

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

October 17, 2023

[REDACTED]
THE FOUNTAINS AT INDIANA LLC
[REDACTED]

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 09/28/2023 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: *07/01/2024*
 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: *I-1* Date: *06/01/2021* Issued By: *White Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *09/28/2023*

Inspection Dates and Department Representative

09/28/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *22* Residents Served: *18*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Garden* Capacity: *22* Residents Served: *18*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *18*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

09/28/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/15/2023*

Inspections / Reviews (*continued*)

10/16/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/16/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 10/23/2023

10/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/16/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's current assessment of care needs completed [REDACTED]/23 does not address the resident care needs for home health services order [REDACTED]/22 or hospice care including physical therapy, occupational therapy, and nursing care services ordered on [REDACTED]/23.

Plan of Correction**Accept [REDACTED] - 10/16/2023)**

Resident #1's current assessment of care needs completed [REDACTED]/23 was updated by [REDACTED] on 10/2/23 to include the home health services order [REDACTED]/22 and then the start of Hospice care on [REDACTED]/23.

The assessment was updated by [REDACTED] under the comments or related information section and the plan to meet service need section. (please see attached care needs assessment page 1 and 3 that are attached)

All residents that are on home health or hospice services had their current assessment audited by [REDACTED] and [REDACTED] on 10/2/23 to ensure that any resident that is on home health or hospice services has their current assessment of care needs updated. (please see list of residents from Home Health)

All residents on home health or hospice services will have their current assessment of care updated upon admission to home health services or hospice services on the day they are admitted to the services.

Monthly a list will be obtained from home health or hospice services to be compared with resident current assessments to ensure that the proper documentation of the services is on the assessment of care. This will be done by [REDACTED] and [REDACTED].

Licensee's Proposed Overall Completion Date: 10/13/2023

Implemented [REDACTED] - 10/17/2023)