

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

January 6, 2026

[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 11/17/2025 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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 68 Waking Staff: 51

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 11/17/2025

Inspection Dates and Department Representative

11/17/2025 - 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: 1st floor Capacity: 23 Residents Served: 12

Hospice
 Current Residents: 15

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 18 Have Physical Disability: 0

Inspections / Reviews

11/17/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/04/2025

12/04/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/29/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/10/2025

Inspections / Reviews *(continued)*

12/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/29/2025

01/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/29/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On the morning of [redacted] an incident of verbal abuse was overheard by numerous staff persons involving ancillary staff person A towards resident [redacted]. The incident of verbal abuse was reported to the local Area Agency on Aging on [redacted]; however, immediately following the verbal altercation, resident [redacted] also reported to direct care staff person B that ancillary staff person A spit on resident [redacted] during the verbal altercation; however, the allegation of ancillary staff person A spitting on resident [redacted] was not included in the incident report submitted to the Area Agency on Aging.

Plan of Correction

Accept [redacted] - 12/10/2025)

Incident report updated to include spitting incident and provided to DHS and AAA on 12/3/2025 by Administrator. All staff will be re-educated on Abuse Policy, reporting abuse and regulation at meeting scheduled for 12/11/2025. Documentation of the education shall be kept in accordance with 2600.65i. This process will be ongoing and staff will continue to be educated with Annual education, upon hire and as needed. Administrator or Director of Wellness will perform audits weekly x4 weeks then monthly on all abuse allegations to ensure all relevant information is reported to AAA. Audits will begin on 12/10/2025. QM meeting scheduled for 12/29/2025 which will include a review of all specified in 2600.26b and ongoing compliance with reporting per regulation 15a, documentation of the QM review will be kept.

Licensee's Proposed Overall Completion Date: 12/29/2025

Implemented [redacted] - 01/06/2026)

16c - Written Incident Report

2. 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 the morning of [redacted], an incident of verbal abuse was overheard by numerous staff persons involving ancillary staff person A towards resident [redacted]. The incident of verbal abuse was reported to the Department on [redacted]; however, immediately following the verbal altercation, resident [redacted] also reported to direct care staff person B that ancillary staff person A spit on resident [redacted] during the verbal altercation; however, the allegation of ancillary staff person A spitting on resident [redacted] was not included in the incident report submitted to the Department.

Plan of Correction

Directed [redacted] - 12/10/2025)

Incident report updated to include spitting incident and provided to DHS and AAA on 12/3/2025 by Administrator. All staff will be re-educated on Abuse Policy, reporting abuse and regulation at meeting scheduled for 12/11/2025. Documentation of the education shall be kept in accordance with 2600.65i. This process will be ongoing and staff

16c Written Incident Report (continued)

will continue to be educated with Annual education, upon hire and as needed. Administrator or Director of Wellness will perform audits weekly x4 weeks then monthly on all abuse allegations to ensure all relevant information is reported to DHS. (DIRECTED: The audits shall include a review of all internal incidents to ensure all incidents specified in 2600.16a are reported to the Department within 24 hours. [REDACTED] 12/10/25). Audits will begin on 12/10/2025. QM meeting scheduled for 12/29/2025 which will include a review of all specified in 2600.26b and ongoing compliance with reporting per regulation 16c, documentation of the QM review will be kept.

Proposed Overall Completion Date: 12/29/2025

Directed Completion Date: 12/29/2025

Implemented [REDACTED] - 01/06/2026)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 7:30am, ancillary staff person A responded to resident [REDACTED]'s bedroom to assist with an overflowing toilet. While in resident [REDACTED]'s bedroom, ancillary staff person A was overheard making threatening statements to resident [REDACTED]. Additionally, ancillary staff person A was overheard using abusive and obscene language towards resident [REDACTED] and calling resident [REDACTED] derogatory names. Also, ancillary staff person A made statements to other staff persons that ancillary staff person A was going to [REDACTED] resident [REDACTED]

On [REDACTED] at approximately 9:30am, resident [REDACTED] and resident [REDACTED] engaged in an altercation that occurred due to resident [REDACTED]'s toilet overflowing and leaking water into resident [REDACTED]'s bedroom directly below resident [REDACTED]. During the altercation, resident [REDACTED] and resident [REDACTED] made threatening statements towards one another and resident [REDACTED] spit on resident [REDACTED]

