



Pennsylvania Department of Human Services

Emailing Date: December 17, 2025

[REDACTED]
Beaver Falls PA SLC Tenant LLC
[REDACTED]

RE: Franciscan Manor
71 Darlington Road
Beaver Falls, Pennsylvania 15010
License #: 45696

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing Department, licensing inspection on October 10, 2025 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW 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: *FRANCISCAN MANOR* License #: *45696* License Expiration:
Address: *71 DARLINGTON ROAD, BEAVER FALLS, PA 15010*
County: *BEAVER* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *BEAVER FALLS PA SLC TENANT LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/19/1998* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *96* Waking Staff: *72*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Change Legal Entity* Exit Conference Date: *10/16/2025*

Inspection Dates and Department Representative

10/10/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *119* Residents Served: *89*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *89*
Diagnosed with Mental Illness: *26* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

10/10/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/21/2025*

Inspections / Reviews (*continued*)

12/03/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/10/2025

12/12/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2025

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document
Submission

12/12/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2025

Reviewer: [REDACTED]

Follow-Up Type: Exception

42y - Health Care Choice

1. Requirements

2600.

42.y. A resident has the right to choose his own health care providers without limitation by the home. This includes the right to select the resident's own pharmacist provided that the pharmacy agrees to supply medications in a way that is compatible with the home's system for handling and assisting with the self-administration of resident medications.

Description of Violation

Resident #1 prefers to use Giant Eagle Pharmacy to provide [REDACTED] medication services. However, the home did not use Giant Eagle pharmacy when ordering resident #1's medications from 12/26/24 through 1/31/25.

Plan of Correction

Accept [REDACTED] - 12/03/2025)

A document was added to the admission process to notify the family and or resident that the resident has a choice of pharmacy. The notice also states that if the family or resident does not provide the medications that we will use provider choice that is in our resident agreement to ensure that the resident does not go without medications. This will now be reviewed upon every admission with every resident and or their family. The Administrator and or designee will complete an audit after every contract is complete to ensure the form is completed for one month, and then ongoing an audit will be completed monthly on admission contracts to ensure the form is completed.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 12/12/2025)

85e - Trash Outside Home

3. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 11:30 a.m., a large, rolling garbage transport container was completely filled with trash bags; however, the garbage container was not covered and the lid was leaning against the wall near the container.

Plan of Correction

Accept [REDACTED] - 12/12/2025)

The garbage was transported to the dumpster that day by the Facilities Director and housekeepers and resident care staff were trained by the Facilities Director to not let the garbage overflow by taking it to the dumpster. The lid was securely attached to the garbage cart with screws by Maintenance Assistant on 11/14/2025 so that it would not fall off. An audit will be done by the Facilities Director beginning 12/8/2025 to check for proper removal off trash twice a day for 6 weeks.

Licensee's Proposed Overall Completion Date: 01/30/2026

Implemented [REDACTED] - 12/12/2025)

187b - Date/Time of Medication Admin.

4. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 10/5/25 at 8:00 p.m., staff person A left the following medications for resident #3 at bedside, and signed the

187b - Date/Time of Medication Admin. (continued)

resident's October 2025 medication administration record indicating the medications were administered at 8:00 p.m.; however, the resident did not take these medications until approximately 9:00 p.m.:

- * Atorvastatin Calcium, 20mg
- * Melatonin 10mg
- * Allopurinol 100mg
- * Docusate Sodium 100mg capsule
- * Eliquis 5mg

Plan of Correction

Accept [redacted] - 12/12/2025)

Director of Health and Wellness educated Medication Technicians and nurses immediately on ensuring residents take their medications at prescribed times. Medication audits will be conducted by Director of Health and Wellness and or designee beginning 11/18/2025 two times a week for four weeks, weekly for four weeks, and then monthly going forward.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [redacted] - 12/12/2025)

225a - Assessment 15 Days

5. 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 #2 has experienced an increase in falls, one of which resulted in a tibial fracture. However, this change in condition was not indicated on the resident's assessment, dated [redacted]/25.

Plan of Correction

Accept [redacted] - 12/12/2025)

Director of Health and Wellness completed audits on RASPS on October 7th to ensure all required information was in place to ensure all RASPS were updated appropriately. Director of Health and Wellness or designee will complete an audit beginning 11/18/2025 on RASPS with incidents to ensure they are updated appropriately once a week for four weeks, once every two weeks for four weeks, and then monthly going forward.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [redacted] - 12/12/2025)