

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

May 18, 2026

[REDACTED], EXECUTIVE DIRECTOR
BEAVER FALLS PA SLC TENANT LLC
[REDACTED]
[REDACTED]
[REDACTED]

RE: FRANCISCAN MANOR
71 DARLINGTON ROAD
BEAVER FALLS, PA, 15010
LICENSE/COC#: 45696

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/16/2026 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: *FRANCISCAN MANOR* License #: *45696* License Expiration: *12/17/2026*
 Address: *71 DARLINGTON ROAD, BEAVER FALLS, PA 15010*
 County: *BEAVER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *BEAVER FALLS PA SLC TENANT LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [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: *101* Waking Staff: *76*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *03/16/2026*

Inspection Dates and Department Representative

03/16/2026 - 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: *14*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *89*
 Diagnosed with Mental Illness: *23* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

03/16/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/10/2026*

04/23/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/30/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/30/2026*

Inspections / Reviews *(continued)*

05/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Direct care staff person B does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (█) - 04/23/2026)

Immediate action - Attached is a document confirming staff member A and B successfully completed a GED completion program. A certificate was obtained and placed in the staff file on 3/18/2026.

Corrective action - To prevent reoccurrence, the Administrator reviewed hiring and onboarding process with the Business Office Manager to ensure verification and documentation of a high school diploma/GED prior to assignment of any direct care duties. The personnel checklist was updated to include diploma/GED verification as a mandatory item. The Administrator provided retraining to management staff responsible for hiring on 4/6/2026 regarding staff qualifications.

Preventative action - The Administrator will conduct monthly audits of all direct care staff personnel files for 6 months and then quarterly thereafter to ensure required documentation is present and maintained. Audit results will be documented and retained on site. Any deficiencies will be corrected immediately prior to continued assignment of direct care duties.

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented (█) - 05/18/2026)

65b - Rights/Abuse 40 Hours

2. 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**

Staff persons B and C completed their 40th scheduled work hour. However, these staff persons did not complete training in the following topics:

- * Emergency medical plan
- * Mandatory reporting of abuse and neglect under Older Adult Protective Services Act
- * Reporting of reportable incident and procedures.

Plan of Correction

Accept (█) - 04/23/2026)

Immediate action Staff member B completed the orientation paperwork immediately on 3/19/2026.

Staff member C completed the orientation paperwork immediately on 3/17/2026.

Corrective action Management staff were retrained on the importance of verifying all paperwork is complete and signatures obtained before completion of orientation class on 4/6/2026.

Preventative action The Administrator will review staff training records monthly to ensure all required training has been completed and documented. Monitoring results will be recorded and maintained on site. Any identified gaps will be corrected immediately, and staff will not work independently without required training.

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented (█) - 05/18/2026)

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:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:

Description of Violation

Direct care staff person B, hired on █, provided unsupervised ADL services. However, the staff person did not complete and pass the Department approved direct care training course and pass the competency test.

Plan of Correction

Accept (█) - 04/23/2026)

Immediate action Staff member B was removed from providing care immediately and completed the Department approved direct care training course and successfully passed the competency test on 3/19/2026. Documentation was placed in █ personnel file and is attached.

Corrective action To prevent reoccurrence, the hiring and onboarding process was revised on 4/7/2026 to ensure all newly hired direct care staff complete the department approved training and pass the competency test prior to being assigned unsupervised ADL duties. Supervisory staff were retrained by the Administrator on 4/7/2026 regarding Chapter 2600 requirements and supervisor expectations.

65d - Initial Direct Care Training (continued)

Preventive action - The Administrator will conduct monthly audits for 6 months and quarterly thereafter of all direct care staff training records to ensure Department approved training and competency testing have been completed and documented prior to unsupervised duties.

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented (█) - 05/18/2026)

66b - Training Plan Content**4. Requirements**

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's 2026 staff training plan did not include the name, position and duties of each direct care staff person, the required training courses for each staff person, and times and locations of the scheduled training for each staff person for the upcoming year.

Plan of Correction

Accept (█) - 04/23/2026)

Immediate action - A revised training plan was developed by the Administrator on 4/7/2026 that includes staff person name, position, and job duties, required courses, scheduled dates, times, and locations of each required training.

Corrective action - A formal review was implemented to verify all required components were included in the training plan with the Administrator and management staff on 4/7/2026.

Preventative action - The Administrator will conduct an audit monthly to ensure that the training for each staff member has been held in compliance and documentation is maintained.

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented (█) - 05/18/2026)

141a 1-10 Medical Evaluation Information**5. Requirements**

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1's medical evaluation, dated, [REDACTED] did not indicate special health or dietary needs of the resident. These sections were blank.

Plan of Correction

Accept ([REDACTED] - 04/23/2026)

Resident #1's medical evaluation was corrected immediately. Re-education regarding Regulation 141a and the required process was provided by the Administrator to the DHW on 04/07/2026. The DHW or designee will audit medical evaluations weekly for four weeks, then biweekly for four weeks, and then monthly for six months.

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented ([REDACTED] - 05/18/2026)

187b - Date/Time of Medication Admin.

6. 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

Resident #4 is prescribed Vitamin D3 50mcg (2000UT) soft gel, take 1 capsule by mouth every day. Resident #4's March 2026 Medication Administration Record does not include the initials of the staff person who administered this medication on 2/8/26 at 8:00 AM.

Plan of Correction

Accept ([REDACTED] - 04/23/2026)

MAR audits were conducted by the DHW immediately on 3/16/2026 to ensure there are no missing initials for other MARs. The staff who pass medications were educated on importance of ensure medications are signed when administered. The education will be completed on 4/10/2026. The DHW or designee will conduct weekly audits on MARs for 4 weeks. Then every 2 weeks for 4 weeks. Then monthly going forward.

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented ([REDACTED] - 05/18/2026)

224a - Preadmission Screen Form

7. Requirements

2600.

224a - Preadmission Screen Form (*continued*)

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2's preadmission screening form, dated [REDACTED] did not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept ([REDACTED] - 04/23/2026)

The prescreen form was corrected immediately by the DHW to accurately reflect that the resident's needs can be met by the home. Re-education regarding the prescreen regulation and required process was provided by the Administrator to the DHW on 04/07/2026. Going forward, the Administrator or designee will review, and audit all prescreen forms prior to any resident admission to ensure accuracy and completeness for 3 months.

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented ([REDACTED] - 05/18/2026)

225a - Assessment 15 Days

8. 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

An assessment was not completed for resident #2, who was admitted to the home on [REDACTED]

Resident #3's assessment, dated [REDACTED], does not include the resident's prescribed pureed diet, ordered [REDACTED]

Plan of Correction

Accept ([REDACTED] - 04/23/2026)

The DHW immediately corrected the resident's assessment to include the resident's pureed diet. Re-education regarding regulation 225a and required process was provided by the Administrator to the DHW on 04/07/2026. The Administrator or designee will audit RASPs for accuracy and completeness on a monthly basis for six months.

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented ([REDACTED] - 05/18/2026)

227a - Support Plan 30 Days

9. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

227a - Support Plan 30 Days (continued)**Description of Violation**

Resident #2 was admitted on [REDACTED]; however, the resident's initial support plan was not completed.

Plan of Correction

Accept ([REDACTED] - 04/23/2026)

The DHW immediately completed RASP for Resident #2. Re-education regarding regulation 227a and required process was provided by the Administrator to the DHW on 04/07/2026. The Administrator or designee will audit RASPs for accuracy and completeness on a monthly basis for six months.

Licensee's Proposed Overall Completion Date: 04/07/2026

Implemented ([REDACTED] - 05/18/2026)