



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

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services 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 March 8, 2018 until March 8, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **448540**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
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

MAR 08 2018

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

RE: The Fountains at Indiana, LLC
2698 West Pike Road
Indiana, Pennsylvania 15701
License #: 448540

Dear Ms. Colkitt:

As a result of the Department of Human Services' licensing inspection on December 6, 2017; December 7, 2017 and February 2, 2018, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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

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 inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 44854 - 12/06/2017 - Marini, Michael

PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 12-6-17 at 10:30 AM, the current license inspection summary, dated 7-11-17, was not posted in the home.

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.

ON 12/8/17 the current license inspection summary dated 7-11-17 was posted in a public place along with required postings. The administrator will post all future licenses and inspection summaries as soon as they are received from the department of human services. The administrator will audit the postings all required postings and the inspection summary monthly to ensure compliance with the regulation please see attached:

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Wendy Kennard

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Wendy Kennard PCHA, LPN

Date

1-10-18

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

The above plan of correction is approved as of

2/21/18
(Date)

Plan of correction implementation status as of

2/21/18
(Date)

Fully Implemented *L*

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

L

(Initials)

Violation Report: 44854 - 12/06/2017 - Marini, Michael
 PCH Name: THE FOUNTAINS AT INDIANA

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 On 12-6-17 at 10:00 AM, resident transfer packets for resident #1, resident #2, resident #3, resident #4, and resident #5 were accessible in unlocked drawers at the nurses' station. The resident transfer packets included a list of the residents' diagnoses and medications.

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.

This was corrected at the time of inspection by administrator, transfer packets were moved into secure locked medication room.
 All staff have been educated on confidentiality of resident records and the location of transfer packets
 The Administrator will ensure on a daily basis that the transfer packets are in the secure locked medication room.
 All other resident records are stored in a locked cabinet in a locked office. This will be monitored on a daily basis to ensure the records remain confidential, by the Administrator
 All new staff will be trained by the administrator on confidentiality of records please see attached

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Wendy Kennard PCHA, LON</u>	Date <u>1-10-18</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/2/18</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>2/2/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Report: 44854 - 12/06/2017 - Marini, Michael
re: THE FOUNTAINS AT INDIANA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home has not had the boilers inspected and certified by the Department of Labor and Industry as required by the boilers and unfired pressure vessel regulations Title 34 Pa. Code Chapter 3.

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 call was placed to Department of labor and industry
no records were found concerning boilers.
Department of labor and industry gave contact information
for [redacted] who was contacted and he came to
the building to look at the boiler. [redacted] has set up a date
to meet with the installer on 1/17/18 at 9am
all the proper paperwork was filed for intent to install
payment was made for this and a request to expedite
process through the Bureau of Occupational and Industrial
Safety.

The administrator is working with [redacted]
to become compliant with the regulation. The administrator
will insure all boiler inspections are completed
as required. The home's current boiler certificates expire on 1/17/20. 2/21/18
When the inspection certificate is received the administrator
will forward a copy to the Department of Human Services
Please see Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Kennard

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

Wendy Kennard PCHA, LPN

Date 1-10-18

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(Date)

Plan of correction implementation status as of

2/21/18
(Date)

- Fully Implemented ✓
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

W
(Initials)

JAN 11 2018

Violation Report: 44854 - 12/06/2017 - Marini, Michael
PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident # 1, resident # 2, and resident # 3 did not sign their resident-home contracts.

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.

Since inspection Residents #1, #2 and #3 have signed or made a mark for their signature.

all residents upon admission will sign the contract or make a mark for their signature.

The administrator will have each contract signed or marked by resident upon admission.

Resident #1 was unable to sign due to medical condition but has made a mark

Resident #2 was unable to sign due to medical condition but has made a mark

Resident #3 refused to sign and wanted POA to sign. and has since signed

Please see attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Kennard

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

Wendy Kennard PC/HA, LPA

Date 1-10-18

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(Initials)

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

Violation Report: 44854 - 12/06/2017 - Marini, Michael

PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 12-6-17, the common bathroom by the front door did not have a functional lock on the door to provide privacy.

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.

This was corrected at the time of inspection by Staff. The door handle and lock has been changed and is working properly.

