

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

April 9, 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 01/10/2025 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: 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**

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 75 Waking Staff: 56

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #: [REDACTED]  
 Reason: Incident Exit Conference Date: 01/10/2025

**Inspection Dates and Department Representative**

01/10/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 50 Residents Served: 41

**Secured Dementia Care Unit**  
 In Home: Yes Area: Harmony Circle Capacity: 20 Residents Served: 20

**Hospice**  
 Current Residents: 6

**Number of Residents Who:**  
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 40  
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 34 Have Physical Disability: 0

**Inspections / Reviews**

01/10/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/04/2025

02/06/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/28/2025  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/03/2025

Inspections / Reviews (*continued*)

04/09/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [redacted] at approximately 9:30 a.m., an agent of the Department requested access to the home's resident demographic information. This information was requested several times until it was provided to the agent at 4:00 p.m.

Plan of Correction

Accept [redacted] - 02/06/2025)

On 1/31/25 the administrator created a demographic sheet that will be accessible to an agent from the department upon request.

Starting on 2/3/25 the administrator will update the sheet upon admission and leave of any and all residents as it happens.

Starting on 2/3/25 the administrator will audit this sheet quarterly to ensure that it is up to date and correct.

Licensee's Proposed Overall Completion Date: 02/03/2025

Implemented [redacted] - 04/09/2025)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] initial assessment and support plan, dated [redacted] indicates the resident is independent with [redacted] and [redacted] and a diagnosis of [redacted] and [redacted]. The home's plan to meet these needs is "direct care staff will assist Resident [redacted] in taking medications prescribed by physician" Also, the resident is assessed as having moderate problem with [redacted] and [redacted]. The home's plan to meet the resident's need is "direct care staff will report to the resident care coordinator if the resident shows [redacted] so we can get a hold of the doctor to ensure no underlying problems." However, according to multiple staff interviews, in November 2024 the resident began exhibiting frequent and repeated episodes of [redacted] and [redacted] behaviors. Resident refused medication from [redacted] through [redacted].

The resident was seen at the hospital on [redacted] and diagnosed with a [redacted], and returned to the home. However, the resident refused to take prescribed medication to treat the infection and was re-admitted to the hospital on [redacted]. The home failed to re-assess the resident, provide timely medical evaluation and care or provide for resident's care need of assistance with taking medications.

Plan of Correction

Accept [redacted] - 02/06/2025)

On 1/31/25 the administrator did an updated RASP form for resident [redacted] to show the constant refusal of medication.

Starting on 2/4/25 the administrator will audit the RASPs to ensure they are all done in completion.

Starting on 3/3/25 the administrator or RCC will audit the RASPs quarterly to ensure they are done in completion.

Licensee's Proposed Overall Completion Date: 02/03/2025

Implemented [redacted] - 04/09/2025)

23a - Activities of Daily Living Assistance (continued)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] initial assessment and support plan, dated [redacted], indicates the resident is independent with [redacted] and [redacted] and a diagnosis of [redacted] and [redacted]. The home's plan to meet these needs is "direct care staff will assist Resident [redacted] in taking medications prescribed by physician" Also, the resident is assessed as having moderate problem with [redacted] and [redacted]. The home's plan to meet the resident's need is "direct care staff will report to the resident care coordinator if the resident shows [redacted] so we can get a hold of the doctor to ensure no underlying problems." However, according to multiple staff interviews, in November 2024 the resident began exhibiting frequent and repeated episodes of [redacted] and [redacted] behaviors. Resident refused medication from [redacted] through [redacted].

The resident was seen at the hospital on [redacted] and diagnosed with a urinary tract infection, and returned to the home. However, the resident refused to take prescribed medication to treat the infection and was re-admitted to the hospital on [redacted]. The home failed to re-assess the resident, provide timely medical evaluation and care or provide for resident's care need of assistance with taking medications.

Plan of Correction

Accept [redacted] - 02/06/2025)

On 1/31/25 the administrator did an updated RASP form for resident [redacted] to show the constant refusal of medication. Starting on 2/4/25 the administrator will audit the RASPs to ensure they are all done in completion. Starting on 3/3/25 the administrator or RCC will audit the RASPs quarterly to ensure they are done in completion.

