

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

September 15, 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 07/31/2026 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:

Phone:

Email:

Legal Entity

Name: WRC PENNSYLVANIA MEMORIAL HOME

Address:

Phone:

Email:

Certificate(s) of Occupancy

Type: C-2 LP

Date: 08/02/2002

Issued By: Dept. of Health

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 49

Waking Staff: 37

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 07/31/2026

Inspection Dates and Department Representative

07/31/2026 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50

Residents Served: 35

Secured Dementia Care Unit

In Home: Yes

Area: SDCU

Capacity: 20

Residents Served: 14

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 35

Diagnosed with Mental Illness: 22

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 14

Have Physical Disability: 1

Inspections / Reviews

07/31/2026 Partial

Lead Inspector:

Follow-Up Type: POC Submission

Follow-Up Date: 08/29/2026

09/03/2026 - POC Submission

Submitted By:

Date Submitted: 09/08/2026

Reviewer:

Follow-Up Type: Document Submission Follow-Up Date: 09/17/2026

Inspections / Reviews (*continued*)

09/15/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/08/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [REDACTED] has a history of falls, including some that took place in the home. However, the assessment for resident [REDACTED], dated [REDACTED] doesn't include this fall history or what the resident's needs are to mitigate [REDACTED] fall risk.

Plan of Correction**Accept [REDACTED] - 09/03/2026)**

On 7/31/2026 the [REDACTED] resident care coordinator updated Resident [REDACTED] rasp to show [REDACTED] increased falls.

On 8/3/2026 the administrator [REDACTED] gave education to the resident care coordinator [REDACTED] on how to properly do a RASP

Starting on 9/1/2026 the administrator [REDACTED] and resident care coordinator [REDACTED] will audit all rasps to ensure they are done properly

Licensee's Proposed Overall Completion Date: 08/21/2026

Implemented [REDACTED] - 09/15/2026)