



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [wvennard@thefountainsatindiana.com](mailto:wvennard@thefountainsatindiana.com)  
[mkolkitt2@comcast.net](mailto:mkolkitt2@comcast.net)

MAILING DATE: March 23, 2020

Ms. Wendy Vennard  
Administrator  
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. Vennard:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 26, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams".

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

Violation Report

RECEIVED  
FEB 04 2020  
Western Region

License Number: 44854

Facility Information

Name: THE FOUNTAINS AT INDIANA  
Address: 2698 WEST PIKE ROAD,, INDIANA, PA 15701  
County: INDIANA Region: WESTERN

Administrator

Name: WENDY VENNARD Phone: 7244645399 Email: MCOLKITT2@COMCAST.NET

Legal Entity

Name: THE FOUNTAINS AT INDIANA LLC  
Address: PO BOX 607, INDIANA, PA, 15701

Certificate(s) of Occupancy

Type: I-1 Date: 05/22/2017 Issued By: White Township, Indiana County

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 27 Waking Staff: 20

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

11/26/2019 - On-Site: Jan Cutter, Joe Eveges

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 32 Residents Served: 23

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 23  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 4 Have Physical Disability: 0

65e - 12 Hours Annual Training

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A, hired 10/3/17, received only 8.75 hours of annual training in training year 2018.

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.)

Staff person A received 15 hours annual training in 2019. Staff person A will obtain 12.25 hours in 2020 to correct missing .25 hours for 2018. Please see Attached. 2019 Trainings

The administrator will track each staff member going yearward to ensure they have completed the required 12 hours of annual training. Outside Agencies will be providing educations.

The administrator will be providing monthly trainings to staff along with yearly diabetes education obtained through local hospital. Each staff members training will be obtained and documented using the staff training plan documentation page.

The administrator will audit each employee monthly to ensure required trainings are complete and documented. CPR trainings will be obtained upon anticipated date of expiration for current CPR first aid certification.

Legal Entity Representative

Wendy Vennard  
Signature

Wendy Vennard PCHA, LPD 3-11-20  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/12/20  
(Date)

Plan of correction implementation status as of 3/12/20  
(Date)

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

Implemented  
 Not Implemented

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff person A, hired 10/3/17, did not receive training in the following required topics during training year 2018:

- \* Medication self-administration training.
- \* Instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- \* Safe management techniques.

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.)

Direct care staff member A was trained in medication self administration, in instructions on meeting the needs of residents as described in the Pre admission screening form, assessment tool, medical evaluation and support plan and safe management techniques on hire date 10/3/17 when facility opened. All staff attended a training on Dec 15th 2019. The administrator will follow the staff training plan and ensure all staff are trained with required topics. Each month a training will be held for staff. (all) Each staff member has been given a folder to maintain completed topics. This folder will be kept in the office. The administrator will audit each employee folder monthly to ensure required trainings are completed

Legal Entity Representative

Staff person A was trained on the above topics on 12/15/19.

JW 3/12/20

Wendy Vennard  
Signature

Wendy Vennard  
Printed Name and Title PCHA, LPN Date 2/3/20

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(Date)

- Implemented
- Not Implemented

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JW  
(Initials)

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person A, hired 10/3/17, did not receive training in the following required topics during training year 2018:

- \* Emergency preparedness procedures.
- \* The Older Adult Protective Services Act.
- \* Falls and Accident Prevention.

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.)

The fountains opened October 2017. Staff person A was hired 10/3/17 and had all required trainings at that time. A quality management training was held 12/28/18 that included fall prevention. (See Attached)

Emergency preparedness and emergency medical plan trainings were held Dec 20th 2019

The administrator will hold monthly meetings with trainings provided at each meeting.

The administrator will provide folders to each staff member to maintain training documentation.

The administrator will audit each employee folder monthly to ensure all trainings are complete and compliance maintained.

Legal Entity Representative

*Wendy Kennard*  
Signature

Wendy Kennard PCHA, LPD  
Printed Name and Title

2-3-20  
Date

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(Date)

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(Initials)

- Implemented
- Not Implemented

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 11/26/2019 at 9:45 am, the hot water temperature at the sink in the bathroom by the front entrance measured 123.9 degrees Fahrenheit and at 2:47 pm it was 124.8 degrees Fahrenheit.

On 11/16/2019 at 10:55 am, the hot water temperature at the sink in the bathroom in room #230 measured 123 degrees Fahrenheit.

Repeat Violation 11/27/2018

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.)

