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

January 11, 2024

[redacted], OWNER
THE FOUNTAINS AT INDIANA LLC
[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 12/04/2023 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 #**: *44854* **License Expiration**: *03/08/2024*

Address: *2698 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**: *05/22/2017* **Issued By**: *White Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *24* **Waking Staff**: *18*

Inspection Information

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

Reason: *Renewal, Complaint* **Exit Conference Date**: *12/04/2023*

Inspection Dates and Department Representative

12/04/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *28* **Residents Served**: *24*

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**: *24*

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

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

Inspections / Reviews

12/04/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/23/2023*

12/27/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *01/11/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/04/2024*

Inspections / Reviews *(continued)*

01/09/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *01/11/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *01/31/2024*

01/11/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *01/11/2024*

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:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct Care Staff Person A did not receive training in the following topics during training year January 1, 2022 to December 31, 2022:

1. Medication self-administration training.

5. Personal care service needs of the resident.

6. Safe management techniques.

Plan of Correction ***Accept [redacted] - 12/27/2023)***

Staff training was provided to staff by [redacted] LPN on 12/15/23 to correct the violation immediately. Please see attached training sheets.
A new training plan has been created by [redacted] LPN to use yearly at the beginning of each year for all staff members. Please see attached.

This training plan includes all of the required trainings when hired and all training topics under regulation 2600.65, 2600.65G, 2600.65F this will also create the annual staff training plan for the year 2024 as required under 2600.66. The trainings will be provided by Home Health Agencies, Rise Program,

To avoid any regulation violations under regulation 2600.65, 2600.65G and 2600.65f, [redacted] LPN and [redacted] designee will be responsible for ensuring that each employee has all of the required trainings for each staff member yearly by signing off each training when completed by the employee upon hire, (for all new hires) and when trained on the topic and yearly for current employees.

The training sheets will be kept in each employees training folder and audited quarterly by [redacted] LPN or [redacted] designee to ensure compliance.

Licensee's Proposed Overall Completion Date: *12/18/2023*

Implemented ([redacted] - 01/11/2024)

103f - Refrigerator/Freezer Temps

2. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:16 a.m., the temperature in the stainless-steel freezer in the kitchen was 8 degrees Fahrenheit.

Plan of Correction ***Accept [redacted] - 12/27/2023)***

The Dietary staff person [redacted] had been in the freezer throughout the morning as [redacted] was pulling food for the lunch and suppertime meals prior to the violation occurring a 10:16am. The freezer had an older plastic thermometer that was not working correctly.
The plastic freezer thermometer was removed by [redacted] PCHA [on 12/4/23], in the presence of the inspector. A new metal thermometer was placed by [redacted] PCHA in the freezer at the same time the plastic thermometer was removed in the presence of the inspector.

The temperature was rechecked by the inspector and [redacted] PCHA, prior to the exit interview and the freezer had a temperature of -5 degrees Fahrenheit.

The dietary staff [redacted] have been educated on the proper temperatures of the freezers and the refrigerators. (Please see signed education sheet) There is a monthly temperature log binder in the kitchen and the dietary staff will be responsible to log the temperature of the freezer and refrigerator daily and check for opened packages or undated items [12/18/23]. Please see attached log.

A kitchen self-inspection checklist from performance food service provider has been put in place by [redacted] PCHA for dietary staff to check off monthly along with a representative from performance foods in the building at the time assisting with the self-inspection. (please see attached) The performance food service representative will audit the kitchens quarterly [beginning January 2024] by using the self-inspection checklist along with either [redacted] or any other dietary staff member. The performance food service representative will sign off on the self-inspection tool along with the employee working at the time.

Proposed Overall Completion Date: 12/18/2023

Licensee's Proposed Overall Completion Date: *12/18/2023*

Implemented ([redacted] - 01/11/2024)

103g - Storing Food

3. Requirements

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

Description of Violation

The following food items on the shelves in the kitchen pantry were opened and unsealed:
A 10-pound bag of pasta, approximately 1/10 full
A 50-pound bag of pre-boiled rice, approximately full
A 10-ounce bag of mini marshmallows, approximately 1/5 full

103g - Storing Food (continued)

Repeat Violation: 11/30/22, et al

Plan of Correction ***Accept [redacted] - 12/27/2023)***

Each item that the inspector found that had not been sealed and was open, [redacted] PCHA gave immediately to [redacted] dietary staff. [redacted] then disposed of the pasta, pre-boiled rice and mini marshmallows. This was done by [redacted] PCHA at the time the unopened food was found during the inspection [on 12/4/23] so that [redacted] would understand the regulation on maintaining sealed food at all times.
[redacted] continually reminds dietary staff that food must be unopened and sealed at all times.