Plan of Correction

Directed [REDACTED] - 12/10/2025)

Staff member A was terminated [REDACTED]. Resident 2 RASP was updated to include a monitoring intervention for increased behaviors and redirection as needed on 11.1.2025 by Administrative Assistant. All staff will be re educated on Abuse Policy, reporting abuse and regulation at meeting scheduled for 12/11/2025. Documentation of the education shall be kept in accordance with 2600.65i. This process will be ongoing and staff will continue to be educated with Annual education, upon hire and as needed. Administrator or Director of Wellness will perform audits weekly x4 weeks then monthly on all abuse allegations to ensure residents remain free from abuse/neglect. Audits will begin on 12/10/2025. QM meeting will be conducted 12/29/25 to review compliance with staff education and ongoing compliance with reporting per regulation 42b and a review of all specified in 2600.26b and documentation of the QM review will be kept.

DIRECTED: Beginning on 12/15/25: The administrator/designee shall interview at least 2 residents, in private, per week for 1 month then monthly thereafter to ensure residents are free from abuse/neglect. Documentation of the weekly interviews shall be kept. [REDACTED] 12/10/25

Proposed Overall Completion Date: 12/29/2025

42b Abuse (continued)

Directed Completion Date: 12/29/2025

Implemented [REDACTED] - 01/06/2026)

65a - FS Orientation 1st Day

4. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Ancillary staff person A, whose first day of work was [REDACTED], did not receive orientation on any of the required topics specified in 2600.65a.

Plan of Correction

Accepted [REDACTED] 12/10/2025)

Staff Member A was terminated. Administrator will perform audit by 12/11/2025 to verify all current staff, ancillary staff persons with potential to perform duties at facility and current volunteers are educated on topics in regulation 65a. Any staff identified as not receiving education, will be provided education per regulation. Documentation of the education shall be kept in accordance with 2600.65i. Audits will be performed by Administrator or Director of Wellness starting 12/18 weekly x4 weeks then monthly on new hires/volunteers to verify education was completed per regulation and new hire checklist was utilized and completed. QM meeting scheduled for 12/29/2025 which will include a review of all specified in 2600.26b and documentation of the QM review will be kept.

Licensee's Proposed Overall Completion Date: 12/29/2025

Implemented [REDACTED] - 01/06/2026)

65b - Rights/Abuse 40 Hours

5. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

65b Rights/Abuse 40 Hours (continued)

Description of Violation

Ancillary staff person A, whose first day of work was [REDACTED], did not receive orientation on any of the required topics specified in 2600.65b.

Plan of Correction

Accept [REDACTED] - 12/10/2025)

Staff Member A was terminated [REDACTED]. Administrator will perform audit by 12/11/2025 to verify all current staff, ancillary staff persons with potential to perform duties at facility and current volunteers are educated on topics in regulation 65b. Any staff identified as not receiving education, will be provided education per regulation. Documentation of the education shall be kept in accordance with 2600.65i. Audits will be performed by Administrator or Director of Wellness starting 12/18 weekly x4 weeks then monthly on new hires/volunteers to verify education was completed per regulation and new hire checklist was utilized and completed. QM meeting scheduled for 12/29/2025 which will include a review of all specified in 2600.26b and documentation of the QM review will be kept.

Licensee's Proposed Overall Completion Date: 12/29/2025

Implemented [REDACTED] - 01/06/2026)

141a - Medical Evaluation

6. 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 [REDACTED]'s medical evaluation, dated [REDACTED] does not indicate if resident [REDACTED]'s needs can be met safely at the personal care home. This section of resident [REDACTED]'s medical evaluation is blank.

Plan of Correction

Accept [REDACTED] - 12/10/2025)

Resident #1s DME was corrected by medical professional that resident's needs can be met safely at the personal care home on 12/3/2025. Wellness Director and Administrative assistant will be re educated by 12/11/2025 by Administrator on regulation 141a. Administrator or Administrative Assistant will complete audit by 12/11/2025 of current residents DME to ensure they are completed entirely. Audits will continue weekly x4 weeks then monthly on any new DME's completed to verify they are completed entirely and accurately starting on 12/18/2025. QM meeting scheduled for 12/29/2025 which will include a review of all specified in 2600.26b and documentation of the QM review will be kept.

Licensee's Proposed Overall Completion Date: 12/29/2025

Implemented [REDACTED] 01/06/2026)