This bathroom was intended to be used by visitors.

all residents have a bathroom in their rooms where bathing, dressing, changing and medical procedures occur

This bathroom will be marked as a visitor bathroom and a key will be kept at nurses station to be given to visitors using this bathroom.

The administrator will ensure on a daily basis that the residents right to privacy of self and possessions is not violated.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Vennard

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

Wendy Vennard PCHA LPN

Date 1-10-18

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(Initials)

Violation Report: 44854 - 12/06/2017 - Marini, Michael
PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
Staff person A's date of hire was 10-3-17, staff person B's date of hire was 10-5-17, and staff person C's date of hire was 10-19-17. However, the home did not complete staff person A, staff person B, and staff person C's criminal history background check until 12-6-17.

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.

This was corrected at the time of inspection all new staff hired will have complete background check completed immediately upon hiring the Administrator will complete the background checks upon hiring of staff. - the day of hire all employee files have been Audited by the Administrator to ensure all employee background checks have been performed.

Copies of the corrected background checks were given to the inspectors on 12/17/17

at the time of hire for staff members A, B & C had a record check completed that showed they had no criminal records. at the time of inspection the administrator printed the final seal showing again that employee A, B & C had no criminal record

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Wendy Kennard*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Wendy Kennard PCHH LPA* Date *1-10-17*

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

The above plan of correction is approved as of 2/21/18
(Date)

Plan of correction implementation status as of 2/21/18
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

JAN 13 2018

Violation Report: 44854 - 12/06/2017 - Marini, Michael

PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

On 12-6-17 at 10:20 AM, a spray bottle containing green CLR cleaner was not in its original container and located in a laundry room cabinet. The manufacturer's safety data sheet indicates that if ingested, "DO NOT induce vomiting. If fully conscious, drink 16 ounces of water. CALL A PHYSICIAN OR POISON CONTROL CENTER IMMEDIATELY."

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.

at the time of inspection the laundry room was locked and the cabinet in the laundry room containing the CLR was locked.

Since inspection this bottle has been disposed of.

All staff have been educated on keeping all poisonous chemicals in their original containers.

The administrator and staff will monitor on a daily basis the locked laundry room and locked cabinet to ensure all poisonous chemicals are in their original containers.

The laundry room will remain locked when not in use

The cabinet will remain locked at all times

See Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Wendy Pennard

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Wendy Pennard PCHA LPW

Date

1-10-18

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

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(Date)

Plan of correction implementation status as of

2/21/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

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(Initials)

Violation Report: 44854 - 12/06/2017 - Marini, Michael
PCH Name: THE FOUNTAINS AT INDIANA

JAN 11 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 12-6-17 and 12-7-17, the dumpster in the home's parking lot was uncovered and overflowing with trash.

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.

Since inspection a larger dumpster has been put in place.

Staff and administrator will monitor the dumpster daily to ensure that the lids are closed and not overflowing with trash.

all staff will immediately notify the administrator if the dumpster lids are not working properly or if there is a need for a larger dumpster.

The administrator will obtain a larger dumpster as needed.

See Attached photos

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Kennard

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

Wendy Kennard PCHA LPA

Date 1-10-18

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(Date)

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(Date)

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(Initials)

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44854 - 12/06/2017 - Marini, Michael

PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

On 12-6-17, none of the operable windows throughout the home had screens in them.

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.

This was corrected at the time of inspection. all window screens were placed on the windows on 12/11/17.

The Administrator will monitor windows monthly to ensure all screens remain in place and are in good repair.

None of the windows were open during inspection or prior to inspection.

The inspectors on 12/11/17 were in the building at the time the screens were placed on all the windows

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy Venard PCHA LPN* Date *1-10-18*

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

The above plan of correction is approved as of <u>2/21/18</u> (Date)	Plan of correction implementation status as of <u>2/21/18</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44854 - 12/06/2017 - Marini, Michael

PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The home is built on a hill with a steep drop off approximately 10 yards from the back door of the west wing. There are no barriers to prevent a resident from falling down the drop off and this poses a severe risk of injury.

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.

Due to the winter season a temporary fence has been installed for safety.

attached are estimates for a permanent fence to be placed as soon as weather permits

pictures are attached of temporary fence. Pictures of the permanent fence will be sent to the department of human services as soon as it is placed.

