





# Pennsylvania Department of Human Services

Emailing Date: May 16, 2025

[REDACTED]  
Lafayette Manor Inc LMI  
145 Lafayette Road  
Uniontown, Pennsylvania 15401

RE: Beechwood Court at Lafayette  
Manor  
License #: 409610

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on March 11, 2025 and March 12, 2025, and the corrections you have made after our inspections, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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: *06/13/2025*  
Address: *145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA 15401*  
County: *FAYETTE* Region: *WESTERN*

**Administrator**

Name: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *09/27/2000* Issued By: *Dept. of Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *72* Waking Staff: *54*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *03/12/2025*

**Inspection Dates and Department Representative**

03/11/2025 - On-Site: [REDACTED]  
03/12/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *64* Residents Served: *51*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Back of Bldg.* Capacity: *23* Residents Served: *15*

**Hospice**

Current Residents: *10*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *51*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *21* Have Physical Disability: *0*

**Inspections / Reviews**

**03/11/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/28/2025*

04/01/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/04/2025

04/03/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/08/2025

04/08/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2025

Reviewer: [REDACTED]

Follow-Up Type: Exception

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standard Act, enacted 6/23/2016, requires carbon monoxide detectors to be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. On 3/11/2025 at 12:05 pm, the carbon monoxide detector mounted on the wall outside of the door to the laundry room was approximately 8 feet from the gas fired dryer.

Plan of Correction

Accept (████ - 04/01/2025)

Maintenance Director immediately moved carbon monoxide detector to proper location. Administrator reeducated Maintenance on regulation 18 and carbon monoxide detectors on 3/25/2025. Documentation of the education shall be kept in accordance with 2600.65i. Administrator performed audit on 3/20/2025 of all carbon monoxide detectors to ensure they were the proper distance from gas source. Administrator will continue audits weekly x4 weeks and then monthly. QM meeting scheduled for 4/23/2025 which will include a review of all items specified in 2600.26b and documentation of the QM review will be kept.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented (████ - 04/08/2025)

51 - Criminal Background Check

2. 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 criminal history background check for staff person A, hired █████/2023 was completed on 3/22/2019.

REPEAT VIOLATION: 6/13/2024 et al

Plan of Correction

Accept (████ - 04/01/2025)

Employee A background check was reran on 3/12/2025 by HR Director. Educaton was provided by the administrator to staff involved in hiring process on regulation 51 on 3/25/2025. Documentation of the education shall be kept in accordance with 2600.65i. Administrator or HR Director will audit new hires monthly starting 4/4/2025 to ensure background check is completed per regulation. QM meeting scheduled for 4/23/2025 which will include a review of all items specified in 2600.26b and documentation of the QM review will be kept.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented (████ - 04/08/2025)

81b - Resident Personal Equipment

3. Requirements

2600.

81b - Resident Personal Equipment (continued)

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 3/11/2025 at approximately 11:16 am, there was a bedside mobility device/enabler attached to the right side of resident #1's bed. The uncovered opening of the device measured approximately 12 inches high x 18 inches wide, posing an entrapment hazard.

On 3/11/2025 at approximately 11:39 am, there was a bedside mobility device/enabler attached to the right side of resident #2's bed. The uncovered opening measured approximately 10 inches wide x 6 inches high, posing an entrapment hazard.

Plan of Correction

Accept [redacted] - 04/03/2025)

Resident 1 and 2s enabler openings were covered to remove hazard on 3/13/2025. Administrator provided education to staff on 3/25/2025 on regulation 81b. Documentation of the education shall be kept in accordance with 2600.65i. Audit will be performed monthly starting on 4/4/2025 of enabler covers by administrator or wellness director. Direct care staff will monitor enablers for covers and being secure daily starting 4/1/2025. QM meeting scheduled for 4/23/2025 which will include a review of all items specified in 2600.26b and documentation of the QM review will be kept.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented [redacted] - 04/08/2025)

85d - Trash Receptacles

4. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 3/11/2025 at 12:29 pm, there were 2 trash cans in the shared resident bathroom between resident #3 and resident #4's rooms. One of the trash cans was covered, but the other can was uncovered and contained discarded paper towels.

Plan of Correction

Accept [redacted] 04/01/2025)

Trash can immediately removed by wellness director. Administrator re-educated staff on regulation 85d on 3/25/2025. Documentation of the education shall be kept in accordance with 2600.65i. Administrator performed audit on 3/26/2025 to ensure lids were on trash cans that require them per regulation. Administrator or Wellness Director will continue to perform audits weekly x 4 weeks then monthly. QM meeting scheduled for 4/23/2025 which will include a review of all items specified in 2600.26b and documentation of the QM review will be kept.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented [redacted] 04/08/2025)

101j7 - Lighting/Operable Lamp

5. Requirements

101j7 - Lighting/Operable Lamp (continued)

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 3/11/2025 at 11:29 am, there was no operable lamp or other source of lighting that could be turned on and off at the bedside of resident #7.

