

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

February 27, 2025

[REDACTED]  
WRC PENNSYLVANIA MEMORIAL HOME  
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/16/2024, 10/18/2024, 10/31/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: LAURELBROOKE PERSONAL CARE License #: 42463 License Expiration: 03/02/2025  
 Address: 133 LAURELBROOKE DRIVE, BROOKVILLE, PA 15825  
 County: JEFFERSON Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: WRC PENNSYLVANIA MEMORIAL HOME  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-1 Date: 08/02/2002 Issued By: Department of Health

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 66 Waking Staff: 50

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 10/31/2024

**Inspection Dates and Department Representative**

10/16/2024 - On-Site: [REDACTED]  
 10/18/2024 - Off-Site: [REDACTED]  
 10/31/2024 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 50 Residents Served: 46  
 Secured Dementia Care Unit  
 In Home: Yes Area: Harmony Circle Capacity: 20 Residents Served: 19  
 Hospice  
 Current Residents: 10  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65  
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 20 Have Physical Disability: 1

**Inspections / Reviews**

10/16/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/30/2024

Inspections / Reviews (*continued*)

12/23/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/30/2024

01/06/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/08/2025

02/27/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in safe management techniques during the [redacted] training year.

Repeat violation; [redacted]

Plan of Correction

Accept ([redacted] - 01/06/2025)

The PCHA or designee will be responsible for this plan of correction. PCHA or designee will ensure that all employees are receiving training in safe management during the training year. When the employee has completed the training, the PCHA or designee will mark the section as completed on the training check list. The PCHA will file the completed training document in the employee's personal file. This will be an ongoing process for all for employees. Audit tool will be implemented to ensure compliance with 2600 65f. Staff person A is no longer employed at Laurelbrooke Landing. Trainings will be marked off on the audit tool and checked monthly to ensure all employees are receiving trainings to be in compliance with the 2600 65f regulations.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented ([redacted] - 02/27/2025)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in Older Adults Protective Services Act during training year [redacted] to [redacted]

Repeat violation; [redacted]

**65g Annual Training Content (continued)****Plan of Correction**

Accept [REDACTED] - 01/06/2025)

The PCHA or designee will be responsible for this plan of correction. PCHA or designee will ensure that all employees are receiving Older Adults Protective Services during the training year. When the employee has completed the training, the PCHA or designee will mark the section as completed on the training check list. The PCHA will file the completed training document in the employee's personal file. This will be an ongoing process for all for employees. Audit tool will be implemented to ensure compliance with 2600 65g Staff person A is no longer employed at Laurelbrooke Landing. Older Adults Protective training will be listed on the audit tool and marked off once the training is completed. The audit tool will be viewed monthly to ensure no trainings are being missed.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [REDACTED] - 02/27/2025)

**127a - Portable Space Heaters****3. Requirements**

2600.

127.a. Portable space heaters are prohibited.

**Description of Violation**

On [REDACTED], at 2:00 pm., a electric portable space heater was in use in the administrator's office.

**Plan of Correction**

Accept [REDACTED] - 12/23/2024)

PCHA will be responsible for this plan of correction. The portable space heater was removed from the facility the day of violation. The PCHA completed a check of all offices and rooms on 10/31/24 to make sure no portable heaters were anywhere else in the personal care home. PCHA will round monthly to ensure compliance with 2600 127.a

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [REDACTED] - 02/27/2025)

**141b1 - Annual Medical Evaluation****4. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 12/23/2024)

resident Care Coordinator will be responsible for this plan of correction. Resident Care Coordinator will get medical elevation completed on resident [REDACTED] DME is attached. RCC will have a audit tool that list each resident's name and a column on the document for the RCC to mark off so the RCC can track all residents' medical evaluations to ensure they are completed within a 12 month period. All new residents are completed prior or within 15 days of admission. The PCHA will also monitor that all residents have annual medical evaluations to be in compliance with 2600 141.b

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [REDACTED] - 02/27/2025)

**187b - Date/Time of Medication Admin.**

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] in 4-8 ounces fluid twice daily at 8:00 am. and 8:00 pm. However, resident [REDACTED] September 2024 medication administration record (MAR) does not include the initials of the staff person who administered [REDACTED] on [REDACTED], at 8:00 pm.