The Administrator will monitor the exterior of the building and the building grounds and yard to ensure it is free of hazards and in good repair on a weekly basis. See Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Denmond

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

Wendy Denmond PCHA LPA

Date 1-10-18

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2/21/18
(Date)

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- Fully Implemented
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- Not Implemented

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(Initials)

Violation Report: 44854 - 12/06/2017 - Marini, Michael
PCH Name: THE FOUNTAINS AT INDIANA

JAN 11 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

On 12-6-17 at 10:45 AM, a box of potatoes was stored on the floor under the sink and 6 cartons of orange juice were stored on the floor in the pantry.

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.

This was corrected at the time of inspection. The Potatoes and orange juice were moved onto shelving units.

Signs have been placed in the kitchen and Pantry to remind staff to keep food items off floor. Kitchen staff and the administrator will monitor daily to ensure that no food items are placed on the floor.

See Attached

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Wendy Kennard PCHA LPD* Date *1-10-18*

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

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(Date)

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(Date)

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(Initials)

- Fully Implemented *[Signature]*
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- Not Implemented

Violation Report: 44854 - 12/06/2017 - Marini, Michael
PCH Name: THE FOUNTAINS AT INDIANA

JAN 11 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 12-6-17 at 10:42 AM, the freezer in the kitchenette was 5 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.

This was corrected at the time of inspection.

all refrigerators and freezers have a thermometer and an audit sheet.

Staff will check refrigerator and freezer temperatures daily and record them on audit sheet. If a temperature of a refrigerator is noted above 40° the temperature of the refrigerator will be adjusted until it is below 40°. If the temperature of a freezer is above 0° the temperature will be adjusted until it is below 0° - this will be documented on the refrigerator/freezer audit sheets

Pictures of Audit Sheets taken 1-8-18 attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Kennard

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

Wendy Kennard RCHA LPA

Date 1-10-18

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(Date)

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(Date)

The above plan of correction was approved by

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(Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 44854 - 12/06/2017 - Marini, Michael
PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 12-6-17 at 10:42 AM, a bag of frozen broccoli was stored in the freezer of the kitchenette. The bag was opened and unsealed.
On 12-6-17 at 10:51 AM, a bag of shredded mozzarella cheese and a bag of shredded cheddar cheese were stored in the reach-in refrigerator. The bags were opened and unsealed.

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.

This was corrected at the time of inspection.
These food items were discarded.
All staff have been educated that all food items must be stored in closed, sealed and dated containers.
Kitchen staff and the administrator will monitor daily to ensure proper food storage procedures are followed

See Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Wendy Vennard

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Wendy Vennard PCHA LPN

Date

1-10-18

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Violation Report: 44854 - 12/06/2017 - Marini, Michael

JAN 11 2018

PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Methylprednisolone 4 mg. Resident #1's December medication administration record does not include the initials of the staff member who administered resident #1's Methylprednisolone on 12-6-17 at 8:00 AM.

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.

all staff will electronically initial each resident's medication at the time of administration.

The administrator will ensure that all medications are recorded at the time of administration by running a report daily to check for missed medication - which then the administrator can follow up with the employee on that shift if there is a missed medication.

All staff have been educated regarding recording medications at the time administered.

Medication administration will be reviewed quarterly on each employee certified to pass medications to ensure proper medication administration.

The guidelines of the medication administration program will be followed for any employee certified that does not pass the review or has an error. See Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Wendy Vennard

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Wendy Vennard PCHA LPN

Date 1-10-18

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

The above plan of correction is approved as of

2/21/18
(Date)

Plan of correction implementation status as of

2/21/18
(Date)

The above plan of correction was approved by

(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

JAN 11 2018

Violation Report: 44854 - 12/06/2017 - Marini, Michael
PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Divalproex 125 mg-1 tablet by mouth 3 times a day at 7 AM, 1 PM, and 7 PM. The home failed to administer Divalproex as ordered on the following dates and times:

- 12-1-17 5:11 PM
- 12-2-17 5:12 PM
- 12-3-17 5:14 PM
- 12-4-17 4:25 PM
- 12-5-17 5:18 PM
- 12-6-17 8:10 PM

On 11-3-17, resident #4 was prescribed Nystatin Powder-100 MU/gm twice a day for 7 days. However, staff administered Nystatin powder twice on 11-27-17, three times a day from 11-28-17 to 12-6-17, and once on 12-7-17.

