01/10/2024 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/08/2024

01/26/2024 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 01/30/2024  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 02/02/2024

Inspections / Reviews *(continued)*

02/01/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/30/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 171b5 - First Aid Kit

**1. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

**Description of Violation**

*The first aid kit in the van used to transport residents does not include a breathing shield and antiseptic.*

**Plan of Correction**

Accept (█ - 01/26/2024)

*The home understands the importance of this regulation. It ensures that we have essential items for basic emergency medical care present in the vehicle in the event of an emergency.*

*Administrator/Administrator designee created a check list of the required items for the first aid kit. They will monitor it quarterly to ensure all items are in the kit.*

*A staff meeting was held on 1/12/2024 all staff were instructed to communicate with administrative team in the event that something is used in the emergency kit so that they can replace the item used.*

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented (█ - 02/01/2024)

## 182b - Prescription Medication

**2. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

**Description of Violation**

*Staff person A completed the initial MedTech training on 11/1/19. The annual re-certification does not indicate a date the re-certification was completed, the signature of the trainer, if the student passed or failed certification, or the providers name.*

**Plan of Correction**

Accept (█ - 01/26/2024)

*The home understand the importance of this regulation and that it ensures that all medications are being administered safely and in accordance with the best practices by trained professionals.*

*Administrator and Administrator designee will monitor all staffs annual re-certifications to be sure we indicate a date the re-certification was completed the signature of the trainer, if the student passed or failed the certification and the providers name.*

*This violation was corrected at the time of the inspection 1/10/2024 and a copy of the signed document was given to the inspector.*

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented (█ - 02/01/2024)