

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

December 3, 2025

[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 10/16/2025 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ALWAYS ON CARE License #: 23006 License Expiration: 08/18/2025
 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: 08/18/2022 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 22 Waking Staff: 17

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Interim Exit Conference Date: 10/16/2025

Inspection Dates and Department Representative

10/16/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 26 Residents Served: 22
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 18 Are 60 Years of Age or Older: 19
 Diagnosed with Mental Illness: 17 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 2

Inspections / Reviews

10/16/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/15/2025

11/25/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/02/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/02/2025

Inspections / Reviews *(continued)*

12/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 9:35a.m. the licensing inspection report and privacy page, dated [REDACTED], was posted near the elevator unlocked, unattended, and accessible.

Plan of Correction

Accept [REDACTED] - 11/17/2025)

The administrator will ensure that resident records remain confidential and are not publicly displayed or accessible to anyone without proper authorization, except as permitted by law. On 10/16 the home removed the privacy code page dated 7/9/24 listing resident names from public posting. After every inspection, the Administrator and Administrator Designee will review the posted violation report to ensure the Privacy Coding is not added to the documents.

The administrator or designee will review posted LIS's for confidential information at least weekly until 12/3/25.

Licensee's Proposed Overall Completion Date: 12/03/2025

Implemented [REDACTED] - 12/03/2025)

42s Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

There are no curtains or blinds for all of the shared bathroom windows which have a line of sight to neighboring homes. This does not afford privacy while in use.

Plan of Correction

Accept [REDACTED] - 11/17/2025)

On November 5, 2025, the Administrator ordered and installed temporary privacy coverings (frosted paint for window) for all shared bathroom windows to provide immediate privacy for residents using these areas.

By November 21, 2025, permanent frosted paint will be applied on all affected windows on both resident floors. Each window will be inspected by the Administrator to confirm that full privacy is afforded during bathing, dressing, changing, and medical care.

Staff were informed of the change and instructed to inform administrator if there are any areas that need privacy, to let [REDACTED] know. Maintenance staff were also directed to check the bathrooms daily until 12/3 during morning rounds

42s - Privacy (continued)

to ensure they are intact and functional.

The administrator will make sure compliance

Licensee's Proposed Overall Completion Date: 12/03/2025

Implemented [REDACTED] - 12/03/2025)

103h - Thawing Food**3. Requirements**

2600.

103.h. Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

Description of Violation

At 2:15p.m., raw chicken was being thawed in a metal bowl in the sink. It had been thawing there since 1:00p.m.

Plan of Correction

Accept [REDACTED] - 11/17/2025)

On October 16, 2025, the Administrator immediately removed the improperly thawed chicken due to noncompliance with food-safety guidelines. The Administrator provided immediate verbal re-education to the staff person on proper thawing techniques and safe food-handling procedures. The kitchen area was inspected to ensure no other food items were being thawed improperly.

All staff involved in meal preparation will be retrained on October 21, 2025, on proper thawing methods, cross-contamination prevention, and ServSafe-aligned practices. Documentation will be maintained for the Department to review upon request.

The Administrator will conduct weekly audits until 12/3/25 to ensure compliance with §2600.103(h) and will immediately correct and document any deviations.

Proposed Overall Completion Date: 12/03/2025

Licensee's Proposed Overall Completion Date: 12/03/2025

Implemented [REDACTED] - 12/03/2025)

141a 1-10 Medical Evaluation Information**4. Requirements**

2600.

141a 1 10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The resident [redacted] medical evaluation dated [redacted] indicated "see attached" for medications. A medication list was not attached to the document.

Plan of Correction

Accept [redacted] - 11/17/2025)

On October 18, 2025, the Administrator reviewed the file of the resident to obtain a complete and updated medication list, at that time, to accompany the August 8, 2025 medical evaluation. The administrator attached to the medical evaluation form and placed in Resident [redacted]’s record the same day.

The Administrator will review all current resident medical evaluations by December 3, 2025, to ensure that each form contained full medication information and no "see attached" sections are missing supporting documents.

Licensee's Proposed Overall Completion Date: 12/03/2025

Implemented ([redacted] - 12/03/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] orally every morning. *hold if lethargic, respiratory rate is less than 12, or sedated. However, resident [redacted] was administered the medication [redacted] through [redacted], without monitoring respiration rate.

Repeat Violation: [redacted] et al.

Plan of Correction

Accept [redacted] - 11/17/2025)

On October 16, 2025, the Administrator reviewed Resident # [redacted]’s medication orders and MAR entries for October 1 16. It was confirmed that respiration checks were not documented prior to administering Aripiprazole.

On the same date, the Administrator ensured that all medication certified staff were instructed to hold the medication until proper respiratory assessment was completed. Resident # [redacted]’s medication administration procedure

187d - Follow Prescriber's Orders (continued)

was updated to include a mandatory Respiration Verification Step prior to each dose.

On October 17, 2025, the Administrator observed a full morning medication pass for Resident #1 and verified that staff completed and documented the respiratory rate correctly before administering the medication.

The trainings will be documented and maintained for the Department to review upon request.

Resident [REDACTED] is no longer a resident of the facility.

Licensee's Proposed Overall Completion Date: 12/03/2025

Implemented [REDACTED] - 12/03/2025)