

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

June 18, 2025

[REDACTED]
SNH PENN TENANT LLC
[REDACTED]

ATTN LICENSING
[REDACTED]

RE: FRANCISCAN MANOR
71 DARLINGTON ROAD
BEAVER FALLS, PA, 15010
LICENSE/COC#: 45055

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/14/2025 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: *FRANCISCAN MANOR* License #: *45055* License Expiration: *01/01/2026*
 Address: *71 DARLINGTON ROAD, BEAVER FALLS, PA 15010*
 County: *BEAVER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *SNH PENN TENANT LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/25/1997* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *98* Waking Staff: *74*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *05/14/2025*

Inspection Dates and Department Representative

05/14/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *119* Residents Served: *87*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *10*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *87*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *11* Have Physical Disability: *0*

Inspections / Reviews

05/14/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/31/2025*

06/03/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/16/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/16/2025*

Inspections / Reviews *(continued)*

06/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/16/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c - Written Incident Report

1. 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 [redacted] thru [redacted], resident [redacted] was not administered [redacted] on the following dates/times because the medication was not available in the home:

On [redacted]

The home did not report this medication error to the Department until [redacted]

Plan of Correction

Accept [redacted] - 06/03/2025)

Assistant Director of Health and Wellness (ADHW) who submitted the reportable incident late for resident [redacted] is no longer employed at this community.

On 5/15/2025, Executive Director (ED) trained the Director of Health and Wellness (DHW) on the requirements of regulation 16c.

On 5/15/2025, ED and DHW conducted an audit of PCC incident reports year to date and confirmed no other reportable incidents have occurred that need to be reported.

Starting 6/2/25, DHW or designee will review PCC incident reports twice weekly for 3 months then weekly for 3 months to ensure compliance with regulation 16c.

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented [redacted] - 06/18/2025)

187d - Follow Prescriber's Orders

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] take 1 tablet by mouth twice daily. However, this medication was not administered to resident [redacted] on the following dates/times because the medication was not available in the home:

On [redacted]

Repeat Violation: [redacted]

187d Follow Prescriber's Orders (*continued*)**Plan of Correction****Accept** [REDACTED] - 06/03/2025)

On 4/17/25, resident [REDACTED] was assessed and there were no ill effects noted from the missed medication doses.

Responsible party and primary care physician were notified. No new orders were received.

On 4/17/25, the previous ADHW conducted medication cart audits to ensure current residents had supplies of prescribed medications available.

By 5/30/25, the DHW will provide retraining on regulation 187d to staff who are certified or licensed to administer medications to ensure compliance with this regulation.

Starting 6/2/25, DHW or designee will audit 3 residents' medications weekly for 3 months and then biweekly for 3 months to ensure compliance with regulation 187d.

On 6/9/25, this community is transitioning to electronic Medication Administration Records (eMARs) through PointClickCare (PCC). Starting that week, DHW or designee will pull the Medication Admin Audit Report twice weekly for 3 months then weekly for 3 months to ensure compliance with regulation 187d.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [REDACTED] - 06/18/2025)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED]'s most recent assessment was completed on [REDACTED]

Plan of Correction**Accept** [REDACTED] - 06/03/2025)

Resident [REDACTED] annual assessment was completed on 5/14/25.

On 5/15/25, ED trained DHW on the requirements of regulation 225c.

On 5/30/25, DHW conducted an audit in PCC to ensure current residents have annual assessments completed and scheduled correctly.

Starting 6/2/25, DHW or designee will audit 3 resident's assessment schedules in PCC weekly for 2 months then biweekly for 2 months then monthly for 2 months.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented [REDACTED] 06/18/2025)