

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

April 24, 2026

[REDACTED] DIRECTOR
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 12/10/2025 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: 03/02/2026
 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: Dept. of Health

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 53 Waking Staff: 40

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 12/10/2025

Inspection Dates and Department Representative

12/10/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 34

Secured Dementia Care Unit
 In Home: Yes Area: SDCU Capacity: 20 Residents Served: 19

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34
 Diagnosed with Mental Illness: 23 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 19 Have Physical Disability: 1

Inspections / Reviews

12/10/2025 Full
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/26/2026

03/05/2026 - POC Submission
 Submitted By: [Redacted] Date Submitted: 04/23/2026
 Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/11/2026

Inspections / Reviews (*continued*)

03/10/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/13/2026

03/16/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/01/2026

04/14/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/16/2026

04/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/23/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42e - Telephone Access

1. Requirements

2600.

42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

Description of Violation

There is no privacy for phone calls. Residents can only use the landline telephones in the kitchen and medication rooms.

Plan of Correction

Accept ([redacted]) - 03/16/2026

Administrator worked with staff on 1/14/2026 to locate appropriate location for new phone installation. Education was provided to all staff of the plan for phone use during this time. Once location was identified, IT department was notified same day.

Phone has been ordered and awaiting delivery and set-up. Once established, weekly audits will be completed over 20 days by the administrator of phone usage including privacy.

Proposed Overall Completion Date: 03/29/2026

Licensee's Proposed Overall Completion Date: 03/29/2026

Implemented ([redacted]) - 04/24/2026

63a - First Aid/CPR Training

2. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

From 10 PM on 10/10/25 to 6 AM on 10/11/25, 34 residents were present in the home. During this time no staff persons were present in the home who are certified in first aid.

Plan of Correction

Accept ([redacted]) - 03/16/2026

Administrator has reviewed the schedule daily since 12/29/2025 to ensure that one staff member is working and certified in CPR/First Aid at all times.

The schedule will continue to be audited with an ongoing schedule effective 1/16/2026 as changes are made to ensure that all shifts are staffed with at least one certified employee. Audits will occur until 3/29/26.

Proposed Overall Completion Date: 03/29/2026

Licensee's Proposed Overall Completion Date: 03/29/2026

Implemented ([redacted]) - 04/24/2026

63a - First Aid/CPR Training (continued)

96a - First Aid Kit

3. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the home does not include disposable gloves, gauze pads, thermometer, adhesive tape, scissors or tweezers.

Plan of Correction

Accept (█ - 03/16/2026)

Full house audit of all First Aid kits will begin on 1/19/2026. Contents will be reviewed and inventoried in each kit.

Replacement kits/items for kits that have been identified to be missing will be replaced by 2/15/2026.

Audits of kits will occur for 20 days until 3/29/26.

Proposed Overall Completion Date: 06/09/2026

Licensee's Proposed Overall Completion Date: 03/29/2026

Implemented (█ - 04/24/2026)

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 12/10/25 at 10:03 AM there was an unsealed bag of hotdogs in the walk-in refrigerator.

Plan of Correction

Accept (█ - 03/16/2026)

Administrator met with Dietary Manager on 1/20/26 to review plan of correction. Daily audits of refrigerator will begin on 1/26/26 and then moved to weekly audits 2/2/26. Audits will occur for 20 days.

Proposed Overall Completion Date: 03/29/2026

Licensee's Proposed Overall Completion Date: 03/29/2026

Implemented (█ - 04/14/2026)

105g - Lint Removal and Duct Cleaning

5. Requirements

105g Lint Removal and Duct Cleaning (continued)

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 12/10/25 at 10:15 AM there was approximately 1/2 inch thick accumulation of lint in the 2nd and 3rd commercial dryer lint traps. There were no clothes in the dryer at the time.

Plan of Correction

Accept () - 03/16/2026

Administrator met with Housekeeping Manager on 1/20/26 to review plan of correction. Daily audits of dryers will begin on 1/26/26 and then moved to weekly audits 2/2/26. Weekly audits will for 20 days,

Staff education to be provided 1/22/26.

Proposed Overall Completion Date: 03/29/2026

Licensee's Proposed Overall Completion Date: 03/29/2026

Implemented () - 04/14/2026

141a 1 10 Medical Evaluation Information

6. Requirements

2600.

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 #2's medical evaluation, dated () did not include a list of medications.

Resident #3's medical evaluation, dated (), did not have the medical professional information completed.

Plan of Correction

Accept () - 03/05/2026

Correction/revisions to medical evaluations have been completed as of 1/15/26.

Education will be completed with staff on 1/22/26 regarding the required content of medical evaluations. Audits will continue through 2/28/26.

141a 1-10 Medical Evaluation Information (continued)

Licensee's Proposed Overall Completion Date: 02/28/2026

Implemented () - 04/24/2026

225c - Additional Assessment

7. 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 #1's most recent assessment was completed on [redacted] This assessment does not address hallucinations which were indicated on physician orders dated [redacted].

Plan of Correction

Accept () - 03/05/2026

Beginning on 1/26/26, "Morning Huddles" will occur to discuss changes in resident status over the course of 24 hours. Huddles will occur every morning with the team.

All orders and office notes will be reviewed by the Resident Care Coordinator for changes, which will be placed on the RASP when identified.

Staff education to be completed 1/22/26.

Licensee's Proposed Overall Completion Date: 02/18/2026

Implemented () - 04/24/2026

231b - Medical Evaluation

8. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #2's medical evaluation, completed on [redacted] did not include the need for the resident to be in a secured dementia care unit.

Plan of Correction

Accept () - 03/16/2026

Full house audit of all medical evaluations for secured unit needs was completed on 1/21/26. For new admissions or internal community changes, upon identification for need of a secured dementia unit, both medical evaluation and RASP will be reviewed or initiated. Physician will then sign records.

Either the Administrator or Resident Care Coordinator will review/audit each incoming medical evaluations prior to future admissions. Audits will occur for the next 20 days.

Proposed Overall Completion Date: 03/29/2026

231b - Medical Evaluation (continued)

Licensee's Proposed Overall Completion Date: 03/29/2026

Implemented (█) - 04/24/2026

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 support plan, dated █ for resident #2 does not address the need for a secured dementia care unit.

The support plan, dated █ for resident #2 does not address resident eating food that he is not supposed to from the refrigerator and the need for a 2 person assist.

Plan of Correction

Accept (█) - 03/16/2026

Full house audit of all support plans for residents on the secured unit was completed on 1/21/26. Any changes noted and/or reported for each resident will be reviewed and placed onto the support plan.

Staff education to be completed 1/22/26.

"Morning Huddles" to begin with staff on 1/26/26.

Audits will be completed by the Administrator over the next 20 days with resident support plans selected at random.

Proposed Overall Completion Date: 03/29/2026

Licensee's Proposed Overall Completion Date: 03/29/2026

Implemented (█) - 04/24/2026