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

See Page 17A of 17

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.

Resident #1 was admitted from a SNF facility with orders signed by physician (please see attached order) the order was followed by the schedule written on the order. (Schedule was daily at 9am, 1PM, 5PM.)

all orders will be reviewed at the time of admission and at the time a new order is received by the administrator the pharmacy and the administrator have set up a away interface for the electronic medication system.

Resident #4 was admitted from SNF facility with orders signed by the physician. there was not a start or stop date to the order. The order did not specify if the resident had any doses of the Nystatin powder. - continued ->

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page) Wendy Vannard

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) Wendy Vannard PCMH LPN

Date 1-10-18

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

The above plan of correction is approved as of

2/2/18
(Date)

Plan of correction implementation status as of

2/2/18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Resident # 4 continued: The resident was admitted to the four fountains on [REDACTED] 17. The order that was put into the computer was specified for twice a day but the times that were put into the computer by the pharmacy were three times a day. 17a of 17

The pharmacy and the fountains now have a 2 way interface so that orders can be viewed by both pharmacy and facility.

Changes can be made to any order through this interface if an error is noted.

The administrator will review all new admissions and new orders to ensure that the orders are as written by the physician.

Since the inspection a verbal order was received from the physician to continue the Nystatin powder and the directions were changed to 3 times a day.

Wendy Vennard
Wendy Vennard PCHA, LPN

1/10/18

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 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
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		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 11	Waking Staff: 8
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 02/02/2018: Marini, Michael; McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>FEB 15 2018</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 32 Number of Residents Served: 9 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: 7 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 44854 - 02/02/2018 - Marini, Michael
PCH Name: THE FOUNTAINS AT INDIANA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The front and side door of the facility are locked with electronic keypad locks, preventing immediate egress. According to staff person A, these locks do not automatically disengage when the fire alarm is activated or when there is a power outage. Also, the door knob on the side door is locked with a turn-style locking mechanism. Not all residents in the facility, including resident #1, are able to unlock the side door or operate the keypads.

The door knob on the patio door is locked with a turn-style locking mechanism. Not all residents in the facility, including resident #1, are able to unlock the patio door.

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.

On 2/2/18 at the time of inspection all electronic keypads were deactivated by Next-Gen-Security

all doors open freely at all times including when the fire alarm is activated or a power outage.

The door knob on the side door and patio door were changed to a knob without a turn-style locking mechanism.
all doors will remain unlocked from inside of the building and unobstructed.

The administrator and direct care staff will monitor all doors daily to ensure compliance with this regulation.

Please see attached pictures

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

Signature of Legal Entity Representative (Required on EVERY Page) Wendy Vernard

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Wendy Vernard PCHA, LPN Date 2-15-18

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

The above plan of correction is approved as of 2/2/18 (Date)

Plan of correction implementation status as of 2/2/18 (Date)

The above plan of correction was approved by [Signature] (Initials)

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

Violation Report: 44854 - 02/02/2018 - Marini, Michael
PCH Name: THE FOUNTAINS AT INDIANA

WEST ALABAMA FIELD OFFICE
Municipal Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 1/29/18, resident #2 was prescribed Divalproex EC 500 mg-Take 1 tablet by mouth twice a day; however, the pharmacy label indicates Divalproex EC 250 mg-Take 1 tablet by mouth 3 times a day.

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.

Resident #2 had a change of directions on medication
The correct order was on the electronic MAR

The medication was removed from the cart and the pharmacy
sent the correct medication and pharmacy label

The Administrator and Staff will review each new order
prescribed as it is received.

each order will be reviewed by 2 different Staff members
to ensure the correct medication / label is on the
medication cart - the order will be initialed and dated
by each of the Staff members reviewing the order.

The pharmacy will do a quarterly Med Room inspection
as described by the attached letter from the pharmacy

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Kennard

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

Wendy Kennard PCHA, LPA

Date 2-15-18

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

The above plan of correction is approved as of

2/21/18
(Date)

Plan of correction implementation status as of

2/21/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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