

Department of Human Services  
Bureau of Human Service Licensing

January 11, 2022

[REDACTED]  
WRC PENNSYLVANIA MEMORIAL HOME  
[REDACTED]

RE: LAURELBROOKE PERSONAL CARE  
133 LAURELBROOKE DRIVE  
BROOKVILLE, PA, 15825  
LICENSE/COC#: 42463

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/28/2021, 09/29/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jason Williams

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: LAURELBROOKE PERSONAL CARE License #: 42463 License Expiration: 03/02/2022  
Address: 133 LAURELBROOKE DRIVE, BROOKVILLE, PA 15825  
County: JEFFERSON Region: WESTERN

**Administrator**

Name: [REDACTED] Phone: 8148493615 Email: [REDACTED]

**Legal Entity**

Name: WRC PENNSYLVANIA MEMORIAL HOME  
Address: 985 ROUTE 28, BROOKVILLE, PA, 15825  
Phone: 8148493615 Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 72 Waking Staff: 54

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Complaint Exit Conference Date: 09/29/2021

**Inspection Dates and Department Representative**

09/28/2021 - On-Site: [REDACTED]  
09/29/2021 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 50 Residents Served: 44

**Secured Dementia Care Unit**

In Home: Yes Area: Harmony Circle Capacity: 20 Residents Served: 17

**Hospice**

Current Residents: 12

**Number of Residents Who:**

Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 44  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 28 Have Physical Disability: 1

**Inspections / Reviews**

**09/28/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/13/2021

**Inspection Dates and Department Representative (*continued*)**

11/19/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: 11/24/2021

01/11/2022 - Document Submission

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 9/21/21, at approximately 12:32 p.m., resident #1 indicated to staff person A that staff person B threw the resident against the bedroom wall while assisting the resident with continence care. The home did not report this allegation of abuse to the local Area Agency on Aging.*

## Plan of Correction

Accept

*Resident number 1 incident was reported to DHS and Jefferson County AAA on 9/28/2021. The PCHA, Assistant Administrator and RCC were retrained on 2600 15 a .on 9/29/2021.Compliance of following regulation 2600 15a will be reviewed/ audited weekly for 30 days by the PCHA or designee starting 11/15/2021 .*

## Document Submission

Implemented

*Please see plan of correction*

## 15b - Supervisor Plan

## 1. Requirements

2600.

- 15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

## Description of Violation

*On 9/21/21, at approximately 12:32 p.m., resident #1 indicated to staff person A that staff person B threw the resident against the bedroom wall while assisting the resident with continence care. The home did not immediately develop and implement a plan of supervision or suspend the staff person involved in the allegation. Staff person B worked unsupervised on 9/21/21, on the 10:00 p.m.- 6:00 a.m., shift.*

## Plan of Correction

Accept

*Staff person B was removed from facility on 9/21/2021 at 9:30pm and did not ever return. The PCHA and Assistant Administer were retrained on regulation 2 600 15 b. on 9/29/2021. The staff members will be retrained during the month of 11/2021 by PCHA or designee. The PCHA or designee will monitor for compliance with weekly audits of unusual incidents, concerns, complaints and all events for ongoing compliance for 30 days.*

## Document Submission

Implemented

*Please see audits 2600 15b attachment*

## 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

*On 9/21/21, at approximately 12:32 p.m., resident #1 indicated to staff person A that staff person B threw the resident against the bedroom wall while assisting the resident with continence care.*

**16c - Written Incident Report (continued)**

On 9/21/21, at approximately 9:30 p.m., the Pennsylvania State Police responded to the home after a report of a threat by staff person B toward staff person C. Staff person B was escorted by the police from the home.

The home did not report these incidents to the department.

**Plan of Correction****Accept**

On 9/28/2021 the PCHA reported the suspected abuse incident to AAA and DHS. The report to the PSP was completed on 9/30/2021. The PCHA, Assistant Admin and RCC were retrained on regulation on 9/29/2021. The PCHA or designee will monitor for ongoing compliance of 2600 16 c written incident reporting requirements monthly for 3 months.

**Document Submission****Implemented**

Please see attachments

**225c - Additional Assessment****1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

**Description of Violation**

Resident #1's assessment, dated [REDACTED], does not address the care services provided by home health services.

**Plan of Correction****Accept**

Resident number 1 was discharged from facility. The PCHA, Assistant Admin, and RCC were retrained on 9/29/2021 on 2600 225 c requirement for documentation of all care services to be included on assessments. The PCHA or designee will audit all current resident assessments for accuracy of all care services included on assessment over next 30days.

**Document Submission****Implemented**

Please see attachments