

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

February 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 12/17/2025 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: 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: 08/08/2022 Issued By: L&I

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 20 Waking Staff: 15

## Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 12/17/2025

## Inspection Dates and Department Representative

12/17/2025 - 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: 20 Are 60 Years of Age or Older: 18  
 Diagnosed with Mental Illness: 20 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 0 Have Physical Disability: 2

## Inspections / Reviews

12/17/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/22/2026

01/23/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/03/2026  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/02/2026

Inspections / Reviews *(continued)*

02/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at 5:30p.m., Resident [redacted] punched resident [redacted]. This incident was observed by staff person A. However, this allegation of abuse was not reported to Aging.

Plan of Correction

Accept [redacted] 01/23/2026)

*What immediate action was taken to correct the violation*

*Upon discovery of the reporting omission, the Administrator reviewed the incident. The allegation of abuse was reported to the Area Agency on Aging on 1/22/26. Both residents were assessed to ensure their health, safety, and welfare at the time of the incident. On 12/17/26 Staff Person A reviewed prior trainings regarding mandatory abuse reporting requirements. Documentation was completed and placed in the resident records.*

*What action will be taken to prevent recurrence*

*The Administrator will personally review and sign off on all incident reports involving resident-to-resident aggression or potential abuse prior to the end of each shift to ensure that required reports to the Area Agency on Aging are completed in accordance with regulations. The Administrator will also conduct same-day follow-up with staff involved in any abuse-related incident to confirm understanding of reporting responsibilities and reinforce compliance expectations.*

*How staff will be trained*

*The Administrator will ensure that [redacted] completes the free online mandatory abuse reporting training course offered by the Pennsylvania Department of Aging and supported by the Department of Human Services. This training will reinforce definitions of abuse, mandatory reporting requirements, reporting timelines, and staff responsibilities. Completion of the training will be documented in [redacted] personnel file.*

*How compliance will be monitored*

*The Administrator or designee will review 100% of incident reports weekly for 90 days to ensure that abuse allegations are reported as required. After 90 days, incident reports will be reviewed monthly. Any failure to comply will result in corrective action in accordance with facility policy.*

*Who is responsible for ensuring compliance*

*Administrator / Designee*

*Proposed Overall Completion Date: 02/02/2026*

**Licensee's Proposed Overall Completion Date: 02/02/2026**

**Implemented [redacted] - 02/03/2026)**

42c - Treatment of Residents

2. Requirements

42c Treatment of Residents (*continued*)

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

From approximately [REDACTED] to [REDACTED] Resident [REDACTED] was yelling and cursing at other residents for passing them in the hallway and for trying to talk to them. On [REDACTED], during dinner, at approximately, 4:30p.m., resident [REDACTED] was in the dining room yelling and cursing at other residents.

On [REDACTED], Resident [REDACTED] hit Resident [REDACTED] with their fist. There were no injuries from the incident but Resident [REDACTED] did express fear of resident [REDACTED]

**Plan of Correction**

Accept ([REDACTED] - 01/23/2026)

*What immediate action was taken to correct the violation*

Staff immediately intervened, separated the residents, and stopped the behavior. Both residents were assessed, and no injuries were observed. Resident [REDACTED]'s safety and emotional well-being were addressed. Resident #1 was redirected away from other residents, and staff increased supervision, until [REDACTED] was sent to the hospital. The incident was documented and reviewed by the Administrator.

*What action will be taken to prevent recurrence*

If the Administrator accepts Resident [REDACTED] when they are discharged from the hospital, [REDACTED] will develop and implement a written behavior management plan for Resident [REDACTED] to address aggressive and disruptive behaviors. This plan will include increased supervision, clear staff intervention expectations, and strategies for redirection and de-escalation. The Administrator will also review resident interactions and compatibility and make adjustments as needed to ensure all residents are treated with dignity and respect.

*How staff will be trained*

The Administrator will ensure that all staff receive training on resident rights, dignity and respect, appropriate staff interventions, and de-escalation techniques for managing disruptive or aggressive behaviors. Training will be documented. New staff will receive this training during orientation prior to working independently.

*How compliance will be monitored*

The Administrator or designee will monitor Resident [REDACTED] behavior daily and review behavior-related documentation weekly for 30 days to ensure interventions are effective. Ongoing monitoring will continue thereafter. Any concerns will be addressed immediately to protect resident dignity and safety.

*Who is responsible for ensuring compliance*

Administrator

Licensee's Proposed Overall Completion Date: 01/22/2026

Implemented ([REDACTED] - 02/03/2026)