



**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/SERVICE LOCATION

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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 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,** **2021** until **March 8,** **2022**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **448540**

*Janette Biderup*  
ISSUING OFFICER

*Jamie J. Buchenauer*  
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.

HS 628 – 01/21



February 5, 2021

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

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

Dear Ms. Colkitt:

The Department has received your November 20, 2020 renewal application to operate the above Personal Care Home pursuant to Title 55, PA Code, Chapter 2600. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa.Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Personal Care Home at least once every twelve months. The Department will conduct an inspection of The Fountains at Indiana within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2600 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at [ra-pwarlheadquarters@state.pa.us](mailto:ra-pwarlheadquarters@state.pa.us).

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style with a large, prominent "J" and "B".

Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License