



Pennsylvania Department of Human Services

Emailing Date: May 12, 2026

[REDACTED]
Lasosky's Personal Care Home Inc.
[REDACTED]

RE: Lasosky's Personal Care Home
23 Main Street
P.O. Box 27
Clarksville, Pennsylvania 15322
License #: 418580

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on January 8, 2026, and January 16, 2026, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Facility Information

Name: LASOSKY'S PERSONAL CARE HOME, INC. License #: 41858 License Expiration: 03/17/2026
Address: 23 MAIN STREET, PO BOX 27, CLARKSVILLE, PA 15322
County: WASHINGTON Region: WESTERN

Administrator

Name: [REDACTED]

Legal Entity

Name: LASOSKYS PERSONAL CARE HOME INC
Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/07/1998 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 23 Total Daily Staff: 46 Waking Staff: 35

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Provisional Exit Conference Date: 01/16/2026

Inspection Dates and Department Representative

01/08/2026 - On-Site: [REDACTED]
01/16/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 25	Residents Served: 22		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 5			
Number of Residents Who:			
Receive Supplemental Security Income: 1	Are 60 Years of Age or Older: 19		
Diagnosed with Mental Illness: 16	Diagnosed with Intellectual Disability: 1		
Have Mobility Need: 1	Have Physical Disability: 0		

Inspections / Reviews

01/08/2026 Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/28/2026

02/27/2026 - POC Submission
Submitted By: [REDACTED] Date Submitted: 03/09/2026
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/06/2026

Inspections / Reviews *(continued)*

03/04/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/09/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/06/2026

05/05/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/09/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/8/26, at 11:47 a.m., there were no paper towels, mechanical air blower, or other sanitary method of hand drying in the bathroom adjacent to the dining room area.

Plan of Correction

Directed (████) 03/04/2026)

Paper towels were immediately placed in the bathroom on 1/09/2026 Staff educated regarding regulation 85.a via staff meeting. Manager to monitor on a weekly basis beginning 2/26/26 and each Wednesday thereafter to ensure compliance. Directed: The administrator was responsible for the staff meeting and education held on 2/26/26. █████ 3/4/2026

Proposed Overall Completion Date: 02/28/2026

Proposed Overall Completion Date: 03/02/2026

Directed Completion Date: 03/02/2026

Implemented █████ - 04/16/2026)

85b - Infestation

2. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 1/8/26, at 1:35 p.m., there were numerous stink bugs inside of the fluorescent light cover, located in resident bedroom #████.

Plan of Correction

Directed █████ - 03/04/2026)

Bugs immediately cleaned from light cover on 1/09/2026. Staff educated on need to notify manager when this is noticed. Manager to monitor on a weekly basis beginning 2/26/26 and each Wednesday thereafter to ensure compliance.

Directed: The administrator was responsible for the staff education held on 2/26/26. █████ 3/4/2026

Proposed Overall Completion Date: 03/02/2026

Directed Completion Date: 03/02/2026

Implemented █████ - 04/16/2026)

87 - Lighting

3. Requirements

2600.

87 Lighting (continued)

87. Lighting - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On 1/8/26, at 1:47 p.m., the overhead fluorescent light is inoperable, located in resident bedroom #10.

Plan of Correction

Accept () - 03/04/2026

Light repaired in resident room 10 on 1/09/2026. Staff was educated on lighting via staff meeting on 2/26/2026. Manager to monitor on a weekly basis beginning 2/26/26 and each Wednesday thereafter to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented () - 04/16/2026

88a - Surfaces

4. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 1/8/26, at 11:48 a.m., the louvered fins within the ceiling exhaust fan were covered throughout with approximately 1/2 inch of lint and dust.

On 1/8/26, at 10:17 a.m., the cool air return vent, was clogged with layers of gray colored lint and dust, located in resident bedroom #3.

Plan of Correction

Accept () - 03/04/2026

Exhaust fan and cool air vent were cleaned immediately. Staff were educated regarding need to clean the louvers and exhaust on 2/26/2026. Manager to monitor on a weekly basis beginning 2/26/26 and each Wednesday thereafter to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented () - 04/16/2026

89b - Hot Water Temperature

5. Requirements

2600.

