

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

October 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 08/24/2026 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: Dept of Health

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 59

Waking Staff: 44

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Incident

Exit Conference Date: 08/24/2026

Inspection Dates and Department Representative

08/24/2026 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50

Residents Served: 39

Secured Dementia Care Unit

In Home: Yes

Area: Hasrmony

Capacity: 20

Residents Served: 18

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 39

Diagnosed with Mental Illness: 25

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 20

Have Physical Disability: 1

Inspections / Reviews

08/24/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/20/2026

09/25/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/30/2026

Inspections / Reviews *(continued)*

10/01/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [REDACTED]'s resident assessment and support plan (RASP), dated [REDACTED], indicates the resident requires total 24 hour direct supervision. To meet this need, direct care staff will supervise the resident while [REDACTED] is in the facility. On [REDACTED] at approximately 10:40 a.m., resident [REDACTED] did not receive this assistance as required. Resident [REDACTED] and resident [REDACTED] were found in resident [REDACTED] bedroom, undressed from the waist down, and resident [REDACTED] was touching resident [REDACTED]'s genitals.

Resident [REDACTED]'s RASP, dated [REDACTED] indicates the resident requires extensive supervision in the home, [REDACTED] cannot leave the home unattended, and is unaware of unsafe areas. To meet this need, direct care staff will supervise the resident while [REDACTED] is in the home. On [REDACTED] at approximately 6:45 p.m., resident [REDACTED] did not receive this assistance as required. Resident [REDACTED] exited the Secure Dementia Care Unit via a broken gate lock and was found by staff approximately ¼ mile from the home on the sidewalk along the road.

Plan of Correction

Accept [REDACTED] - 09/25/2026)

On 8/14/2026 the administrator [REDACTED] put residents [REDACTED] and [REDACTED] on 15 minute safety checks to ensure that they were safe and being supervised. On 8/6/2026 the administrator [REDACTED] put resident [REDACTED] on 15 minute checks to ensure safety and supervision.

On 8/15/2026 the administrator [REDACTED] gave all staff education on supervising the residents and ensuring that they are safe. On 8/7/2026 the resident care coordinator gave education to the staff on checking the magnets and doors to ensure they were alarmed and working to ensure resident safety.

Starting on 10/1/2026 annual education will be given to staff to ensure they are aware of how supervision works and that they are doing checks and ensuring safety of all residents.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented [REDACTED] - 10/01/2026)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

On [REDACTED] at approximately 10:40 a.m., resident [REDACTED] and resident [REDACTED] were found in resident [REDACTED]'s bedroom, undressed from the waist down. Resident [REDACTED] was touching resident # [REDACTED] genitals. However, resident [REDACTED]'s RASP was not updated to address this change in behavior.

Repeated Violation: [REDACTED]

225c Additional Assessment (continued)

Plan of Correction**Accepted** [REDACTED] - 09/25/2026)

On 8/24/2026 the resident care coordinator updated resident [REDACTED] RASP to show the behavior change.

On 8/25/2026 the administrator [REDACTED] gave education to the Resident Care Coordinator on when and how to update a RASP

Starting on 10/1/2026 the administrator will audit the RASPs when new behaviors or changes occur to ensure that they are updated appropriately. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented [REDACTED] - 10/01/2026)

233d - Electronic/Magnetic System

3. Requirements

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

On [REDACTED] at approximately 6:45 p.m., the magnetic locking device on the gate from the exterior activity area was inoperable, allowing resident [REDACTED] to exit from the gate and walk approximately ¼ miles from the home.

Plan of Correction**Accepted** [REDACTED] 09/25/2026)

On 8/6/2026 the maintenance man [REDACTED] came in to inspect the door and magnet and to get the door to stay secure until magnet could be changed.

On 8/7/2026 the maintenance man [REDACTED] had a new magnet ordered and it was installed 8/11/2026.

Education was given to [REDACTED] by the administrator [REDACTED] on 8/8/2026 on how the magnets needed to be checked and in working order 24/7.

Starting on 10/1/2026 the administrator [REDACTED] will check the magnets on the door will be reached daily to ensure they are working and the doors are secured.

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented [REDACTED] - 10/01/2026)