REPEAT VIOLATION: 10/1/2024 et al and 6/13/2024 et al.,

Plan of Correction

Accept [redacted] - 04/01/2025)

Administrator immediately placed touch light at residents bedside. Administrator completed audit of all residents rooms to ensure light was at bedside on 3/25/2025. Staff persons were re-educated on regulation 101j7 at training session scheduled for 3/25/2025 by Administrator. Documentation of the education shall be kept in accordance with 2600.65i. Administrator or Administrative assistant will continue audit for lights being present in all resident rooms at bedside weekly x 4 weeks then monthly. QM meeting scheduled for 4/23/2025 which will include a review of all items specified in 2600.26b and documentation of the QM review will be kept

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented [redacted] - 04/08/2025)

101o - Walls, Floors, Ceilings

6. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 3/11/2025 at approximately 12:34 pm, the plaster in an area measuring approximately 4-inches in diameter in the ceiling in resident #5's room was beginning to crumble and fall.

Plan of Correction

Accept [redacted] - 04/01/2025)

Ceiling in resident 5s room was repaired by maintenance immediately. Administrator re-educated staff on regulation 101o on 3/25/2025. Documentation of the education shall be kept in accordance with 2600.65i. Administrator performed audit on 3/25/2025 of residents rooms. Administrator or wellness director will continue to perform audits weekly x4 weeks and then monthly. QM meeting scheduled for 4/23/2025 which will include a review of all items specified in 2600.26b and documentation of the QM review will be kept.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented [redacted] - 04/08/2025)

141b1 - Annual Medical Evaluation

7. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's annual medical evaluation, dated [redacted]/2024, did not include the resident's height. That area of the form was blank.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept [REDACTED] - 04/01/2025)

Height added to residents DME by Administrator on 3/11/2025. Administrator re-educated staff on regulation 141b1 on 3/25/2025. Documentation of the education shall be kept in accordance with 2600.65i. Administrative assistant performed audit of residents dme to ensure completion of all required areas on 3/26/2025. Administrator or administrative assistant will continue to perform audits weekly x4 weeks and then monthly. QM meeting scheduled for 4/23/2025 which will include a review of all items specified in 2600.26b and documentation of the QM review will be kept.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented [REDACTED] - 04/08/2025)

162c - Menus Posted

8. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 3/11/2025 at 12:16 pm, the posted menus were not dated.

Plan of Correction

Accept [REDACTED] 04/01/2025)

Administrator immediately wrote dates on menu. Administrator re-educated Dietary director and Production manager on regulation 162c and menus posting on 3/24/2025. Documentation of the education shall be kept in accordance with 2600.65i. Administrator performed audit on 3/20/2025 to ensure dates were on current menu. Administrator or Administrative Assistant will continue to perform audit weekly x4 weeks and then monthly. QM meeting scheduled for 4/23/2025 which will include a review of all items specified in 2600.26b and documentation of the QM review will be kept.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented [REDACTED] - 04/08/2025)

183b - Meds and Syringes Locked

9. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 3/11/2025 the following medications were unlocked, unattended, and accessible in the following areas:

At 11:14 am, in resident #1's bathroom:

- \* A 0.9oz tube of Preparation H on the back of the toilet.
- \* 3 tubes of Medline Remedy Phytoplex ointment in the medicine cabinet

At 11:30 am, in resident #7's room: a 0.34oz bottle of Blink Geltears lubricating eye drops

At 11:40 am, in resident #2's bathroom:

**183b - Meds and Syringes Locked (continued)**

- \* A 12oz bottle of Phillip's Milk of Magnesia.
- \* A 4oz tube of A&D ointment.

**Plan of Correction**

Accept [REDACTED] - 04/01/2025)

All medications from Residents 1, 7, 2 removed immediately by Administrative Assistant. Wellness Director performed audit of all residents rooms to ensure no medications were present on 3/27/2025. Staff persons were re-educated on regulation 183b at training session scheduled for 3/25/2025 by Administrator. Documentation of the education shall be kept in accordance with 2600.65i. Administrator or wellness director will continue audit for medications in resident rooms weekly x 4 weeks then monthly. QM meeting scheduled for 4/23/2025 which will include a review of all items specified in 2600.26b and documentation of the QM review will be kept.

