



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to THE FOUNTAINS AT INDIANA LLC
LEGAL ENTITY

To operate THE FOUNTAINS AT INDIANA
NAME OF FACILITY OR AGENCY

Located at 2698 WEST PIKE ROAD, INDIANA, PA 15701
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 32
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 8, 2017 until February 8, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 448541

Robert E. Robinson
ISSUING OFFICER

Jay Baulk
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 1 1 2017

Ms. Marcy Colkitt,
Manager
The Fountains at Indiana, LLC
P.O. Box 607
Indiana, Pennsylvania 15701

RE: The Fountains at Indiana, LLC
2698 West Pike Road
Indiana, Pennsylvania 15701
License #: 448541

Dear Ms. Colkritt:

As a result of the Department of Human Services' licensing inspection on July 11, 2017 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.


In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

Ms. Marcy Colkitt

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The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600**

PCH Name: The Fountains at Indiana		License Number: 44854
Address: 2698 West Pike Road, Indiana, PA 15701		County: Indiana
Administrator: Wendy Vennard		Region: WEST
RECEIVED		
Legal Entity Name: The Fountains at Indiana, LLC		
Legal Entity Address: PO Box 607, Indiana, PA 15701		
Certificate(s) of Occupancy I-1 05/22/2017 White Township, Indiana Cty		AUG 08 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 0	Waking Staff: 0
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Announced
Reason(s) for Inspection(s)		
New		
On-Site Inspections Dates and Department Representatives On-Site		
07/11/2017: Park, Beth		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 32 Number of Residents Served: 0 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

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Page 2 of 9

Violation Report: 44854 - 07/11/2017 - Park, Both
PCH Name: The Fountains at Indiana

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At approximately 10:30 AM, the hot water temperature at the sink in the coffee bar of the common area measured 126.3 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- No residents were in the building at time of inspection.
- A. This violation was corrected at the time of inspection by staff. Staff lowered the water heater temperature
 - B. Water temperature was re-tested by Beth Park 20-30 minutes later and the temperature was 109°
 - C. Our procedure is to document the water temperature on a weekly log. This log was reviewed by Beth Park at the time of inspection. If the water temperature is above 120° then staff will adjust the water temperature
 - D. The administrator will follow up weekly with checking the water temperature log to ensure staff are checking water temperatures
 - E. All staff will be trained on the regulation regarding water temperature and how to adjust and log temperature

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Wendy Leonard LPN/PCHA

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Wendy Leonard LPN/PCHA

Date

8-8-17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/8/17
(Date)

Plan of correction implementation status as of

8/8/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *PN.*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

PN.
(Initials)

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AUG 08 2017

Violation Report: 44854 - 07/11/2017 - Park, Bell		WEST REGION FIELD OFFICE	
PCH Name: The Fountains at Indiana		Human Services Licensing	
1. REGULATION 55 Pa. Code §2600 2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.			
2a. DESCRIPTION OF VIOLATION The home has 22 bedrooms and a capacity of 32 residents. However, there were no chairs in any of the bedrooms.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>			
<p>A) 22 chairs have been brought into the building, if more are needed based on census they will be provided.</p> <p>B) One chair was placed in each room</p> <p>C) all staff when hired and oriented will be trained to notify the administrator if a resident does not have a chair to meet their individual needs</p> <p>D) Chairs will be audited by the administrator when a resident is admitted or has a change in condition</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Wendy Vennard LPN/PCHA</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Wendy Vennard LPN/PCHA</i>			Date <i>8-8-17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u><i>8/8/17</i></u> (Date)		Plan of correction implementation status as of <u><i>8/8/17</i></u> (Date)	
The above plan of correction was approved by <u><i>WV</i></u> (initials)		<input checked="" type="checkbox"/> Fully Implemented <i>WV</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

AUG 08 2017

Violation Report: 44854 - 07/11/2017 - Park, Beth		WEST REGION FIELD OFFICE	
PCH Name: The Fountains at Indiana		Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.101(j)(4) - Each resident shall have the following in the bedroom: A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.			
2a. DESCRIPTION OF VIOLATION The home has 22 bedrooms and a capacity of 32 residents. However, there were no chests of drawers in any of the bedrooms.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>			
<p>a) We now have 11 chests of drawers</p> <p>b) no residents were living in the building at the time of inspection</p> <p>c) more chests of drawers will be purchased based on census and resident preference of bringing own furniture or using the homes</p> <p>d) The administrator will ensure that each resident has a chest of drawers upon admission as part of the admission process</p> <p>e) Staff hired and trained during the orientation process will be trained on the regulation pertaining to required furniture for a residents room. A home must provide a bed, dresser, nightstand or shelf, and a hamp/hamper.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) Wendy Kennard LPN / PCHA			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Wendy Kennard LPN / PCHA		Date 8-8-17	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>8/8/17</u> (Date)		Plan of correction Implementation status as of <u>8/8/17</u> (Date)	
The above plan of correction was approved by <u>WK</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>WK</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