Repeat violation; 1/2/24

Plan of Correction

Accept [REDACTED] - 12/23/2024)

PCHA or Resident Care Coordinator will be responsible for this plan of correction. Resident [REDACTED] medications were given, and they were not marked off on the MAR as given. All medication aides will receive additional training on the importance of medication administration. All medication techs will be retrained by December 6th, 2024. After the initial re-training of the medication techs, they will be monitored biweekly to ensure medications are being administered and immediately marked off on the MAR before moving on to the next person. Audit tool will be implemented no later than December 6th, 2024, to ensure compliance of 2600 187.b resident [REDACTED] moved out of the PCH on 11/13/2024 to his own apartment in Clarion.

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented ([REDACTED] - 02/27/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed multiple medications, to include the following. However, resident [REDACTED] was not administered these medications or [REDACTED] levels checked on [REDACTED] from 2:00 pm.- 10:00 pm. and on [REDACTED] from 7:00 am.- 10:30 am.

\* [REDACTED] scale three times a day (7:00 am., 11:00 am., 4:00 pm.)

\* [REDACTED] once daily (8:00 am)

\* [REDACTED] twice daily (8:00 am., 8:00 pm.)

\* [REDACTED] twice daily (8:00 am., 8:00 pm.)

\* [REDACTED] once daily (6:00 pm.)

Sliding scale:

[REDACTED]

187d - Follow Prescriber's Orders (continued)

[Redacted]

Repeat violation; [Redacted]

Plan of Correction

Accept [Redacted] - 01/06/2025)

The PCHA or Resident Care Coordinator will be responsible for this plan of correction. PCHA or RCC will monitor medication compliance and retrain all medication techs, to ensure that all medications are being administered per doctors' orders. Audit tool will be implemented so the medication techs can audit their MARs to be sure every resident received medication prior to moving on to next med pass. All Medication techs will be retrained by 12-6-24 PCHA or RCC will monitor the Audit tool along with the MAR to make sur all medications are given as ordered to be in compliance with 2600 187d. The audit tool will be turned in weekly for the RCC to review, and to ensure each medication aide is following PCP orders, the RCC will look at the MAR daily to ensure no missed meds.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [Redacted] - 02/27/2025)

225a - Assessment 15 Days

7. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident [Redacted], who was admitted to the home on [Redacted]

Plan of Correction

Accept [Redacted] - 12/23/2024)

The Resident Care Coordinator will be responsible for this plan of correction. RCC completed assessment on 10/17/2024. Moving forward RCC will have a document that list each resident's name and a column on the document for the initial assessment. This check list will be given to the PCHA weekly to also help monitor that all residents have an initial assessment completed within 60 days prior or up to 15 days after admission to stay in compliance with 2600 225.a Resident [Redacted] moved out to [Redacted] own apartment in Clarion 11/13/2024

Licensee's Proposed Overall Completion Date: 11/29/2024

Implemented [Redacted] - 02/27/2025)

225c - Additional Assessment

8. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident [Redacted] assessment, dated [Redacted] does not include the resident's need for 2-person assistance in transfers for safety.

## 225c Additional Assessment (continued)

Repeat violation; [REDACTED]

**Plan of Correction****Accept [REDACTED] - 12/23/2024)**

The resident care coordinator will be responsible for this plan of correction. Resident Care Coordinator got with resident [REDACTED] and updated assessment on [REDACTED]. Moving forward RCC will update residents' assessment when the residents have any changes with their level of care. Document will be made so the RCC can ensure all current care plans are up to date and the care that is listed is correct to ensure the safety of the residents.

Licensee's Proposed Overall Completion Date: 11/29/2024

**Implemented [REDACTED] - 02/27/2025)**

## 234b - Support Plan Needs Elements

**9. Requirements**

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

**Description of Violation**

The assessment for resident [REDACTED] dated [REDACTED], indicates the resident has a need for hospice services and assistance of 1 in transferring for safety. The resident's support plan, dated [REDACTED] does not document the hospice contact information, the hospice services provided, and the increased need of 2 person assistance in transferring for safety and how these needs will be met.

**Plan of Correction****Accept [REDACTED] - 12/23/2024)**

The PCHA or Resident Care Coordinator will be responsible for this plan of correction. The support plan was updated to show resident [REDACTED] mobility needs and hospice information on [REDACTED]. Moving forward RCC will have a document that list each resident's name and a column on the document for the support plan revisions. This check list will be given to PCHA weekly to also help monitor that all residents have a support plan revision completed at the time of a change in a resident's needs. To be in compliance with 2600 234.b

Licensee's Proposed Overall Completion Date: 11/29/2024

**Implemented [REDACTED] - 02/27/2025)**