

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

April 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 02/09/2026, 02/10/2026 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:** 65      **Waking Staff:** 49

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal, Complaint      **Exit Conference Date:** 02/10/2026

**Inspection Dates and Department Representative**

02/09/2026 On Site: [REDACTED]  
02/10/2026 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:	16		
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:	16	Have Physical Disability:	1

**Inspections / Reviews**

02/09/2026 - Full  
**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 03/20/2026

Inspections / Reviews (*continued*)

## 03/23/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 04/03/2026  
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 03/27/2026

## 03/27/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 04/03/2026  
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 04/03/2026

## 04/06/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 04/03/2026  
Reviewer: [REDACTED] Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On [REDACTED], a copy of the 55 Pa. Code Chapter 2600 regulations was not posted in a conspicuous and public place in the home.

On [REDACTED] the following license inspection summaries were not posted in a conspicuous and public place in the home:

- License inspection summary, dated 11/17/25
- License inspection summary, dated 3/11/25, et. al.

Plan of Correction

Accept [REDACTED] - 03/27/2026)

License inspections identified in survey were placed in identified conspicuous public place in lobby per regulation by Director of Wellness on 2/9/2026. PCHA provided education to Director of Wellness and Administrative Assistant on 3/16/2026 on regulation 3c. Documentation of the education shall be kept in accordance with 2600.65i. Audits will be performed by Director of Wellness or PCHA monthly x6 months starting on 3/19/2026 on License summaries being posted per regulation 3c. QM meeting will be conducted 3/30/2026 to review compliance with staff education and ongoing compliance with regulation 3c.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented ([REDACTED] - 04/06/2026)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] at 10:28am, the resident privacy coding document, which contained numerous resident names including resident [REDACTED] was attached to the license inspection summary, dated [REDACTED] and was unlocked and unattended in a binder in the home's lobby.

Plan of Correction

Accept [REDACTED] - 03/27/2026)

Director of Wellness immediately removed Privacy Summary identified on 2/9/2026. PCHA provided education for Director of Wellness and Administrative Assistant on 3/16/2026 on regulation 17. Documentation of the education shall be kept in accordance with 2600.65i. Audits will be performed by Director of Wellness or PCHA monthly x6 months starting 3/19/2026 on confidentiality in license inspection summaries. QM meeting will be conducted 3/30/2026 to review compliance with staff education and ongoing compliance with regulation 17.

17 Record Confidentiality (continued)

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented [REDACTED] - 04/06/2026)

65d - Initial Direct Care Training

3. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED], has not successfully completed and passed the Department approved direct care training course and pass the competency test. Direct care staff person A regularly provides unsupervised ADL services to residents.

Plan of Correction

Accept [REDACTED] - 03/27/2026)

Staff person A's Initial Direct Care Training was located by Administrative Assistant on 3/18/2026 and placed in employee file. Original direct care training completed on 4/1/2014. New Hire checklist is utilized to ensure timely completion of the direct care competency course. PCHA provided education on 3/16/2026 to Director of Wellness, Human Resources and Administrative Assistant on regulation 65d. Documentation of the education shall be kept in accordance with 2600.65i. Audit performed by Administrative Assistant on 3/18/2026 of all current direct care staff's completion of Initial Direct Care training completion. Ongoing audits will be performed by Administrative Assistant or PCHA on completion of Initial Direct Care Training prior to start date weekly x4 weeks then monthly x3 months. QM meeting will be conducted 3/30/2026 to review compliance with staff education and ongoing compliance with regulation 65d. documentation of the quality management review will be kept and that the review will include a review of all items specified in 2600.26b

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented [REDACTED] - 04/06/2026)

100b - Removal Snow/Obstructions

4. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On [REDACTED] at 11:07am, there was an approximate 3" accumulation of snow on the patio and walkway of the secured dementia care unit (SDCU) courtyard.

Plan of Correction

Accept [REDACTED] - 03/27/2026)

Maintenance staff cleared identified snow off of SCDU courtyard on 2/9/2026. Maintenance is responsible for snow

**100b Removal Snow/Obstructions (continued)**

removal and audits are performed during active precipitation at least 3x daily by maintenance on all shifts. All staff will be educated at scheduled meeting on 3/30/2026 on regulation 100b Snow removal/Obstructions by PCHA or Director of Wellness. Documentation of the education shall be kept in accordance with 2600.65i. Director of Wellness or PCHA will perform audits on snow removal/obstructions in walkways weekly x4 weeks then monthly x3 months starting on 3/19/2026. QM meeting will be conducted 3/30/2026 to review compliance with staff education and ongoing compliance with regulation 100b.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented [REDACTED] 04/06/2026)

**103g - Storing Food****5. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

On [REDACTED] at 10:47am, there were 33 uncovered individual servings of apple sauce on a tray in the 1st floor serving kitchen refrigerator.

