

Department of Human Services
Bureau of Human Service Licensing

August 2, 2022

[REDACTED]
THE FOUNTAINS AT INDIANA LLC
PO BOX 607
INDIANA, PA, 15701

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 04/05/2022, 04/06/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jason Williams

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: *03/08/2023*
Address: *2698 WEST PIKE ROAD, INDIANA, PA 15701*
County: *INDIANA* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7244645399* Email: w [REDACTED]

Legal Entity

Name: *THE FOUNTAINS AT INDIANA LLC*
Address: *PO BOX 607, INDIANA, PA, 15701*
Phone: *7244645399* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *05/22/2017* Issued By: *White TWP Indiana County*

Staffing Hours

Resident Support Staff: Total Daily Staff: *12* Waking Staff: *9*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *04/07/2022*

Inspection Dates and Department Representative

04/05/2022 - On-Site: [REDACTED]
04/06/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25* Residents Served: *12*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *12*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/05/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/14/2022*

Inspections / Reviews (*continued*)

06/22/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/24/2022*

07/01/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/08/2022*

08/02/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Synthroid, 137 mcg, 1 tab daily. However, resident #1 was not administered the medication, Synthroid, on 2/12/22 - 2/15/22, at 6:00 am.

Plan of Correction**Accept**

The resident had signed documentation that the POA has the authority to consent, to refuse to consent or to withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition. (Please see attached document) The resident's POA demanded that the staff not give the medication to the resident as it was causing an allergic reaction. The POA stated the resident was allergic to the generic medication. The resident has since moved out of the facility. If this type of situation occurs again the staff will contact the MD immediately for the MD's instructions regarding any request by POA to withhold medication. We will not withhold any medication unless we have an order from the physician. A staff education will be held to review the plan of correction and procedures for when a request is made by family or resident to hold a medication. This education will be held in the month of June for all staff.

Completion Date: 06/30/2022

Document Submission**Implemented**

The resident had signed documentation that the POA has the authority to consent, to refuse to consent or to withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition. (Please see attached document) The resident's POA demanded that the staff not give the medication to the resident as it was causing an allergic reaction. The POA stated the resident was allergic to the generic medication. The resident has since moved out of the facility. If this type of situation occurs again the staff will contact the MD immediately for the MD's instructions regarding any request by POA to withhold medication. We will not withhold any medication unless we have an order from the physician. A staff education will be held to review the plan of correction and procedures for when a request is made by family or resident to hold a medication. This education will be held in the month of June for all staff.

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

Resident #1's assessment, dated [REDACTED] did not include the resident's need for physical therapy/occupational therapy (PT/OT) services due to a possible fall risk.

Resident #2's assessment, dated [REDACTED], did not include the resident's need for PT/OT services due to a possible fall risk and the resident's use of a foot brace due a drop right foot.

225a - Assessment 15 Days (continued)

Plan of Correction

Accept

Resident #1 and resident #2 had the assessments updated [REDACTED]. The administrator or designee will make sure upon admission that any resident with an order for therapy has it documented on the assessment as to when the date of therapy started and what home health company is providing the therapy. All residents that are a fall risk will have that documented on the assessment as well upon admission. Any resident with a brace will have the brace documented on the assessment upon admission. The administrator or designee will audit all residents currently in the facility by June 10th to ensure that this documentation is done for all current residents and then will provide this information on the assessment for all new admissions. All change of status or annual assessments will be reviewed by the administrator or designee to ensure that any therapy or braces are documented on the change of status or annual assessment.

Completion Date: 05/09/2022

Document Submission

Implemented

Resident #1 and resident #2 had the assessments updated [REDACTED]. The administrator or designee will make sure upon admission that any resident with an order for therapy has it documented on the assessment as to when the date of therapy started and what home health company is providing the therapy. All residents that are a fall risk will have that documented on the assessment as well upon admission. Any resident with a brace will have the brace documented on the assessment upon admission. The administrator or designee will audit all residents currently in the facility by June 10th to ensure that this documentation is done for all current residents and then will provide this information on the assessment for all new admissions. All change of status or annual assessments will be reviewed by the administrator or designee to ensure that any therapy or braces are documented on the change of status or annual assessment.

228h - Grounds Discharge/Transfer

1. Requirements

2600.

228.h. The only grounds for discharge or transfer of a resident from a home are for the following conditions:

Description of Violation

On [REDACTED], the home issued a 30-day involuntary discharge notice to residents #1 and #2 by email to the residents' [REDACTED]. The reason for the notice was alleged verbal abuse by the resident's [REDACTED] toward the home's staff which is not a valid condition for an involuntary discharge notice.

Plan of Correction

Accept

The home had documentation of repeated verbal and email abuse by the residents POA [REDACTED]. The home had verbally warned the POA that continued verbal abuse would lead to a 30-day notice. The POA had Medical and Durable General Power of Attorney stating that [REDACTED] had the power and authority to make any and all health care decisions on the residents' behalf; to be deemed the residents Personal Representative; to act in any and all matters as the resident's personal representative. (Please see attached)
Going forward from the time of inspection, the home will review the regulation 2600.228 h. all discharge notices will be done according to regulation 2600.228.h. If the home has any question regarding the discharge and compliance the home will contact the Department to receive guidance on the discharge. No resident will be discharged unless in complete compliance with the regulation and the departments guidance.

228h - Grounds Discharge/Transfer (continued)

The home will also exercise the right to ban any visitor that has documented numerous incidents of harassing any employee or resident in the facility. The home will also use ombudsman and aging services if there are any instances that occur that infringe upon the residents rights or family interference with a residents rights.

The Administrator will receive training in this regulation (as the administrator is the person to initiate any resident discharge). Documentation of the education will be retained in the administrator's training log that contains completed trainings. The Administrator has reviewed the departments regulation 2600.228.h on 5/9/22 and again on 6/22/22 and will keep a record of this review in the administrators training log.

Completion Date: 06/22/2022

Document Submission

Implemented

The home had documentation of repeated verbal and email abuse by the residents POA [REDACTED]. The home had verbally warned the POA that continued verbal abuse would lead to a 30-day notice. The POA had Medical and Durable General Power of Attorney stating that [REDACTED] had the power and authority to make any and all health care decisions on the residents' behalf; to be deemed the residents Personal Representative; to act in any and all matters as the resident's personal representative. (Please see attached)

Going forward from the time of inspection, the home will review the regulation 2600.228 h. all discharge notices will be done according to regulation 2600.228.h. If the home has any question regarding the discharge and compliance the home will contact the Department to receive guidance on the discharge. No resident will be discharged unless in complete compliance with the regulation and the departments guidance.

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