

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WRC PENNSYLVANIA MEMORIAL HOME
LEGAL ENTITY

To operate LAURELBROOKE PERSONAL CARE
NAME OF FACILITY OR AGENCY

Located at 133 LAURELBROOKE DRIVE, BROOKVILLE, PA 15825
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 50
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 2, 2013 until March 2, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 424630

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



JAN 23 2013

Ms. Frances Roebuck Kuhns, President/CEO
WRC Pennsylvania Memorial Home
985 Route 28
Brookville, Pennsylvania 15825

RE: Laurelbrooke Personal Care
133 Laurelbrooke Drive
Brookville, Pennsylvania 15825

Ms. Kuhns:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 7, 2012 and November 8, 2012, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky". The signature is written in a cursive style with a long horizontal stroke at the end.

Ronald Melusky
Director


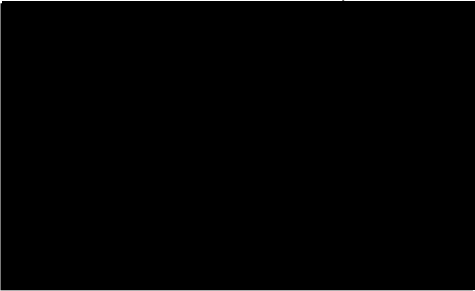
Enclosures
License
Violation Report

RECEIVED

VIOLATION REPORT PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 2

DEC 20 2012

| | | |
|---|--|------------------------|
| PCH Name: LAURELBROOKE PERSONAL CARE | | License Number: 424630 |
| Address: 133 LAURELBROOKE DRIVE, BROOKVILLE, PA 15826 | | County: Jefferson |
| Administrator: Sheri McElhiney | Western Field Office Adult Residential Licensing | Region: WEST |
| Legal Entity Name: WRC PENNSYLVANIA MEMORIAL HOME | | |
| Legal Entity Address: 985 ROUTE 28, BROOKVILLE, PA 15826 | | |
| Certificate(s) of Occupancy 1-2 08/11/2010 Bureau Veritas North Americ | | |
| Staffing Hours Resident Support: 0 | Total Daily Staff: 67 | Working Staff: 50 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site 11/07/2012: McConnell, Deb, Mike Racher 11/08/2012: McConnell, Deb, Mike Racher | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| Other Details Partial or Full Triggers: Random Indicators: | | |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 60 Number of Residents Served: 47 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:  | Number of Residents who:  | |

Violation Report: 42463 - 11/07/2012 - McConnell, Deb
PCH Name: LAURELBROOKE PERSONAL CARE

Western Field Office
Adult Residential Licensing

1. REGULATION 85 Pa.Code §2800

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

One gallon of liquid machine dish washing detergent, with a manufacturer's label indicating "if swallowed contact poison control or a doctor", was unlocked and accessible to residents in the cupboard under the sink in the kitchenette in the Harmony Circle (SDCU) and Jasmine Lane wings. Residents of the home, including resident #1, have not been assessed capable of recognizing and using poisons safely.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator immediately removed the dish washer detergent and locked it in the Admin office. The chart for Resident #1 was reviewed and includes that [redacted] doctor checked and classified the capability to recognize and use poisons safely. All P/C staff have been re-educated on proper handling and storage of hazardous materials and the use of MSDS sheets. There was a sign out sheet placed with the detergent to ensure the return of the product after use.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Shea McElhunny*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shea McElhunny* Date *12/20/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *12/21/12* (Date)

Plan of correction implementation status as of *12/21/12* (Date)

The above plan of correction was approved by *J* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented