Department of Human Services
Bureau of Human Service Licensing

May 12, 2022

[redacted], CEO
[redacted]

RE: THE FOUNTAINS AT INDIANA
2698 WEST PIKE ROAD
INDIANA, PA, 15701
LICENSE/COC#: 44854

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *THE FOUNTAINS AT INDIANA* **License #:** *44854* **License Expiration:** *03/08/2022*

Address: *2698 WEST PIKE ROAD, INDIANA, PA 15701*

County: *INDIANA* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

[redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date:** *05/22/2017* **Issued By:** *White Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *19* **Waking Staff:** *14*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *10/19/2021*

Inspection Dates and Department Representative

10/19/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *32* **Residents Served:** *17*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *17*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *2* **Have Physical Disability:** *0*

Inspections / Reviews

10/19/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *11/28/2021*

01/18/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/25/2022*

01/20/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *02/15/2022*

05/12/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The criminal background check for direct care staff person A, hired [redacted], was requested on [redacted], with results indicating, "Request under review for control." However, the home has not received the results and staff person A continues to work unsupervised in the home.

Plan of Correction ***Accept***

New employees have a background check done prior to the first day of employment. if the background check would return request under review, the administrator will follow the guidelines of regulation 2600.51 and the Older Adult Protective services Act (35 P.S. && 10225.101 - 10225.5102) and 6 Pa. Code Chapter 15 relating to protective services for older adults. A checklist has been created to audit all new and current employees to ensure that all the proper procedures have been followed. please see the attached employee check list. The employee full background check was received on 9/15/2021. Any Background check that comes back under review will be placed on the Administrators desk for follow up and if not received within a week the administrator will follow up with the control number for the background check to receive the results.

Completion Date: *11/23/2021*

Document Submission ***Implemented***

blob:https://webapp.sanswrite.com/1b056609-9f5a-4292-9cdb-7f803dd36954

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, hired [redacted] did not receive training in any topics specified in §2600.65(a) until 12/8/2020.

Plan of Correction ***Accept***

All newly hired staff will be oriented on all the required topics prior to the first day of work. The administrator will utilize an employee file check list to ensure that all orientation and required topics are completed prior to the first day of work going forward. (please see attached employee file check list)

65a - FS Orientation 1st Day (continued)

All employee files were audited on 11/15/21 and will be audited yearly to ensure all requirements continue to be met.

Completion Date: *01/18/2022*

Document Submission ***Implemented***

blob: https://webapp.sanswrite.com/fb511bd0-0577-42c0-b556-0e281f86014d

85d - Trash Receptacles

1. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There were 2 medium sized trash cans that were both full of various food trash in the kitchen; however, there was only a cover for 1 of these trash cans, and the cover was located on the floor.

Plan of Correction ***Accept***

Lids have been placed on the trash cans in the Kitchen. Lids will be left on the trash cans at all times. The administrator will do a walk through each morning to ensure that the trash cans have lids on them. Signs have been posted in the kitchen as well to remind staff that the lids must be on the trash cans at all times.

Completion Date: *11/23/2021*

Document Submission ***Implemented***

blob:https://webapp.sanswrite.com/f95933b5-e180-48c1-975f-3b7581f4f6fb

103d - Storing Food Off Floor

1. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

There were 5 cases of bottled water, 2 bottles of grapefruit juice, and a case of cola stored on the kitchen floor.

Plan of Correction ***Accept***

signs have been posted in the kitchen that not food shall be stored on the floor. Kitchen staff removed the cases of bottled water, 2 bottles of grapefruit juice and a case of cola from the floor and stored on shelving. The Administrator will do a walk through the kitchen daily to ensure that there are no food items stored on the floor. Please see attached picture

Completion Date: *11/23/2021*

Document Submission ***Implemented***

blob:https://webapp.sanswrite.com/83f9864a-2731-45c1-92a2-139a72b2b4fb

103g - Storing Food

1. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

103g - Storing Food *(continued)*

Description of Violation

There was an unsealed and open bag containing approximately 12 breaded chicken tenderloins in the chest freezer in pantry. Several of the chicken tenderloins had fallen out of the bag and were loose in the freezer.

Plan of Correction ***Accept***

A new Artic Air double door freezer was purchase for the facility and it is large enough that we were able to remove a chest freezer and an upright freezer. This helps dietary staff see clearly into the freezers. Dietary staff will audit the Freezers daily when they are in and out of the freezers, any food item that has been unsealed or fallen out of a bag will be immediately thrown away. The administrator will also check the freezers on a daily walk through of the facility to ensure all the food is in sealed containers. A sign has been posted to remind dietary staff that no item should be in an unsealed container or loose in the freezer.

Completion Date: *11/23/2021*

Document Submission ***Implemented***

blob:https://webapp.sanswrite.com/98e871b5-dc81-4f23-83fe-9c2b1fac45c2
blob:https://webapp.sanswrite.com/ea700c36-e2b5-47c1-a6ad-88bbabca88d0
blob:https://webapp.sanswrite.com/9a987033-175a-4e5d-99f6-5600491651fa

123c - Evacuation Diagrams

1. Requirements

2600.
123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home currently serves 17 residents; however, none of the evacuation diagrams posted throughout the home show the locations of the fire extinguishers or pull-signals.

Plan of Correction ***Accept***

All evacuation diagrams have been updated to show exactly where all the fire extinguishers are located. (please see attached)

Completion Date: *11/23/2021*

Document Submission ***Implemented***

blob:https://webapp.sanswrite.com/ed26d665-344c-41d5-9eb1-0d3ea8d320db

130b - Smoke Detectors Hallways

1. Requirements

2600.
130.b. The smoke detectors specified in subsection (a) shall be located in hallways.

Description of Violation

There is no smoke detector in the hallway within 15 feet of resident bedroom #170 and resident bedroom #175. The closest hallway smoke detector is 19 feet from the doors of these bedrooms.

Plan of Correction ***Accept***

A smoke detector was installed within 15 feet of resident bedroom #170 and resident bedroom #175. Please see

130b - Smoke Detectors Hallways (continued)

attached picture.

Completion Date: *11/23/2021*

Document Submission ***Implemented***

blob:https://webapp.sanswrite.com/cc279a2b-551e-4984-a1c7-a2860a14a7a4

185a - Implement Storage Procedures

1. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1's glucometer was not calibrated to the correct date and time.

Plan of Correction ***Accept***

The glucometer was calibrated with the correct date and time after the inspection All glucometers will be checked to make sure that they are all calibrated with the correct time and date. Diabetic Education has been provided for all staff.

Glucometer checks to ensure that the correct date and time will be done daily prior to use.
Diabetic training was provided on 9/27/21 and a second class was scheduled that was postponed until 1/13/22 for all staff. All staff that are passing medications have current Diabetic education as of 1/13/22

Completion Date: *01/13/2022*

Document Submission ***Implemented***

Glucometer checks to ensure that the correct date and time will be done daily prior to use.
Diabetic training was provided on 9/27/21 and a second class was scheduled that was postponed until 1/13/22 for all staff. All staff that are passing medications have current Diabetic education as of 1/13/22
Completion Date: 01/13/2022

187c - Refusal of Medication

1. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #3 is prescribed [redacted], take 2 at bedtime. The resident refused this medication daily between 10/1/2021 and 10/18/2021; however, these refusals have not been reported to the resident's physician.

Plan of Correction ***Accept***

The Md has been faxed regarding the refusal of the [redacted] at bedtime and the medication has been discontinued. Effective immediately The Md will be contacted withing 24 hours of any refusal of medications. All staff educated on Medication refusals and the procedure for communicating to the Md when there is a refusal.

187c - Refusal of Medication (continued)

The Administrator will run a report daily to check for any refusals and contact the MD via fax or phone to notify the MD.
Staff were educated on 11/20/22 by the administrator and all staff hired since then have been educated on orientation. Refusal of medications has been added to the orientation training and reinforced with the medication training program
Completion Date: *01/18/2022*

Document Submission ***Implemented***

The Administrator will run a report daily to check for any refusals and contact the MD via fax or phone to notify the MD.
Staff were educated on 11/20/22 by the administrator and all staff hired since then have been educated on orientation. Refusal of medications has been added to the orientation training and reinforced with the medication training program

225a - Assessment 15 Days

1. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment has not been completed for resident #2, who was admitted on [redacted].

Plan of Correction ***Accept***

This assessment has been completed since the inspection. effective immediately all initial assessments will be completed withing 15 days of admission. A new resident check list has been created to place on each resident chart so that all of the required documentation is completed and in the resident chart. The administrator will check off each item as it is completed and make sure all documents are completed in the required time frames. Please see attached checklist

Resident #2 's assessment was completed [redacted] *All resident files will be audited withing the next 30 days, completed by 2/14/2022. Then all resident files will be audited monthly thereafter.*
Completion Date: *02/14/2022*

Document Submission ***Implemented***

blob:https://webapp.sanswrite.com/256cc777-0d83-49f9-831c-fbee6b67e6bb

227i - Support Plan Accessible

1. Requirements

2600.
227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

Staff interviews indicate that resident support plans are stored in a locked box in the administrator's office, which can only be access when the administrator is on-site.

227i - Support Plan Accessible *(continued)*

Plan of Correction ***Accept***

The support plans are currently located in the resident's charts that are locked in the administrator's office. The staff have a key to this office. All support plans are being copied and placed in a binder that will be locked in the Medication Administration room as staff have full access to the locked medication administration room by a key they carry on their medication cart key ring

The resident support plans that are currently being copied and put into a binder will be placed in the medication room by 1/31/22. All staff will have a read & sign education to make them aware of the location of the support plans so they can access each support plan and review and make changes along with the administrator. The administrator will check the medication room daily to ensure the support plan Binder is accessible and that all current resident support plans are in the binder.

Completion Date: *01/31/2022*

Document Submission ***Implemented***

The resident support plans that are currently being copied and put into a binder will be placed in the medication room by 1/31/22. All staff will have a read & sign education to make them aware of the location of the support plans so they can access each support plan and review and make changes along with the administrator. The administrator will check the medication room daily to ensure the support plan Binder is accessible and that all current resident support plans are in the binder.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident’s record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident’s physician or source of health care.
7. The current and previous 2 years’ physician’s examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident’s medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident’s personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident’s property entrusted to the administrator for safekeeping.

252 - Record Content *(continued)*

20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

The record for resident #2, admitted on [redacted], does not include the following;

- *Race*
- *Height*
- *Color of hair*
- *Color of eyes*
- *Religious affiliation*
- *Identifying marks*
- *A photograph of the resident*
- *Language or means of communication spoken or used by the resident.*

Plan of Correction ***Accept***

This has been corrected and effective immediately upon admission all residents will have a folder with all the required documentation in them. A check list has been made and put on each resident chart so the administrator can audit each resident admission to ensure all the required resident documents are in each chart. (please see attached check list)

the resident's face sheet including the required information was completed on [redacted] and all resident charts will be audited within the next 30 days and monthly to ensure that the regulation has been met.

Completion Date: *02/14/2022*

Document Submission ***Implemented***

blob:https://webapp.sanswrite.com/ee0eed99-4f3c-4213-add7-7b82c9fd6bd1