There is a monthly temperature log binder in the kitchen and the dietary staff will be responsible to log the temperature of the freezer and refrigerator daily and check for opened packages or undated items. Please see attached log.

[redacted] dietary staff have been educated on the regulation (please see attached) they have also been warned that this is a repeat violation, and it cannot happen again at any time whether inspection or not.

[redacted] PCHA will audit the kitchen daily and immediately proceed with verbal warnings, written warnings and termination if this continues to be an issue.

Proposed Overall Completion Date: 12/18/2023

Licensee's Proposed Overall Completion Date: *12/18/2023*

Implemented [redacted] 01/11/2024)

121a - Unobstructed Egress

4. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 10:30 a.m., the gate door leading from the emergency exit door on the deck to the yard was unable to be opened more than approximately 2 feet, blocking egress from the home.

Plan of Correction ***Accept [redacted] - 12/27/2023)***

The gate door leading from the emergency exit door on the deck to the yard had taken on some heavy winds the evenings prior to the inspection.
The gate was immediately fixed during the inspection [on 12/4/23] by maintenance helper [redacted].
The inspector and [redacted] PCHA, walked through the gate prior to the exit conference of the inspection to ensure the gate was working properly.
[redacted] PCHA will walk through the gate on a daily basis [beginning 12/18/23] to ensure that it is not damaged again and is working properly. This will be documented on a daily walk through of the building by [redacted] [redacted] PCHA or a designee if [redacted] PCHA is not in the building.

Proposed Overall Completion Date: 12/18/2023

Licensee's Proposed Overall Completion Date: *12/18/2023*

121a - Unobstructed Egress *(continued)*

Implemented (- 01/11/2024)

184a - Resident's Meds Labeled

5. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed Spironolactone 25mg, take 1 tablet daily; however, the pharmacy label indicates Spironolactone 25mg, take 1/2 tablet daily.

Plan of Correction ***Accept (- 01/09/2024)***

While investigating this regulation violation, it was discovered by [redacted] LPN that the order for Spironolactone is written for 25mg 1/2 tab daily. It is written this way on the bottle, and on a hospital discharge from [redacted]/23. There is also a prescription written by the Md on 8/17/23 where the Spironolactone 25mg was to be given 1-tab daily x 5 days and then resume the spironolactone 25mg 1/2 tab daily. on 12/18/23 (see attached)

[redacted] LPN called Diamond Pharmacy and spoke with [redacted] from the personal care department, and [redacted] also sent a copy of the original prescription that also states Spironolactone 25mg 1/2 tablet daily. (see attached)

So, the prescription written by the Md and the bottle of medication match. (see attached)

When [redacted] spoke with the pharmacy [redacted] stated the pharmacy order entry department put the order in wrong into the computer.

All documentation of the bottle, prescription from md and from what the pharmacy received and the discharge orders from the hospital will be sent as an attachment for review.

[redacted] will put into place a system to prevent further pharmacy order entry errors like this one. All medications will be checked off at admission by Medication Administration trained staff against the order received on admission or a new order.
The med trained staff will initial and date on the order when received after it is checked against the order put into the MAR by the pharmacy.

The Med trained staff will then give the order to [redacted] LPN to review a second time to ensure that the pharmacy is putting orders into the system correctly. [redacted] LPN will also initial and date when the order is reviewed. (see attached order initialed and checked by staff and [redacted] LPN)

This way all order entry from the pharmacy will be reviewed by staff 2 times to ensure it is correct. Although this was an inaccurate order put in by the pharmacy, the resident was given the correct dose by staff.

184a - Resident's Meds Labeled (continued)

Proposed Overall Completion Date: 12/18/2023.

The attachments are now included. [redacted] *held a staff training on 12/14/23 for which the sign in sheet is attached now. The process of reviewing orders was put into place on 12/14/23 with the training, but the first time we received an order to use was on 12/20/23.*
There is an example of the first order that [redacted] *DCS reviewed the doctors order against the order put into the computer by the pharmacy.* [redacted] *PCHA, then initialed and signed the order as well after reviewing the pharmacy order against the doctors. order.*
When the violation report was received [redacted] *began investigating and on 12/18/23* [redacted] *called the pharmacy and spoke with* [redacted]*. The Md was notified of the discrepancy of the order on 12/18/23.*
A quality management plan review is scheduled for 1/25/23 for staff and the process of med reviews will be addressed again at the meeting.