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented [REDACTED] - 04/08/2025)

**184a - Resident's Meds Labeled****10. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Violation**

Resident #1 is ordered Acetaminophen 650 mg suppository, insert 1 suppository rectally every 6 hours as needed for mild pain or fever over 100.4. However, the pharmacy label indicates Acetaminophen 650 mg suppository, insert 1 suppository rectally every 4 hours as needed for mild pain or fever over 100.4.

REPEAT VIOLATION: 10/1/2024 et al and 6/13/2024 et al

**Plan of Correction**

Accept [REDACTED] - 04/01/2025)

Change of direction sticker placed on residents 1s medication immediately by wellness director. Administrator re-educated staff on regulation 184a on 3/25/2025. Documentation of the education shall be kept in accordance with 2600.65i. Wellness Director performed audit of residents medications on 3/26/2025 to ensure accuracy.

Administrator or wellness director will continue audits weekly x4 weeks and then monthly. QM meeting scheduled for 4/23/2025 which will include a review of all items specified in 2600.26b and documentation of the QM review will be kept

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented [REDACTED] - 04/08/2025)

**185a - Implement Storage Procedures****11. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures (continued)

**Description of Violation**

Resident #6 is ordered glucometer readings 3 times a day before meals. The resident's blood glucose level was not correctly recorded on the March 2025 MAR as follows:

- On 3/12/2025 at 5:32 am, the blood glucose measurement on the resident's glucometer was 164, however, 146 was entered on the MAR

On 3/11/2025 at 3:48 pm, the blood glucose measurement on resident #6's glucometer was 267, however, 276 was entered on the MAR

- On 3/7/2025 at 11:20 am, the blood glucose measurement on resident #6's glucometer was 105, however, 103 was entered on the MAR.

REPEAT VIOLATION: 10/1/2024 et al

**Plan of Correction**

Accept [redacted] - 04/01/2025)

Misdocumentation of blood glucoses had no adverse effects on residents 6, appropriate amount of insulin administered. Administrator re-educated staff on regulation 185a on 3/25/2025. Documentation of the education shall be kept in accordance with 2600.65i. Wellness Director performed audit of 7 days of blood glucose readings for residents ordered blood glucose checks on 3/26/2025 to ensure proper documentation. Wellness director or administrator will continue audits weekly x4 weeks then monthly. QM meeting scheduled for 4/23/2025 which will include a review of all items specified in 2600.26b and documentation of the QM review will be kept

Licensee's Proposed Overall Completion Date: 04/23/2025

Implemented [redacted] - 04/08/2025)

190c - Record of Training

**12. Requirements**

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

**Description of Violation**

The medication administration training and practicums for the following staff did not indicate the date of the month the training occurred:

- Direct care staff person A - the date indicated for recertification was "12/24".

- Direct care staff person B - the date indicated for certification was "January 2025".

- Direct care staff person C - the date for recertification was indicated was "12/24".

- Direct care staff person D - the date indicated for recertification was "12/24".

190c - Record of Training (continued)

**Plan of Correction**

**Accept** [redacted] - 04/01/2025)

Medication trainer corrected training record on 3/21/2025 for complete date as required. Education on regulation 190c provided by Administrator to staff that perform trainings on 3/24/2025. Documentation of the education shall be kept in accordance with 2600.65i. Administrative assistant will perform audit by 4/4/2025 of medication training records to verify the training completion date is documented accurately. Administrative assistant will continue audits monthly to ensure proper documentation of training completion date on medication training. QM meeting scheduled for 4/23/2025 which will include a review of all items specified in 2600.26b and documentation of the QM review will be kept

Licensee's Proposed Overall Completion Date: 04/23/2025

**Implemented** [redacted] - 04/08/2025)

227d - Support Plan Medical/Dental

**13. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

Resident #1 and resident #2 have bedside mobility devices attached to their beds. However, neither the support plan for resident #1, dated 2/26/2025, or the support plan for resident #2, dated 6/5/2024, address:

- The specific need for the device
- The intended use
- Any risks associated with the device
- The resident's ability to use the device safely for the intended purpose
- Identification of the specific device to be used
- If a cover is required to meet FDA guidelines

**Plan of Correction**

**Accept** [redacted] - 04/01/2025)

Resident 1 and 2s support plan was updated on 3/27/2025 to include required information per regulation 227d. Staff were educated on 3/25/2025 by Administrator on regulation 227d. Documentation of the education shall be kept in accordance with 2600.65i. Administrator or Administrative Assistant will perform audit by 4/4/2025 to ensure all required information per regulation 227d is in support plans for residents with bedside mobility devices attached to their bed. Audits will continue monthly by administrator or administrative Assistant. QM meeting scheduled for 4/23/2025 which will include a review of all items specified in 2600.26b and documentation of the QM review will be kept

Licensee's Proposed Overall Completion Date: 04/23/2025

**Implemented** [redacted] - 04/08/2025)