**Plan of Correction**

Accept [REDACTED] - 03/27/2026)

Uncovered Apple Sauce removed by Dietary Director on 2/9/2026. All staff will be educated at scheduled meeting on 3/30/2026 on regulation 103g by PCHA or Director of Wellness at scheduled meeting on 3/30/2026. Documentation of the education shall be kept in accordance with 2600.65i. Director of Wellness or PCHA will complete audits on proper food storage weekly x4 weeks then monthly x3 months starting 3/20/2026. QM meeting will be conducted 3/30/2026 to review compliance with staff education and ongoing compliance with regulation 103g.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented [REDACTED] - 04/06/2026)

**127a - Portable Space Heaters****6. Requirements**

2600.

127.a. Portable space heaters are prohibited.

**Description of Violation**

According to numerous staff persons, a portable space heater was used for heating resident [REDACTED] bedroom from approximately [REDACTED] through [REDACTED]. On [REDACTED] the portable space heater was still present in the home in a maintenance storage area.

**Plan of Correction**

Accept [REDACTED] - 03/27/2026)

Portable space heater previously removed from resident's room on 1/6/2026. Space heater removed from

127a - Portable Space Heaters (continued)

Maintenance storage area on 2/9/2026. Education provided to Maintenance Director on 1/7/2026 by PCHA. All staff will be educated at scheduled meeting on 3/30/2026 on regulation 127a by PCHA or Director of Wellness at scheduled meeting on 3/30/2026. Documentation of the education shall be kept in accordance with 2600.65i. Director of Wellness or PCHA will compete audits on ensuring no space heaters are in use weekly x4 weeks then monthly x3 months starting 3/19/2026. Audits will continue on Monthly rounds by PCHA. QM meeting will be conducted 3/30/2026 to review compliance with staff education and ongoing compliance with regulation 127a.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented (████) - 04/06/2026

141b1 - Annual Medical Evaluation

7. Requirements

2600.

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

Description of Violation

Resident# ██████'s most recent medical evaluation, dated ██████, does not include resident ██████ height. This section of resident # ██████ medical evaluation is blank.

REPEAT VIOLATION: ██████ et. al.

Plan of Correction

Directed (████) - 03/27/2026

Medical Evaluation dated 5/20/25 corrected to have accurate height on 2/10/2026. Education provided to Director of Wellness and Administrative Assistant by PCHA on 3/16/2026 on regulation 141b1 Medical Evaluations. Documentation of the education shall be kept in accordance with 2600.65i. Director of Wellness or PCHA will compete audits on Medical Evals weekly x4 weeks then monthly starting 3/19/2026. (DIRECTED: At least 5 different resident records shall be included in each audit. ██████ 3/27/26). QM meeting will be conducted 3/30/2026 to review compliance with staff education and ongoing compliance with regulation 141b1.

Proposed Overall Completion Date: 03/30/2026

Directed Completion Date: 03/30/2026

Implemented (████) - 04/06/2026

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 ██████, the only menu posted in a conspicuous and public place in the home ended on ██████

REPEAT VIOLATION: ██████ et. al.

162c Menus Posted (continued)

Plan of Correction

Accept [REDACTED] - 03/27/2026)

Current menus placed in appropriate place on first floor on 2/9/2026 by Dietary Manager. Education will be provided to all staff on 162c Menus posted by Director of Wellness or PCHA at scheduled meeting on 3/30/2026. Documentation of the education shall be kept in accordance with 2600.65i. Director of Wellness or PCHA will complete audits on menus posted weekly x4 weeks then monthly starting 3/19/2026. QM meeting will be conducted 3/30/2026 to review compliance with staff education and ongoing compliance with regulation 162c.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented [REDACTED] 04/06/2026)

183a - Original Containers and Injections

9. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On [REDACTED] at 11:13am, a plastic container, which contained a handwritten sticker indicating "rash cream for [REDACTED] butt", was unlocked, unattended and accessible on a table in resident [REDACTED]'s bedroom. Resident [REDACTED] resides in the home's SDCU.

Plan of Correction

Accept [REDACTED] - 03/27/2026)

Container labeled "Rash cream for [REDACTED] butt" was removed on 2/9/2026 by Director of Wellness from Resident #1s room. Letter will be sent to families and residents by 3.27.2026 reminding and educating on regulation 183. Education will be provided to all staff on regulation 183a at scheduled meeting on 3/30/2026 by PCHA or Director of Wellness. Documentation of the education will be kept in accordance with 2600.65i. Director of Wellness or PCHA will complete audits on storage of medications in original container of all residents by 3/20/2026. Ongoing audits will be performed by Director of Wellness or Administrative Assistant weekly x 4 weeks of 10 residents, then monthly of all residents starting 3/27/2026. QM meeting will be conducted 3/30/2026 to review compliance with staff education and ongoing compliance with regulation 183a.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented [REDACTED] - 04/06/2026)

183b - Meds and Syringes Locked

10. 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 [REDACTED] at 11:13am, a plastic container labeled "rash cream" was unlocked, unattended and accessible on a table in resident [REDACTED]'s bedroom. Resident [REDACTED] resides in the home's SDCU.

