

Department of Human Services  
Bureau of Human Service Licensing

February 24, 2021

██████████ ADMINISTRATOR  
LAFAYETTE MANOR INC LMI  
145 LAFAYETTE MANOR ROAD  
UNIONTOWN, PA 15401

RE: BEECHWOOD COURT AT LAFAYETTE  
MANOR  
145 LAFAYETTE MANOR ROAD  
UNIONTOWN, PA, 15401  
LICENSE/COC#: 40961

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/06/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Larry Mazza

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: BEECHWOOD COURT AT LAFAYETTE MANOR      License #: 40961      License Expiration Date: 10/03/2021  
Address : 145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA 15401  
County: FAYETTE      Region: WESTERN

**Administrator**

Name: [REDACTED]      Phone: 7244346024      Email: [REDACTED]

**Legal Entity**

Name: LAFAYETTE MANOR INC LMI  
Address: 145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA, 15401  
Phone: 7244346024      Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP      Date: 09/27/2000      Issued By: Dept L&I

**Staffing Hours**

Resident Support Staff: 0      Total Daily Staff: 52      Working Staff: 39

**Inspection**

Type: Partial      Notice: Unannounced      BHA Docket #:  
Reason: Complaint      Exit Conference Date: 01/19/2021

**Inspection Dates and Department Representative**

01/06/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 64      Residents Served: 41

**Secured Dementia Care Unit**

In Home: Yes      Area: First Floor      Capacity: 23      Residents Served: 11

**Hospice**

Current Residents: 6

**Number of Residents Who:**

Receive Supplemental Security Income: 0      Are 60 Years of Age or Older: 41  
Diagnosed with Mental Illness: 0      Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 11      Have Physical Disability: 1

**Inspections / Reviews**

01/06/2021 Partial

Lead Inspector: [REDACTED]      Follow-Up Type: POC Submission      Follow-Up Date: 02/03/2021

Inspections / Reviews (*continued*)

2/1/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *02/05/2021*

2/5/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/22/2021*

2/24/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's resident-home contract, dated 11/17/20, is not signed by the resident.

Plan of Correction

Directed

Administrator will check all resident contracts for signatures, this will be completed by Feb. 22, 2021. An initial checklist will be implemented. Once contract is signed then it will be signed off on checklist and checked by administrative assistant and signed by [redacted] too (DIRECTED: Within 5 days of receipt of the plan of correction: All staff persons who are involved in the resident admission process shall be educated on the new checklist. Documentation of the education shall be kept. LM 2/5/21)

Completion Date: 02/22/2021

Document Submission

Implemented

All contracts were checked for signatures and resident 1 signed [redacted] contract. Contract checks were done by 2/10/2021. contract check list was completed. Check list is enclosed as attachment 5

141a - Medical Evaluation

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.

Description of Violation

Resident #1 was admitted to the home on [redacted] however, a medical evaluation was not completed.

Plan of Correction

Directed

Administrative assistant will check all resident files for completed and dated. This check will be finished by Feb. 20, 2021 and signed off on a check list and checked by administrator. New residents Medical Evaluations will be finished within time frame and signed off by administrative assistant and administrator on new initial check list

DIRECTED: Within 5 days of receipt of the plan of correction: A medical evaluation shall be completed for resident #1 and shall be kept in the resident's record. LM 2/5/21

DIRECTED: Within 5 days of receipt of the plan of correction: All staff persons who are involved in the resident admission process shall be educated on the new checklist. Documentation of the education shall be kept. LM 2/5/21

Completion Date: 02/22/2021

141a - Medical Evaluation (continued)

Document Submission

Implemented

Resident 1 DME was completed on 02/02/2021 and a copy is attached as number 6 and 7. A DME check list was also signed for that DME and will be signed for future DME. copy is attached as number3

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 #1 was admitted to the home on [redacted]; however, an initial assessment was not completed.

Resident #2 was admitted to the home on [redacted] however, an initial assessment was not completed.

Plan of Correction

Directed

By 2/20/21: All assessments will be checked for accuracy by administrative assistant and signed off for accuracy on sign off sheet. Administrator will check also and sign off on sheet. All new assessments will be done according to time frame and signed off by administrator and administrative assistant on initial sign off sheet.

DIRECTED: Within 5 days of receipt of the plan of correction: An assessment shall be completed for residents #1 and #2 and shall be kept in the resident's record. LM 2/5/21

DIRECTED: Within 5 days of receipt of the plan of correction: A new admission checklist shall be created to ensure timely completion of resident assessments. All staff persons who are involved in the resident admission process shall be educated on the new checklist. Documentation of the education shall be kept. LM 2/5/21

Completion Date: 02/26/2021

Document Submission

Implemented

attached as number 8,9 and 10 are the signature pages of resident #1. A form was also developed to check for completed RASP and is attached as number4

227a - Support Plan 30 Days

1. 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 #1 was admitted to the home on [redacted] however, an initial support plan was not completed.

227a - Support Plan 30 Days (continued)

**Plan of Correction**

**Directed**

*all support plans will be looked at for appropriate dates by administrative assistant and administrator. They will be signed off on a new sign off sheet. The initial checklist will be signed and dated by administrative assistant and administrator for all new admissions. This will ensure accuracy.*

*DIRECTED: Within 5 days of receipt of the plan of correction: A support plan shall be completed for resident #1 and shall be kept in the resident's record. LM 2/5/21*

*DIRECTED: Within 5 days of receipt of the plan of correction: A new admission checklist shall be created to ensure timely completion of resident support plans. All staff persons who are involved in the resident admission process shall be educated on the new checklist. Documentation of the education shall be kept. LM 2/5/21*

**Completion Date** 02/26/2021

**Document Submission**

**Implemented**

*The support plan was finished for resident 1, signature pages are attached as well as sign off sheet for all RASP as they are completed. Also attached is a medical records check list to be filled out and kept in the residents file*