

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

January 29, 2026

[REDACTED]  
WILBRI INC  
[REDACTED]

RE: LANE AVENUE PERSONAL CARE  
HOME  
206 LANE AVENUE  
PUNXSUTAWNEY, PA, 15767  
LICENSE/COC#: 42409

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/31/2025 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: LANE AVENUE PERSONAL CARE HOME License #: 42409 License Expiration: 12/21/2025  
 Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA 15767  
 County: JEFFERSON Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: WILBRI INC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 05/19/1993 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 31 Waking Staff: 23

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 10/31/2025

**Inspection Dates and Department Representative**

10/31/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 42 Residents Served: 31  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 27 Are 60 Years of Age or Older: 26  
 Diagnosed with Mental Illness: 28 Diagnosed with Intellectual Disability: 3  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

10/31/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/08/2025

12/17/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 01/20/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/22/2025

Inspections / Reviews *(continued)*

12/30/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/20/2026

01/29/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on [redacted]; however, a criminal background check was not completed until [redacted]

Staff person B was hired on [redacted]; however, a criminal background check was not completed until [redacted]

Staff person C was hired on [redacted]; however, a criminal background check was not completed until [redacted]

Plan of Correction

Accept [redacted] - 12/30/2025)

Reorientation on 10/31/2025 to 2600.51 with owner and administrator of criminal history checks.

All staff records will be audited by administrator by 01/02/2026.

Review of 2600.51 is added to quality assurance meeting in April 2026, that is attended by owner, admin, and hiring manager.

Background checks completed on first day of employment was added to new hire checklist on 12/10/2025 to assure continued compliance.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [redacted] - 01/29/2026)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home routinely schedules staff to work the overnight shift (10:30 p.m.–6:30 a.m.), including on [redacted] and [redacted] who are not trained in medication administration. However, multiple residents are prescribed medications that may be required overnight. This includes Resident # [redacted] who is prescribed [redacted] mL, inhale two puffs by mouth every four hours as needed, and [redacted], inhale one [redacted] every six hours as needed.

Plan of Correction

Accept [redacted] - 12/30/2025)

A call tree was in place from 01/01/2025 to ensure that if resident needed medication, they were able to get it.

Current staff is undertaking the medication administration course will be completed by 01/05/2025 and administrator is covering shifts until completion.

When hiring new overnight staff, medication administration was added to hire checklist 12/10/2025.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented [redacted] - 01/29/2026)

89b - Hot Water Temperature

**3. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

*At 10:55 a.m., the hot water temperature at the sink in the second common bathroom in the right wing measured 122.9°F.*

*At 10:59 a.m., the hot water temperature at the sink in the "handicapped" common bathroom in the right wing measured 122.9°F.*

*At 11:01 a.m., the hot water temperature at the sink in the second common bathroom in the nurse's station hallway measured 122.9°F.*

**Plan of Correction****Accept** [REDACTED] - 12/17/2025)

*Owner turned down the hot water heater on 10/31/2025 @ 11:30am with multiple checks reading 119.3 degrees. Temperatures will be checked daily by shift lead (3x daily) for 1 weeks without incident temperature will be taken twice daily for 1 week, then daily for month.*

*To ensure compliance temperatures will remain monthly.*

**Licensee's Proposed Overall Completion Date: 01/09/2026**

**Implemented** [REDACTED] - 01/29/2026)**103g - Storing Food****4. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

*There was an approximate 5lb bag of sausage patties in the black freezer in the kitchen that was open and unsealed.*

**Plan of Correction****Accept** [REDACTED] - 12/17/2025)

*Kitchen staff sealed bag of patties with storage clip on 10/31/2025.*

*Cook will do daily inspections to ensure food is sealed or in a closed container for 2 weeks and then weekly for one month.*

*Staff and cook will have a reeducation on 2600.103g on 12/08/2025 by administrator.*

**Licensee's Proposed Overall Completion Date: 01/09/2026**

**Implemented** [REDACTED] - 01/29/2026)**141a 1-10 Medical Evaluation Information****5. Requirements**

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted] medical evaluation, dated [redacted], does not include a determination of health status or cognitive function. These areas are blank.

Resident [redacted] most recent medical evaluation is not dated. Therefore, the timeliness of this medical evaluation cannot be measured.

Resident [redacted] was admitted to the home on [redacted]; however, no medical evaluation was completed.

Plan of Correction

Accept [redacted] - 12/17/2025)

Residents 3 & 4 are no longer residents. Resident 2 is on house doctor schedule for a new medical evaluation for [redacted] visit in December.

To maintain compliance LPN will monitor residents' medical evaluation upon receipt for accuracy and completion. Administrator will audit medical evaluations monthly and new admissions.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [redacted] - 01/29/2026)

185a - Implement Storage Procedures

7. Requirements

2600.  
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] glucometer was not calibrated to the correct time. On [redacted] at 2:38 p.m., the glucometer displayed the date and time as [redacted] at 9:40 a.m.

Plan of Correction

Accept [redacted] - 12/17/2025)

Resident 1 glucometer battery was low and was changed and time recalibrated on 10/31/2025 @ 2:45pm. Nurse will do daily checks for one-week, weekly checks for one week, then monthly checks without incident to ensure times are accurate.

Licensee's Proposed Overall Completion Date: 01/09/2026

185a - Implement Storage Procedures (continued)

Implemented (████ - 01/29/2026)

225c - Additional Assessment

8. Requirements

2600.

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

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident █████'s assessment, dated █████, has not been updated to include the home-provided wheelchair the resident is required to use for ambulation in the home due to multiple falls.

Plan of Correction

Accept █████ - 12/30/2025)

Resident █████ RASP was updated on 10/31/2025 to reflect the use of a wheelchair for precaution.

Administrator will work with nurse to audit all residents' RASP by 01/02/2026 to ensure updates for any assistive devices used by residents.

Reeducation on 2600.225.c will be on 12/08/2025 by administrator for RASPs assessors.

Licensee's Proposed Overall Completion Date: 01/09/2026

Implemented █████ - 01/29/2026)