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

August 14, 2026

[redacted]
LASOSKYS PERSONAL CARE HOME INC
[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 06/18/2026 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**: *03/17/2027*

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**: *PA Dept L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *22* **Waking Staff**: *17*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *06/18/2026*

Inspection Dates and Department Representative

06/18/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25* **Residents Served**: *21*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *4* **Are 60 Years of Age or Older**: *17*

Diagnosed with Mental Illness: *13* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *1* **Have Physical Disability**: *0*

Inspections / Reviews

06/18/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/19/2026*

08/03/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/14/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/07/2026*

Inspections / Reviews *(continued)*

08/07/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/14/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/11/2026*

08/14/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/14/2026*

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

The most recent Pennsylvania State Police criminal history check for staff person A, hired [redacted], was completed on [redacted].

Plan of Correction ***Accept [redacted] - 08/07/2026)***

This was a rehire. Criminal record check was completed by the administrator. All files audited by administrator and one other file of a rehire needed a new record check which was completed by the administrator. Administrator did training with manager and added a new checklist to the staff records.

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented [redacted] - 08/14/2026)

225c - Additional Assessment

2. 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

Resident [redacted]s assessment, dated [redacted], does not include contact information for the home health care agency that provides palliative care to the resident. Resident [redacted] has been repeatedly refusing showers and has begun to experience urinary incontinence. Resident [redacted]'s assessment has not been updated to address these needs.

Repeated violation [redacted]

Plan of Correction ***Accept [redacted] - 08/07/2026)***

Rasp was updated to reflect shower refusal and incontinence. Also updated with OSPTA as palliative care provider and need for higher level of care. All files audited for appropriateness by administrator on May 1,2026. Beginning September 1, 1 record will be reviewed each month by administrator and kept on file.

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented [redacted] - 08/14/2026)