

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

July 27, 2023

[REDACTED], OWNER
THE FOUNTAINS AT INDIANA LLC
[REDACTED]
INDIANA, PA, 15701

RE: THE FOUNTAINS AT INDIANA
2720 WEST PIKE ROAD
INDIANA, PA, 15701
LICENSE/COC#: 45298

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/23/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE FOUNTAINS AT INDIANA* License #: *45298* License Expiration: *07/01/2023*
 Address: *2720 WEST PIKE ROAD, INDIANA, PA 15701*
 County: *INDIANA* Region: *WESTERN*

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: *THE FOUNTAINS AT INDIANA LLC*
 Address: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *1 1* Date: *06/01/2021* Issued By: *White of TWP Indiana County*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *06/23/2023*

Inspection Dates and Department Representative

06/23/2023 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *22* Residents Served: *17*

Secured Dementia Care Unit
 In Home: *Yes* Area: *The Gardens* Capacity: *22* Residents Served: *17*

Hospice
 Current Residents: *0*

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: *14* Have Physical Disability: *0*

Inspections / Reviews

06/23/2023 - Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *07/09/2023*

07/12/2023 - POC Submission
 Submitted By: [Redacted] Date Submitted: *07/24/2023*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *07/19/2023*

Inspections / Reviews *(continued)*

07/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/14/2023

07/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

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

Description of Violation

Staff person A did not receive training on the Instruction on meeting the needs of the residents as described in the medical evaluation and support. plan and care for residents with dementia and cognitive impairments during January to December training year to 2022.

Plan of Correction

[Redacted] - 07/17/2023)

Staff member A was trained on meeting the needs of residents as described in the medical evaluation and support plan and care for residents with dementia and cognitive impairments on [Redacted] 23.

all staff files were audited on 6/27/23 to ensure that they had completed the training described in 2600.65.f.

The administrator or designee will begin to use the departments staff training plan documentation sheets on 6/27/23 to ensure that all staff are receiving the required trainings.

Please see attached.

[Redacted] the PCHA, LPN, CDP provided the training to staff member A assistant to PCHA completed the audits.

Licensee's Proposed Overall Completion Date: 07/12/2023

[Redacted] - 07/27/2023)

65g - Annual Training Content

2. Requirements

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 did not receive training in The Older Adult Protective Services Act during January to December training year to 2022.

Plan of Correction

Accept ([Redacted] - 07/17/2023)

Staff person A was trained on The Older Adult Protective Services Act on 6/27/23.

All staff files were audited on 6/27/23 to ensure all staff had the training described in 2600.65.g

The administrator or designee will begin to use the departments staff training plan documentation sheets on 6/27/23 to ensure that all staff are receiving the required trainings.

Please see attached.

[Redacted] PCHA, LPN, CDP provided the training to staff member A assistant to the PCHA completed the audits.

Licensee's Proposed Overall Completion Date: 07/12/2023

Implemented ([Redacted] - 07/27/2023)

101j7 - Lighting/Operable Lamp

3. Requirements

101j7 - Lighting/Operable Lamp (continued)

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At 11:01 a.m., the resident #1's bed side lamp was unplugged and not operational.

At 10:53 a.m., resident #2 had no source of bedside light.

Plan of Correction**Accept (█ - 07/17/2023)**

This was corrected at the time of the inspection in both resident #1 and resident #2's rooms. The inspector was witness to this.

All rooms were checked on 6/26/23 by the designee to ensure that all lamps had light bulbs, were within reach of a resident's bed and plugged in.

The housekeeper will check and replace light bulbs, ensure lamps are plugged in and within resident reach at bedside when cleaning resident rooms twice a week.

The administrator and / or designee will audit all resident rooms anytime they enter a resident room and on a monthly walk through the building.

Please see attached.

█ assistant to the PCHA corrected the lamps in room 1 & 2 while the inspector was still in the building.

Licensee's Proposed Overall Completion Date: 07/12/2023

Implemented (█ - 07/27/2023)**103g - Storing Food****4. Requirements**

2600.

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

Description of Violation

At 10:45 a.m., there were three unopened plastic bags of food items in the dry food storage area of the home's kitchen, the food items are as follows, 1 half full bag of Wheaties, 1 half full bag po Snyders popcorn and a 1/2 full bag of Krusteaz Buttermilk pancake mix.

At 10:51 a.m., there was a 1/3 full uncovered cup of applesauce in the refrigerator located in the half kitchen next to the home's dining area.

