

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

June 1, 2026

[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 03/26/2026 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: LAURELBROOKE PERSONAL CARE **License #:** 42463 **License Expiration:** 03/02/2027
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-2 LP **Date:** 08/02/2002 **Issued By:** Depart of Health

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 48 **Waking Staff:** 36

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 03/26/2026

Inspection Dates and Department Representative

03/26/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 **Residents Served:** 31

Secured Dementia Care Unit

In Home: Yes **Area:** Laurel Landing **Capacity:** 20 **Residents Served:** 15

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 31
Diagnosed with Mental Illness: 20 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 17 **Have Physical Disability:** 1

Inspections / Reviews

03/26/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/17/2026

04/23/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/29/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/30/2026

Inspections / Reviews *(continued)*

05/27/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/29/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/01/2026

06/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/29/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

141a 1-10 Medical Evaluation Information

1. 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 [redacted] medical evaluation, dated [redacted] did not indicate special health or dietary needs of the resident. This section of the form was blank.

Resident [redacted] medical evaluation, dated [redacted] did not include medical diagnosis including physical or mental disabilities of the resident and medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. These areas indicate "see attached"; however, no attachment was provided.

Resident [redacted]’s medical evaluation, dated [redacted] did not include a mobility assessment. This section of the form was blank.

Plan of Correction

Accept [redacted] - 05/27/2026)

On 3/27/2026 resident care coordinator updated the DMEs for all three residents.

Administrator provided education on 04/09/2026 to physicians/NP/PA regarding completion of medical evaluations.

Upon receipt of new medical evaluations, either the Administrator or Resident Care Coordinator will review each section for accuracy/completion. Audits will begin 04/13/26 and will continue through 5/4/26.

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented [redacted] - 06/01/2026)

187a - Medication Record

2. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident’s name.
2. Drug allergies.
3. Name of medication.
4. Strength.

187a Medication Record (continued)

- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [REDACTED] is prescribed multiple medications, to include, [REDACTED], and [REDACTED]. However, the resident's March 2026 medication administration record (MAR) did not indicate the medications diagnosis or purpose.

Resident [REDACTED] is prescribed multiple medications, to include, [REDACTED], and [REDACTED]. However, the resident's March 2026 MAR did not indicate the medications diagnosis or purpose.

Plan of Correction

Accepted [REDACTED] - 05/27/2026)

The Resident Care Coordinator completed an audit of all MARs and contacted every provider on 3/27/26 with MARs for the residents who were identified to be in need of a supporting diagnosis for medications.

The provider(s) have made changes and sent back diagnoses to the facility. Upon return, changes were made to the MAR. Target completion date is 4/17/26 to have all MARs updated.

Starting on 5/1/2026 the resident care coordinator will audit the MARs monthly to ensure they are correct.

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented [REDACTED] - 06/01/2026)

187b - Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Per the home's skin check report, on [REDACTED] at unknown time, resident [REDACTED] was administered the prescribed PRN skin care treatment medication, [REDACTED]. However, the staff person who administered this medication did not initial the resident's March 2026 medication administration record.

Plan of Correction

Accepted [REDACTED] - 05/27/2026)

The Administrator and Resident Care Coordinator will audit all MARs for signature/initials beginning 4/13/26. Audits will continue weekly until 4/27/26.

187b - Date/Time of Medication Admin. (continued)

If holes in the MAR are identified, staff education will be provided & documented. Two MARs will be audited per week for accuracy until 5/22/26.

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented [REDACTED] - 06/01/2026)

227a - Support Plan 30 Days**4. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [REDACTED] was admitted on [REDACTED]. The resident's initial support plan did not indicate the contact information of the home health agency and how the skin care services provided by the home health agency and staff will be met.

Plan of Correction

Accept [REDACTED] - 05/27/2026)

Beginning 3/30/26, every support plan in-house was reviewed to ensure that any outside agency/provider was identified on the plan. Changes were made during the review through 4/10/26.

With every review/change of the support plan, this information will be reviewed with target completion date of 5/1/26.

Education provided to agencies on 3/30/26, requesting weekly documentation of visit notes to be provided to Administrator or Resident Care Coordinator. Upon new orders during a visit, the orders will be provided to the Resident Care Coordinator and sent to pharmacy.

Beginning 5/1/2026 the administrator will audit the RASP upon admission, and quarterly to ensure they are done in completion

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented [REDACTED] - 06/01/2026)

227d - Support Plan Medical/Dental**5. 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

Resident [REDACTED] support plan, dated [REDACTED], did not indicate the contact information of the home health agency and how the skin care services provided by the home health agency and staff will be met.

227d Support Plan Medical/Dental (continued)

Plan of Correction

Accept (█ - 05/27/2026)

Beginning 3/30/26, every support plan in house was reviewed to ensure that any outside agency/provider was identified on the plan. Changes were made during the review through 4/10/26.

With every review/change of the support plan, this information will be reviewed with target completion date of 5/1/26.

Education provided to agencies on 3/30/26, requesting weekly documentation of visit notes to be provided to Administrator or Resident Care Coordinator. Upon new orders during a visit, the orders will be provided to the Resident Care Coordinator and sent to pharmacy.

Beginning 5/1/2026 the administrator will audit the RASP upon admission, and quarterly to ensure they are done in completion

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented (█ - 06/01/2026)

234b - Support Plan Needs Elements

6. 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 █ and the support plan, dated █ for resident █ did not address how the home will meet the skin care service needs of the resident.

Plan of Correction

Accept (█ - 05/27/2026)

Education provided to agencies on 3/30/26, requesting weekly documentation of visit notes to be provided to Administrator or Resident Care Coordinator. Upon new orders during a visit, the orders will be provided to the Resident Care Coordinator and sent to pharmacy.

Beginning 5/1/2026 the administrator will audit the RASP upon admission, and quarterly to ensure they are done in completion

Licensee's Proposed Overall Completion Date: 04/27/2026

Implemented (█ - 06/01/2026)