183b Meds and Syringes Locked (continued)

On [redacted] at 11:23am, 1 can of [redacted] and 1 tube of [redacted] paste were unlocked, unattended and accessible in resident [redacted] shared bathroom. Resident [redacted] currently resides in the home's SDCU.

REPEAT VIOLATION: [redacted], et. al.

Plan of Correction

Accept [redacted] - 03/27/2026)

Medications identified in citation was removed on 2/9/2026 by Director of Wellness from Resident #1 & Resident #2s rooms/bathrooms. Letter will be sent to families and residents by 3.27.2026 reminding and educating on regulation 183. Education will be provided to all staff on regulation 183b at scheduled meeting on 3/30/2026 by PCHA or Director of Wellness. Documentation of the education will be kept in accordance with 2600.65i. Director of Wellness or PCHA will complete audits on storage of medications in proper location per regulation of all residents by 3/20/2026. Ongoing audits will be performed by Director of Wellness or Administrative Assistant weekly x 4 weeks of 10 residents, then monthly of all residents starting 3/27/2026. QM meeting will be conducted 3/30/2026 to review compliance with staff education and ongoing compliance with regulation 183b.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented [redacted] 04/06/2026)

221c - Post Activity Calendar

11. Requirements

2600. 221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On [redacted], there was no current weekly activity calendar posted in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] - 03/27/2026)

Activities calendar posted bu Director of Wellness on 2/9/2026. Education was provided on 3/16/2026 by PCHA to Director of Wellness and Administrative Assistant on 221c Post Activity Calendar. Documentation of the education will be kept in accordance with 2600.65i. Audits will be performed by Director of Wellness or PCHA weekly x4 weeks then monthly starting 3/19/2025. QM meeting will be conducted 3/30/2026 to review compliance with staff education and ongoing compliance with regulation 221c.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented [redacted] - 04/06/2026)

231b - Medical Evaluation

12. Requirements

2600.

231b Medical Evaluation (continued)

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the home's SDCU on [redacted] however, resident [redacted]'s medical evaluation was not completed until [redacted]

Resident [redacted] was admitted to the home's SDCU on [redacted]; however, resident [redacted]'s medical evaluation was not completed until [redacted].

Plan of Correction

Directed [redacted] - 03/27/2026)

PCHA provided education to Administrative Assistant and Director of Wellness on Regulation 231b on 3/16/2026. Documentation of education will be kept in accordance with 2600.65i. Initial audit performed by Administrative Assistant on Medical Evaluation timely completion on 3/19/2026 of SDCU residents. Audits will be performed weekly x4 weeks then monthly on timely completion of Medical Evaluation per regulation 231b by Administrative Assistant or Director of Wellness starting 3/27/2026 QM meeting will be conducted 3/30/2026 to review compliance with staff education and ongoing compliance with regulation 231b. (DIRECTED: At least 5 different resident records shall be reviewed during each audit. [redacted] 3/27/26)

DIRECTED: By 4/3/26: The administrator shall develop and implement a new admission checklist for residents being admitted to the SDCU to ensure timely medical evaluations are completed in accordance with 2600.231b. Copies of the completed checklists shall be kept in each resident's record. [redacted] 3/27/26).

Proposed Overall Completion Date: 03/30/2026

Directed Completion Date: 04/03/2026

Implemented [redacted] - 04/06/2026)

234a - Admission Support Plan

13. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident [redacted] was admitted to the home's SDCU on [redacted]; however, resident [redacted]'s support plan was not completed until [redacted]

Plan of Correction

Directed [redacted] - 03/27/2026)

PCHA provided education to Administrative Assistant and Director of Wellness on Regulation 234a on 3/16/2026. Documentation of education will be kept in accordance with 2600.65i. Initial audit performed by Administrative

**234a - Admission Support Plan (continued)**

Assistant on Admission Support Plan timely completion on 3/19/2026 of SDCU residents. Audits will be performed weekly x4 weeks then monthly on timely completion of Support plans per regulation 234a by Administrative Assistant or Director of Wellness starting 3/27/2026 QM meeting will be conducted 3/30/2026 to review compliance with staff education and ongoing compliance with regulation 234a. (DIRECTED: At least 5 different resident records shall be reviewed during each audit. ■■■ 3/27/26)

DIRECTED: By 4/3/26: The administrator shall develop and implement a new admission checklist for residents being admitted to the SDCU to ensure timely support plans are completed in accordance with 2600.234a. Copies of the completed checklists shall be kept in each resident's record. ■■■ 3/27/26).

Proposed Overall Completion Date: 03/30/2026

Directed Completion Date: 04/03/2026

Implemented ■■■ - 04/06/2026)