Plan of Correction**Accept (█ - 07/17/2023)**

1 half bag of Wheaties, 1 half bag of Snyder's popcorn, and 1 half bag of krusteaz buttermilk pancake mix was thrown away immediately with the inspector witnessing.

New plastic sealable containers were purchased on 6/26/23 so that any opened items could be placed in the containers to maintain compliance with this regulation.

103g - Storing Food (continued)

A sign was placed in the pantry on the importance of keeping all open food items in a sealed container for safety and compliance of regulation 2600.103.g

Dietary staff will check the pantry daily while working to ensure all items are in sealed and dated containers.

The administrator and or designee will audit the pantry during monthly walk through the building to ensure that all food items are placed in sealed containers and dated.

██████████ PCHA, LPN, CDP immediately disposed of the food items into the garbage while the inspector was still present in the kitchen.

██████████ assistant to PCHA purchased new plastic containers from Walmart on 6/26/23. The sign was placed by ██████████ PCHA, in the kitchen dry storage area and on the refrigerator on 6/26/23. The audits were started on 6/26/23 and will be done monthly for 6 months and periodically after the 6 months to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/12/2023

Implemented ██████████ - 07/27/2023)

183e - Storing Medications**5. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1 is prescribed ██████████ instill 2 drops into mouth sublingually every 2 hours as needed for ██████████. This medication was present in the medication cart. However, the medication had expired on 6/18/23.

Resident #2 is prescribed ██████████ instill 2 drops into orally/sublingually every 2 hours as needed for ██████████. This medication was present in the medication cart. However, the medication had expired on 6/18/23.

Plan of Correction

Accept ██████████ - 07/17/2023)

The Atropine had recently been sent to the facility within 3 weeks prior to inspection. The pharmacy was contacted to discuss sending medication to the facility that is going to expire in a short time.

The Atropine for Residents # 1 & 2 was immediately disposed of at the time of inspection with the inspector witnessing. These medications were sealed and not used on either resident.

New bottles of Atropine were ordered and received on 6/24/23 with an expiration date of 6/23/24 for each resident. Spoke with ██████████ at ██████████ Pharmacy and ██████████ Pharmacy will be monitoring medication cart expiration dates monthly on Auto Refill.

All certified medication administration staff will as well be monitoring the expiration dates while passing medications.

Please see attached.

183e - Storing Medications (continued)

██████████ LPN contacted the pharmacy on 6/23/23 to make them aware of the expired ██████████ expiration date and ordered the new bottles of Atropine at the same time.

██████████ PCHA immediately at the time of inspection disposed of the expired ██████████ while the inspector was still auditing the medication cart.

All staff are auditing the medication cart starting on 6/24/23 for expired medications and will continue to do so through each medication pass. The pharmacy will do quarterly audits to ensure that there are no expired medications in the medication cart.

Licensee's Proposed Overall Completion Date: 07/12/2023

Implemented ██████████ - 07/27/2023)

233d Electronic/Magnetic System

6. Requirements

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

At 11:07 a.m., the exit located next to resident room #160 were not locked with an electronic or magnetic locking system.

Plan of Correction

Accept ██████████ 07/17/2023)

A staff member was scheduled and placed at the door next to resident room #160 from 6/23/23 at 6pm until 6/26/23 at 2pm. Prior to the staff member coming in the administrator and designee were situated at the door. SSA the company to fix the door came in on 6/26/23 at 2pm to fix the door.

SSA fixed the door on 6/26/23 and the door is currently still working. The door was checked every shift for 1 week and currently daily to ensure that is working as it should.

Please see attached.

On 6/23/23 at 6pm ██████████ DCS was placed on shift to sit at the door until 11pm.

at 11pm on 6/23/23 ██████████ DCS replaced ██████████ DCS at the door until 7am on 6/24/23.

at 7am on 6/24/23 ██████████ assistant to PCHA replaced ██████████ DCS at the door until 3pm.

On 6/24/23 at 3pm ██████████ DCS replaced ██████████ assistant to PCHA at the door until 11pm.

On 6/24/23 at 11pm ██████████ DCS replaced ██████████ DCS at the door until 7am on 6/25/23.

On 6/25/23 ██████████ assistant to PCHA replaced ██████████ DCS at the door at 7am until 2pm when at that time the door was fixed.

Licensee's Proposed Overall Completion Date: 07/12/2023

Implemented ██████████ - 07/27/2023)