Licensee's Proposed Overall Completion Date: *01/25/2024*

Implemented ([redacted] ***01/11/2024)***

185a - Implement Storage Procedures

6. 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 #2 is ordered blood glucose readings before meals, at bedtime, and as needed; however, the resident has multiple readings on [redacted] *glucometer that are not documented correctly or were not documented on the November 2023 and December 2023 medication administration record (MAR), to include:*
11/14/23 at 3:43 p.m., the glucometer read 144; however, it was documented on the MAR as 141.
11/15/23 at 7:47 a.m., the glucometer read 120; however, it was documented on the MAR as 121.
11/15/23 at 8:54 p.m., the glucometer read 247; however, it was documented on the MAR as 244.
11/16/23 at 10:00 p.m., the glucometer read 235; however, it was not documented on the MAR.
11/18/23 at 3:56 p.m., the glucometer read 154; however, it was not documented on the MAR.
11/19/23 at 4:05 p.m., the glucometer read 322; however, it was not documented on the MAR.
11/21/23 at 2:13 a.m., the glucometer read 43; however, it was not documented on the MAR.
11/21/23 at 3:18 a.m., the glucometer read 121; however, it was not documented on the MAR.
11/23/23 at 12:00 p.m., the glucometer read 206; however, it was not documented on the MAR.
12/3/23 at 5:00 p.m., the glucometer read 238; however, it was documented on the MAR as 28.

Plan of Correction ***Accept (*** [redacted] ***01/09/2024)***

Staff were educated by [redacted] *LPN, PCHA regarding proper documentation of glucometer readings and the importance of having the correct reading to match the sliding scale coverage a resident may receive. (please see the education sheet)*

A new form has been put into place that will have the staff record the blood sugar readings daily and as ordered

185a - Implement Storage Procedures (continued)

each day of the week. It is separated into days of the week and times of the readings.

The staff member that obtains the reading will document in the computer and on this form as well the reading at the time it was obtained.
A second staff member will review the documentation to ensure that the glucometer, computer and paper documentation are all correct prior to insulin administration. Any errors will be corrected immediately.

This form will be used weekly and at the end of the week the administrator or designee will review the glucometer readings and the documentation in the computer and on the form. this is a 3 person check on the glucometer readings. (see attached)

If a staff member has not documented correctly and the second staff member has not caught the error the administrator will educate both staff members with remediation regarding glucometer readings and documentation.

If a staff member makes a second error, then they will be pulled from administering medications and be sent to Diabetic Training again. That staff member will be placed back on administering medications and monitored when obtaining glucometer readings and documentation by the administrator to ensure that the correct readings are obtained and documented. (Please see attached education and new documentation form.)

Staff were trained by [redacted] on 12/14/23 and the new Glucometer form was put into place immediately. A quality management meeting will be held on 1/25/23 to review Glucometer documentation as well as review all violations along with all other required topics for the quality management plan.

Licensee's Proposed Overall Completion Date: *01/25/2024*

Implemented ([redacted] - 01/11/2024)

187d - Follow Prescriber's Orders

7. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Spironolactone 25mg, take 1 tablet daily. However, resident #1 was administered 1/2 tablet on 12/1/23, 12/2/23, 12/3/23, and 12/4/23.

Repeat Violation: 11/30/22, et al

Plan of Correction ***Accept ([redacted] 01/09/2024)***

The resident was supposed to get 1/2 tab of Spironolactone 25mg daily as administered by staff.

The bottle, md prescription, hospital discharge and the order sent to the pharmacy by the md all matched.

187d - Follow Prescriber's Orders (continued)

This was an order entry error by the pharmacy and not an error on administering the medication.

All medications will be checked off at admission by Medication Administration trained staff against the order received on admission or a new order for an established resident.

The med trained staff will initial and date on the order when received after it is checked against the order put into the MAR by the pharmacy.

The Med trained staff will then give the order to [redacted] *LPN to review a second time to ensure that the pharmacy is putting orders into the system correctly.* [redacted] *LPN will also initial and date when the order is reviewed.*

Please see the attached new order and MAR as received on 12/20/23 and compared to MAR and checked by staff member [redacted] *DCS and* [redacted] *LPN*
Staff were trained on 12/14/23 on the new process of reviewing orders.
Med reviews will be discussed at the quality management meeting scheduled for 1/25/24 along with all other required topics.

Licensee's Proposed Overall Completion Date: *01/25/2024*

Implemented [redacted] ***- 01/11/2024)***