on the door

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AUG 08 2017

Violation Report: 44854 - 07/11/2017 - Park, Belh

PCH Name: The Fountains at Indiana

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION

The home has 22 bedrooms and a capacity of 32 residents. However, only bedrooms 140, 145, 200, 210 and 220 have a bedside table or shelf present.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- a) during the inspection, each room had a white shelf located in the closet.
- b) per resident choice the white shelf will be mounted at the bedside so the resident can reach an operable lamp.
- c) no residents were living in the building at the time of inspection.
- d) the administrator will ensure during the admission process that the resident has a shelf or nightstand placement at bedside.
- e) staff will be trained during the hiring and orientation process of the requirement for a shelf or nightstand at the residents bedside for use with an operable lamp.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Wendy Bernard LPN/PCHA

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Wendy Bernard LPN/PCHA

Date 8-8-17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/8/17
(Date)

Plan of correction implementation status as of

8/8/17
(Date)

- Fully Implemented *W.*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

W.
(Initials)

RECEIVED

AUG 08 2017

Violation Report: 44854 - 07/11/2017 - Park, Both
PCH Name: The Fountains at Indiana

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
The home has 22 bedrooms and a capacity of 32 residents. However, only bedrooms 145, 200 and 210 have operable bedside lighting.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- A) 22 lamps were purchased and one lamp has been placed in each room
- B) no residents were living in the building at the time of inspection.
- C) During the admission process the administrator will ensure that each resident has an operable lamp at their bedside
- D) Staff will be trained during the hiring and orientation process of the regulation pertaining to bedside operable lamps

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) Wendy Kennard LPN/PCA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Wendy Kennard LPN/PCA Date 8-8-17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 8/8/17
(Date)

Plan of correction implementation status as of 8/8/17
(Date)

The above plan of correction was approved by W.K.
(Initials)

- Fully Implemented W.K.
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44854 - 07/11/2017 - Park, Beth
PCH Name: The Fountains at Indiana

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

There is no soap dispenser at the sink in the bathroom located in bedroom 200.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- A) a soap dispenser was placed in room 200 at the time of inspection
- B) no residents were dwelling in the building at the time of inspection
- C) the Administrator will monitor all rooms to ensure that each room has a dispenser or a bottle of soap upon admission. Staff will follow up with reupping the soap dispensers.
- D) all hired staff will be educated on the regulation regarding soap dispensers

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Venmarck WPK/PCH/A

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Wendy Venmarck WPK/PCH/A

Date 8-8-17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/8/17
(Date)

Plan of correction implementation status as of 8/8/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *WV*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by WV
(Initials)

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AUG 08 2017

Violation Report: 44854 - 07/11/2017 - Park, Beth PCH Name: The Fountains at Indiana	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
2600.104(b)(1) - Dishes, glassware and utensils shall be provided for eating, drinking, preparing and serving food.

2a. DESCRIPTION OF VIOLATION
The home has 22 bedrooms and a capacity of 32 residents. However, the home only has 12 full sets of silverware with an additional 15 forks.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- A) more silverware has been purchased. We now have 44 full sets of silverware
- B) no residents were living in the home at the time of inspection
- C) Dietary staff hired and will be trained to monitor the number of utensils available and notify the Administrator if there was a need for more utensils. The Administrator will purchase more utensils as needed

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) Wendy Kennard LPA/PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Wendy Kennard LPA/PCHA Date 8-8-17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/8/17</u> (Date)	Plan of correction implementation status as of <u>8/8/17</u> (Date)
The above plan of correction was approved by <u>W.K.</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>W.K.</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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AUG 08 2017

Violation Report: 44854 - 07/11/2017 - Park, Beth PCH Name: The Fountains at Indiana	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 65 Pa.Code §2600
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
There was an accumulation of lint in the lint trap of the first of three dryers in the laundry room. There were no clothes in the dryer at the time.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A) The Dryer had a very small amount of lint in the lint trap which was removed at the time of inspection. This was observed by Beth Park.

B) At the time of the inspection there were no residents living in the building.

C) Signs were posted in the laundry room to tell staff to empty the lint traps after each use. All staff members will be trained during the hiring and orientation process to check for lint and clean the filters. *at least weekly per 8/8/17*

D) The administrator will monitor to ensure that lint traps are being emptied and cleaned.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Wendy Wrennard (PW) / PCHIA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Wendy Wrennard (PW) / PCHIA</i>	Date <i>8-8-17</i>
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The above plan of correction is approved as of <u>8/8/17</u> (Date)	Plan of correction implementation status as of <u>8/8/17</u> (Date)
The above plan of correction was approved by <u>PW.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>PW.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented