

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

May 21, 2026

[REDACTED]
LASOSKYS PERSONAL CARE HOME INC
[REDACTED]
[REDACTED]

RE: LASOSKY'S PERSONAL CARE HOME,
INC.
23 MAIN STREET, PO BOX 27
CLARKSVILLE, PA, 15322
LICENSE/COC#: 41858

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/30/2026 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: 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] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/02/1998 Issued By: Dept. of Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 23 Waking Staff: 17

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 03/09/2026

Inspection Dates and Department Representative

01/30/2026 - 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: 4 Are 60 Years of Age or Older: 18
 Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

01/30/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/03/2026

04/10/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/14/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/17/2026

Inspections / Reviews *(continued)*

04/27/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/20/2026

05/21/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], Adult Protective Services went to the home and notified staff that there had been an allegation of abuse. However, the home did not report this allegation of abuse to the Department.

REPEAT VIOLATION: [REDACTED] et al.

Plan of Correction

Directed [REDACTED] - 04/27/2026)

Administrator was unaware of complaint until protective visited. I knew they reported to DHS so I was unaware that I needed to as well. All staff educated by administrator on 03/31/26 regarding need to report to DHS if protective is called with a complaint

Administrator will submit an incident report to the department for allegation of abuse received of 1/16/26 on Friday 4/17/26.

Manager will be responsible to submit incident reports in future and administrator will review these weekly. Homes abuse reporting policy will be updated by 4/24/26

Directed: The weekly administrative reviews of incident reports will begin no later than 4/28/2026. [REDACTED] 4.27.2026

Directed: The home's new abuse policy will be reviewed with all staff by administrator by no later than 5/8/2026. [REDACTED] 4.27.2026

Proposed Overall Completion Date: 04/24/2026

Directed Completion Date: 05/08/2026

Implemented [REDACTED] - 05/21/2026)

141a - Medical Evaluation

2. 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.

Description of Violation

Resident [REDACTED] initial medical evaluation was not documented on the current form specified by the Department. The medical evaluation was signed by the physician on [REDACTED]; however, the date that the resident was evaluated and the date that the form was completed are not indicated.

Plan of Correction

Accept [REDACTED] - 04/27/2026)

DME has been corrected on the appropriate form. All files audited and corrected as needed on 03/30/2026

141a Medical Evaluation (continued)

DME was corrected on 3/30/26 by CRNA. The files were audited by administrator and 2 were non compliant and corrected by CRNP on 3/30/26

Administrator will audit all DMEs as they come in.

Proposed Overall Completion Date: 04/14/2026

Licensee's Proposed Overall Completion Date: 04/14/2026

Implemented [REDACTED] - 05/20/2026)

142a - Secure Medical Care**3. 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.

Description of Violation

During the period of [REDACTED], resident [REDACTED] was hospitalized, and from [REDACTED], was a patient at a skilled nursing facility (SNF). Resident [REDACTED] experienced a decline in condition and was diagnosed with [REDACTED] and new recent histories of [REDACTED] with [REDACTED] and [REDACTED]. Resident [REDACTED] received the following physician's orders at discharge from the SNF on [REDACTED]

* Follow up with Cardiologist as well as outpatient cardiac MRI

* Follow up with Orthopedics.

* Follow up with [REDACTED] for Infectious diseases.

* Follow up with a dentist.

* Outpatient sleep study for sleep apnea.

* Follow up with an Ophthalmologist.

According to resident [REDACTED] assessment and support plan, dated [REDACTED], the resident needs assistance in making and keeping appointments and securing and using transportation, which direct care staff will assist with; however, the home did not assist the resident with securing medical care, and none of the ordered follow up appointments were completed.

Plan of Correction

Directed [REDACTED] 04/27/2026)

Direct care staff has been attempting to assist in obtaining transportation however, resident has not picture ID which is required. We secured home health to assist. SN sent application for an ICM (intensive case manager) which takes time. As of this week the ICM visited with paperwork for resident to sign for transportation..Resident receives \$700 a month and administrator has applied for social security disability. The home and home health have done everything in our power to assist resident [REDACTED]

Photo ID cannot be obtained due to no transportation, The follow up appointments aren't scheduled until we find transportation. Manager is responsible for scheduling follow up appointments and will schedule as soon as transportation is available. Home health nurse has obtained the intensive case manager who is assisting in obtaining transportation.

142a - Secure Medical Care (continued)

Directed: By [REDACTED] the administrator will ensure the following ordered medical appointments are either scheduled or held for resident [REDACTED]:

- * Follow-up with Cardiologist as well as outpatient cardiac MRI
- * Follow-up with Orthopedics.
- * Follow-up with [REDACTED] for Infectious diseases.
- * Follow-up with a dentist.
- * Outpatient sleep study for sleep apnea.
- * Follow-up with an Ophthalmologist.

[REDACTED] 4.27.2026

Resident's doctor is considering Hospice care as [REDACTED] condition is terminal. At that point [REDACTED] will no longer need the appointments. Resident is currently discussing with [REDACTED] grandmother.

Resident will be moved to a higher level of care if we cannot meet [REDACTED] needs.

Directed: If the resident ultimately requires discharge, the administrator will issue a 30 day advance written notice, citing the reasons for the discharge, which will comply with 2600.228h. [REDACTED] 4.27.2026

Directed: By 5/1/2026, the administrator will review the home's description of services to see if they are congruent with resident [REDACTED]'s care needs. If the home's description of services need to be amended or changed, the administrator will update them as needed.

[REDACTED] 4.27.2026

Proposed Overall Completion Date: 04/17/2026

Directed Completion Date: 05/15/2026

Implemented [REDACTED] - 05/20/2026)

225c - Additional Assessment

4. 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

Following hospitalization from [REDACTED] through [REDACTED] and skilled nursing stay from [REDACTED] through [REDACTED], resident [REDACTED] returned to the home with new diagnoses of [REDACTED] and recent histories of [REDACTED] with [REDACTED] and [REDACTED]. However, a new assessment has not been completed since resident # [REDACTED] initial assessment on [REDACTED] to address these new diagnoses along with follow-up treatment.

REPEAT VIOLATION: [REDACTED] et al.

Plan of Correction

Accept [REDACTED] - 04/27/2026)

The assessment was amended and completed by administrator On 03/30/2026. It was done as an addendum and itemized updates completed. Staff educated by administrator regarding emailing administrator discharge

225c - Additional Assessment (continued)

paperwork when residents return from hospital on 03/31/26. All files audited by administrator and are correct. Administrator will review all discharge instructions when residents are returning from hospital in future. This is not an admission of guilt.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented [REDACTED] - 05/21/2026)

226a - Mobility Assessment**5. Requirements**

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident [REDACTED] assessment, dated [REDACTED] indicates that the resident is minimally mobile; however, the resident frequently needs physical assistance transferring in and out of bed/chair, and sometimes needs physical assistance propelling [REDACTED] wheelchair.

Plan of Correction

Accept [REDACTED] - 04/27/2026)

Resident one occasionally needs assistance and is wheelchair mobile. assessment updated making [REDACTED] immobile by administrator on 03/30/2026. All files were audited to ensure mobility status is correct by administrator on 03/31/2026. 2 files will be audited by administrator per quarter to ensure proper mobility status. Auditing will begin May 1, 2026

This is not an admission of guilt.

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented [REDACTED] - 05/21/2026)

227d - Support Plan Medical/Dental**6. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident [REDACTED] dated [REDACTED], indicates the resident has numerous medical diagnoses, to include Fredericks Ataxia and diabetes; however, resident [REDACTED] support plan, dated [REDACTED], does not indicate the responsible party for meeting these medical needs or the frequency at which they will be provided.

Plan of Correction

Accept [REDACTED] - 04/27/2026)

File was updated to add responsible party and frequency by administrator on 3/30/2026. All files audited to ensure appropriateness. 2 files will be audited by administrator per quarter to ensure appropriateness. Auditing will begin 05/01/26

This is not an admission of guilt

Licensee's Proposed Overall Completion Date: 04/17/2026

Implemented [REDACTED] - 05/21/2026)