

Department of Human Services
Bureau of Human Service Licensing

July 23, 2021

[REDACTED]
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/24/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jason Williams

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: *Department of L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *02/24/2021*

Inspection Dates and Department Representative

02/24/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* Residents Served: *50*

Secured Dementia Care Unit

In Home: *Yes* Area: *Left Wing* Capacity: *23* Residents Served: *13*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *50*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *14* Have Physical Disability: *0*

Inspections / Reviews

02/24/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/31/2021*

Inspections / Reviews *(continued)*

6/3/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *06/07/2021*

6/4/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/09/2021*

7/23/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately 1:30 pm, resident #1 fell in the hallway in the secured dementia care unit (SDCU). [redacted] sustained a large laceration under [redacted] chin and a small laceration above [redacted] left eyebrow. The resident was sent out and received stitches to both lacerations. The home did not report this incident to the Department.

On [redacted] at approximately 9:00 pm, resident #1 fell in the outside courtyard of the SDCU. [redacted] complained of pain in her legs and hip. The resident was sent out to the hospital and diagnosed with fracture to the left hip. The home did not report this incident to the Department.

Plan of Correction

Accept

The administrator will conduct a training of all supervisors and lead workers on the proper way to fill out an incident report and when an incident report should be done. This training will take place by June 2, 2021. The paper work will be on file which will include a sample incident report and certificate for each person trained. see attachments. Resident #1 had two falls the first fall was on [redacted] this fall necessitated a ER visit for stitches and [redacted] returned the same day. Report was not made at that time but was done late on 3/24/21. see attachment. Fall two was on [redacted] and resident #1 was sent to ER and was admitted. report was sent on 2/18/21. see attachment.

Completion Date: 06/04/2021

Document Submission

Implemented

An incident report will be sent for any fall that requires a resident to visit the ER, regardless if they are admitted