

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

December 5, 2025

[REDACTED]  
LAFAYETTE MANOR INC LMI  
[REDACTED]  
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/04/2025 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: BEECHWOOD COURT AT LAFAYETTE MANOR License #: 40961 License Expiration: 05/16/2026  
 Address: 145 LAFAYETTE MANOR ROAD, UNIONTOWN, PA 15401  
 County: FAYETTE Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: LAFAYETTE MANOR INC LMI  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 04/27/2000 Issued By: Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 70 Waking Staff: 53

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 11/04/2025

**Inspection Dates and Department Representative**

11/04/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 64 Residents Served: 49  
 Secured Dementia Care Unit  
 In Home: Yes Area: 1st floor Capacity: 23 Residents Served: 13  
 Hospice  
 Current Residents: 10  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 49  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 21 Have Physical Disability: 0

**Inspections / Reviews**

11/04/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/15/2025

11/17/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/05/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/21/2025

Inspections / Reviews *(continued)*

11/21/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/05/2025

12/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

85e - Trash Outside Home

1. 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 9:38am, there were numerous loose trash items present in an uncovered planter in the secured dementia care unit (SDCU) courtyard.

Plan of Correction

Directed [redacted] - 11/17/2025)

Wellness director immediately removed trash in the secured Dementia Care Unit (SDCU) courtyard. Housekeeping and Maintenance team members will be re-educated on regulation 85e on 11/18/2025. Documentation of the education shall be kept in accordance with 2600.65i. Administrator performed audit on 11/10/2025 to ensure no other trash was present outside of building. Administrator or Wellness Director will continue to perform audits weekly x4 weeks then monthly. QM meeting scheduled for 11/24/2025 which will include a review of all specified in 2600.26b and documentation of the QM review will be kept.

Proposed Overall Completion Date: 12/06/2025

Directed Completion Date: 11/24/2025

Implemented [redacted] - 12/05/2025)

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At approximately 9:30am, the lower cabinet door under the juice machine in the 1st floor main dining room was not securely attached to the cabinet.

At 10:06am, there was an electrical cord plugged into an outlet directly behind the sink in the 2nd floor common bathroom across from bedroom [redacted]. The electrical cord ran across the back of the sink basin near the faucet and faucet handles to a digital scale display that was sitting on the transfer bench in the bathtub directly to the right of the sink. The electrical cord then ran from the bathtub down to a wheelchair platform scale that was on the floor directly in front of the sink, which also presents a tripping hazard to residents.

At 12:20pm, there were 2 ceiling tiles with large stains present in the ceiling of the 2nd floor stairwell near bedroom [redacted]. One tile was almost completely covered in layers of dark brown, grey and black stains and the second tile had numerous dark brown stains covering approximately half of the ceiling tile.

88a - Surfaces (continued)

**Plan of Correction**

**Directed** [REDACTED] - 11/21/2025)

Lower cabinet door in 1st floor main dining room was securely attached to the cabinet by Administrator immediately. Scale in 2nd floor bathroom was relocated by administrative assistant immediately. Ceiling tile that was stained in stairwell near bedroom 228 was changed on 11/13/2025. Current staff will be educated by Administrator on regulation 88a Surfaces and reporting items that are in need of repair or replacement by 11/28/2025. Documentation of the education shall be kept in accordance with 2600.65i. Administrator will perform audit by 11/18/2025 to check cabinet doors, electrical cords near sink and ceiling tile stained, any necessary repairs will be completed by Maintenance. Administrator or Wellness Director will continue to perform audits on surfaces in entire home weekly x4 weeks then monthly. QM meeting scheduled for 11/24/2025 which will include a review of all specified in 2600.26b and documentation of the QM review will be kept.

Proposed Overall Completion Date: 12/06/2025

Directed Completion Date: 11/28/2025

**Implemented** [REDACTED] - 12/05/2025)

95 - Furniture and Equipment

**3. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

At 9:57am, the water fountain in the basement was inoperable and corroded. Also, the metal panel cover under the water fountain was covered in corrosion and was detached and leaning against the wall under the water fountain, exposing sharp metal edges.

At 10:06am, the bathtub/shower in the 2nd floor common bathroom near bedroom [REDACTED] was inoperable.

**Plan of Correction**

**Directed** [REDACTED] - 11/21/2025)

Maintenance Department to remove water fountain on lower level. (DIRECTED: The water fountain shall be removed by 12/5/25. [REDACTED] 11/21/25). Maintenance to repair 2nd floor common bathroom tub, mixing valve repairs will be completed by 11/25/2025. Administrator will provide re-education to Current staff on regulation 95 Furniture and Equipment and reporting items that are in need of repair or replacement by 11/28/2025. Documentation of the education shall be kept in accordance with 2600.65i. Administrator will perform audit of all bathtubs/showers/sinks to check for proper function by 11/18/2025. Administrator or Wellness Director will perform audits of all bathtubs/sinks/showers weekly x4 weeks then monthly. (DIRECTED: The audits shall begin on 11/24/25 and shall include an audit of the entire home during each audit to ensure all furniture and equipment is in good repair, clean and free of hazards. [REDACTED] 11/21/25). QM meeting scheduled for 11/24/2025 which will include a review of all specified in 2600.26b and documentation of the QM review will be kept.

Proposed Overall Completion Date: 12/06/2025

Directed Completion Date: 12/05/2025

95 - Furniture and Equipment *(continued)*

*Implemented* [redacted] - 12/05/2025)

144c1 - Smoking Area Guidelines

**4. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**Description of Violation**

*At 9:46am, there were 2 cloth folding chairs and a blue/white seat cushion present on a metal chair in the home's designated smoking area.*

**Plan of Correction**

*Directed* [redacted] - 11/21/2025)

*Director of Wellness immediately removed folding chairs and cushion from designated smoking area. Current staff will be re-educated by Administrator on Smoking area guidelines regulation 144c1 by 11/28/2025. Documentation of the education shall be kept in accordance with 2600.65i. Administrator or Director of Wellness will perform audits weekly x 4 weeks then monthly starting 11/18/2025 on smoking area meeting requirements. QM meeting scheduled for 11/24/2025 which will include a review of all specified in 2600.26b and documentation of the QM review will be kept.*

*Proposed Overall Completion Date: 12/06/2025*

**Directed Completion Date: 11/28/2025**

*Implemented* [redacted] - 12/05/2025)