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

Description of Violation

On 1/8/26, at 9:18 a.m., the hot water temperature at the bathroom sink, located by the office, measured 136.9 degrees Fahrenheit.

On 1/8/26, at 11:47 a.m., the hot water temperature at bathroom sink, located adjacent to the dining room, measured 136.2 degrees Fahrenheit.

Plan of Correction

Directed () - 03/04/2026

Water temperature was lowered immediately on 1/08/2026. Staff educated via staff meeting regarding water temperature regulation. Temperature will be monitored weekly by manager beginning 2/25/2026 and weekly

89b - Hot Water Temperature (continued)

thereafter to ensure compliance Directed: The administrator was responsible for the staff meeting and education held on 2/26/26. [REDACTED]. 3/4/2026

Proposed Overall Completion Date: 03/02/2026

Directed Completion Date: 03/02/2026

Implemented ([REDACTED] - 04/16/2026)

101j7 - Lighting/Operable Lamp**6. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 1/8/26, at 10:24 a.m. resident #1, does not have access to a source of light that can be turned on/off at bedside.

Repeat violation: 10/30/24

Plan of Correction

Accept ([REDACTED] - 03/04/2026)

Light replaced immediately on 01/09/2026. Staff educated via staff meeting on 02/26/2026 regarding lighting regulation. Manager to monitor on a weekly basis beginning 2/26/26 and each Wednesday thereafter to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented ([REDACTED] - 04/16/2026)

125a - Combustible Storage**7. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 1/8/26, at approximately 10:12 a.m., there was a 3/4 full, 12-ounce can of Rustoleum painters touch, 2x semi-gloss, and a 3 fluid ounce can of multipurpose oil, located in the furnace room. The label indicates Danger; extremely flammable liquid and vapor, avoid contact with skin and store in well-ventilated area. Additionally, there was a large black rollator walker and a tan colored metal folding chair, contacting the conquest 90 furnace.

Plan of Correction

Accept ([REDACTED] - 03/04/2026)

Room was immediately cleaned on 01/08/2026. Staff educated on combustibile and flammable materials not being near heat source via staff meeting on 02/26/2026. Manager to monitor on a weekly basis beginning 2/26/26 and each Wednesday thereafter to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/02/2026

Implemented ([REDACTED] - 04/16/2026)

132d - Evacuation**8. Requirements**

132d - Evacuation (*continued*)

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

- 11/14/25 at 2:00 p.m. with an evacuation time of 3 minutes and 25 seconds
- 12/19/25 at 1:00 a.m. with an evacuation time of 3 minutes and 45 seconds.

Plan of Correction

Directed [REDACTED] - 03/04/2026)

Fire safety expert [REDACTED] completed staff training and inspection on 01/09/2026. Safe evacuation time is 3 min and 45 seconds. Manager to monitor to ensure fire safety expert is completed annually. Administrator will review fire drills monthly ensuring compliance with evacuation times.

Directed: Within 24 hours of receipt of the plan of correction - The administrator will take remedial actions to decrease the evacuation times during drills if, upon monitoring, evacuation times continue to be non-compliant. The actions may include incentivizing compliant evacuation times, conduct additional monthly drills, increase staffing, enhance fire safety features including internal fire safe areas, etc.

Directed: Within 20 days of receipt of the plan of correction- All residents and staff will be educated on the home's evacuation procedures and this regulatory requirement by the administrator. The education will be documented and submitted to the Department for verification. [REDACTED]. 3/4/2026

Directed - Within 30 days of receipt of the plan of correction - The administrator will conduct a quality management plan review and evaluation in accordance with §2600.26(b)(1) - (5) and implement measures to address identified areas needing improvement in accordance with §2600.26(c). B.S. 3/4/2026

Proposed Overall Completion Date: 03/02/2026

Directed Completion Date: 03/02/2026

Implemented [REDACTED] - 05/05/2026)