Licensee's Proposed Overall Completion Date: 02/03/2025

Implemented [redacted] - 04/09/2025)

142a - Secure Medical Care

4. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

142a Secure Medical Care (continued)

Description of Violation

Resident [redacted] initial assessment and support plan, dated [redacted] indicates the resident is independent with [redacted] and [redacted] and a diagnosis of [redacted] and [redacted]. The home's plan to meet these needs is "direct care staff will assist Resident [redacted] in taking medications prescribed by physician" Also, the resident is assessed as having moderate problem with [redacted] and [redacted]. The home's plan to meet the resident's need is "direct care staff will report to the resident care coordinator if the resident shows [redacted] so we can get a hold of the doctor to ensure no underlying problems." However, according to multiple staff interviews, in November 2024 the resident began exhibiting frequent and repeated episodes of agitated and aggressive behaviors. Resident refused medication from [redacted] through [redacted]

The resident was seen at the hospital on [redacted] and diagnosed with a [redacted], and returned to the home. However, the resident refused to take prescribed medication to treat the infection and was re admitted to the hospital on [redacted]. The home failed to re assess the resident, provide timely medical evaluation and care or provide for resident's care need of assistance with taking medications.

Plan of Correction

Accept [redacted] 02/06/2025)

On 1/31/25 the administrator did an updated RASP form for resident [redacted] to show the constant refusal of medication. Starting on 2/4/25 the administrator will audit the RASPs to ensure they are all done in completion. Starting on 3/3/25 the administrator or RCC will audit the RASPs quarterly to ensure they are done in completion.

Licensee's Proposed Overall Completion Date: 02/03/2025

Implemented [redacted] - 04/09/2025)

187c - Refusal of Medication

5. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident [redacted] November and December 2024 Medication Administration Record (MAR) indicates multiple medication refusals from [redacted] through [redacted]. However, the home failed to notify the prescriber of these refusals.

Plan of Correction

Accept [redacted] - 02/06/2025)

On 1/31/25 the administrator did an updated RASP form for resident [redacted] to show the constant refusal of medication. Starting on 2/4/25 the administrator will audit the RASPs to ensure they are all done in completion. Starting on 3/3/25 the administrator or RCC will audit the RASPs quarterly to ensure they are done in completion.

Licensee's Proposed Overall Completion Date: 02/03/2025

Implemented [redacted] - 04/09/2025)

224a - Preadmission Screen Form

6. Requirements

224a - Preadmission Screen Form (continued)

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] was admitted to the home on [redacted]. However, there is no preadmission screening in the resident's record.

Resident [redacted] was admitted to the home on [redacted]. However there is no pre admission screen in the resident's record.

Plan of Correction

Accept [redacted] - 02/06/2025)

Starting on 2/3/25 the administrator will do all prescreens within 30 days of admission for all residents.

Starting on 3/3/25 the administrator will ensure that all prescreens are done in entirety before the admission of any resident. Auditing the forms quarterly.

Licensee's Proposed Overall Completion Date: 02/03/2025

Implemented [redacted] - 04/09/2025)

225c - Additional Assessment

7. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] initial assessment and support plan, dated [redacted], indicates the resident is independent with [redacted] and [redacted] and has no problems with [redacted] and [redacted]. Additionally the home's plan to meet the resident's diagnosis of [redacted] and [redacted] indicates "DCS will assist Resident [redacted] in taking medications prescribed by physician" However, according to multiple staff interviews, in November 2024 the resident began exhibiting frequent and repeated episodes of [redacted] and [redacted]. Resident refused medication from [redacted] through [redacted]. However the home did not update the resident's assessment and support plan to address these significant changes.

Plan of Correction

Accept [redacted] - 02/06/2025)

On 1/31/25 the administrator did an updated RASP form for resident [redacted] to show the constant refusal of medication.

Starting on 2/4/25 the administrator will audit the RASPs to ensure they are all done in completion.

Starting on 3/3/25 the administrator or RCC will audit the RASPs quarterly to ensure they are done in completion.

Licensee's Proposed Overall Completion Date: 02/03/2025

Implemented [redacted] 04/09/2025)