Hot water boiler was adjusted at the time of inspection. Hot water temperatures are audited weekly. With water temperature above 120° we contacted:

Whiffith Plumbing & Heating  
5588 Route 119 Highway North  
Home PA 15747  
Cell # 724-388-9463

APR Supply  
2060 Shelby drive  
Indiana PA 15701  
724-801-8290

To evaluate the complete hot water system, both companies were in on 2/13/20. Parts were ordered. a recirculator, mixer and both circulators will be replaced next week. Hot water temperatures will continue to be monitored weekly. The administrator will continue to work with the above companies to prevent any further violations of this regulation

Legal Entity Representative

Signature Wendy Kennard

Printed Name and Title Wendy Kennard PCHA CPN Date 2/13/20

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- Implemented
- Not Implemented

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(Initials)

105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 11/26/2019 at 10:55 am, there was an accumulation of lint in the lint trap of the dryer on the left in the laundry room. There were no clothes in the dryer at the time.

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.)

Lint was removed from the lint trap at the time of inspection. Staff had used dryer and the lint was the equivalent of 1 load of laundry.

All staff were re-educated to remove lint from dryer lint traps after each load of laundry dried.

The administrator will audit dryers daily to ensure lint traps are emptied.

New signs posted in laundry room to remind staff to empty lint traps

Please see attached

Legal Entity Representative

Signature Wendy Wennard

Printed Name and Title Wendy Wennard PCHA, LMD 2-3-20 Date

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The above plan of correction was approved by JW (Initials) [X] Implemented [ ] Not Implemented

141a 1-10 Medical Evaluation Information

Regulations

2600.

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 3/1/2019, did not included the second page of the form.

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.)

The second page of the DME was completed after the inspection. All residents will have the required medical evaluation information.

The administrator will obtain required medical evaluation upon a residents admission.

All resident charts were audited 11/29/20 to ensure each resident has the required medical information.

The administrator will audit charts quarterly to ensure compliance with regulation.

Legal Entity Representative

Signature *Wendy Vennard*

Printed Name and Title *Wendy Vennard PCA, MA* Date *11/21/20*

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The above plan of correction was approved by *JW* (Initials)  Implemented  Not Implemented

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 11/26/2019, Nystatin Cream prescribed for resident #1, was in the medication cart; however, the medication was discontinued on 11/25/2019.

On 11/26/2019, Senna Plus 8.6 - 50 mg, take as needed, for resident #2, was in the medication cart; however, the medication was discontinued on 11/21/2019.

On 11/26/2019, Ibuprofen 200 mg, take 1 tablet three times a day for three days, for resident #3, was in the medication cart; however, the medication was discontinued on 11/25/2019.

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 11/25/19 the Nystatin cream for resident #1 was changed to PEN and that is why it was still in the med cart please see Attached  
The administrator removed the Senna plus 8.6-50 and the ibuprofen from the med cart at the time of inspection. Both orders were discontinued on 11/21/19 and 11/25/19 as stated.  
all discontinued medications will be immediately removed from the medication cart when the discontinue order is received.  
The LPN will review all orders and audit the med cart weekly to ensure only current prescription, otc, sample and cam for individuals living in the home are kept in the home

Legal Entity Representative

Wendy Venard  
Signature

Wendy Venard PCA, LPN  
Printed Name and Title

2/13/20  
Date

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(initials)

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187d - Follow Prescriber's Orders

Regulations

2600.

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

Description of Violation

Resident #1 is prescribed Novolog Flexpen, inject units subcutaneously before meals according to the following sliding scale: 0 - 70 = 0 units; 71 - 100 = 8 units; 101 - 160 = 12 units; 161 - 200 = 13 units; 201 - 230 = 14 units; 231 - 260 = 15 units; 261 - 290 = 16 units; 291 - 320 = 17 units; 321 - 350 = 18 units; 351 - 400 = 20 units; 401 - 450 = 24 units and call MD.

However, the incorrect units were given on the following dates:

On 11/19/2019, at 5:00 pm, the incorrect blood glucose reading of 160 instead of 152 was documented and 13 units were given instead of 12 units.

On 11/21/2019, at 8:00 am, the blood glucose reading was 246, but, 14 units were given not 15 units.

On 11/21/2019, at 5:00 pm, the incorrect blood glucose reading of 154 instead of 167 was documented and 12 units were given instead of 13 units.

On 11/22/2019, at 8:00 am, the incorrect blood glucose reading of 131 was documented instead of 231. The correct units of insulin were given.

Resident #1 is prescribed Tramadol 50 mg, every 6 hours; however, on 11/15/2019 she was give the medication at 3:37 pm and again at 7:20 pm.

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.)

Each of the 4 dates above were documented as medication errors. Each staff member involved with incorrect glucometer readings or incorrect doses of insulin or medication were counseled and retrained on reading Physicians orders and documentation. All staff were trained correctly on documenting glucometer readings on the MMR and giving proper doses of medications or insulin according to Physicians orders. Follow up by administrator in 1 month by auditing glucometer readings and insulin coverage in the MMR. Any staff member with another incident or medication error will be removed from passing medications. Remediation and re-education will be provided.

Legal Entity Representative

Wendy Kennard  
Signature

Wendy Kennard RCHA, CPN 2/13/20  
Printed Name and Title Date

11/26/2019

187d - Follow Prescriber's Orders *(continued)*

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