

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

March 8, 2024

MARCY COLKITT, PRESIDENT  
[REDACTED]

RE: The Fountains at DuBois Luxury  
Senior Care, LLC  
182 Developad Road  
DuBois, PA, 15801  
LICENSE/COC#: 455730

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/01/2024 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 DuBois Luxury Senior Care, LLC* License #: *455730* License Expiration:

Address: *182 Developad Road, DuBois, PA 15801*

County: *CLEARFIELD* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *The Fountains at DuBois Luxury Senior Care, LLC*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *06/08/2023* Issued By: *Penn Safe Building Insp Services, LLC*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

**Inspection Information**

Type: *Partial* Notice: *Announced* BHA Docket #:

Reason: *New* Exit Conference Date: *03/05/2024*

**Inspection Dates and Department Representative**

03/01/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: Residents Served: *3*

Secured Dementia Care Unit

In Home: *Yes* Area: *300 area* Capacity: *14* Residents Served: *0*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *3*

Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*

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

**Inspections / Reviews**

03/01/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/16/2024*

Inspections / Reviews (*continued*)

03/08/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

03/08/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standard Act, enacted [REDACTED], requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. On [REDACTED] the carbon monoxide alarm was approximately 8' from the gas dryer in the laundry room.

Plan of Correction

Accept [REDACTED] - 03/07/2024)

- Assistant Administrator purchased a new CO2 detector while inspector was here on [REDACTED] and placed it outside laundry room door in the hallway, approximately 15ft away, approved by the inspector on-site. The Administrator will educate the staff on the importance of the CO2 detectors positioning and review the location of all CO2 detectors with all staff to ensure they are aware of where they are all located. To prevent further incidents, the Administrator will check placement and operation of all CO2 detectors weekly for 30 days beginning on [REDACTED] through [REDACTED], then monthly after that for safety. The Administrator will address any concerns immediately.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented [REDACTED] - 03/08/2024)

85e - Trash Outside Home

2. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The lids of the dumpster in the rear of the facility did not close due to overflowing trash.

Plan of Correction

Accept [REDACTED] 03/08/2024)

- Waste Management picked up the dumpster while the inspector was here and emptied it. The regular scheduled pick-up day is Friday, which that was. To prevent further incidents, the Administrator will check the dumpster Monday and Wednesdays for 30 days, beginning [REDACTED] through [REDACTED], to ensure that it is not too full and the lids are able to be shut entirely. The Administrator will educate the staff that the lids must be shut on the dumpster completely to prevent the penetration of insects and rodents and that it may not be overfilled. If necessary, the administrator will increase the pick-up to bi-weekly. After the initial 30-day monitoring by the Administrator, it will be the responsibility of the second shift PCA to monitor the dumpster daily towards the end of the shift and notify the Administrator if it is getting too full and needs dumped before the scheduled Friday pick-up or increased to bi-weekly pick-up.

Licensee's Proposed Overall Completion Date: 04/03/2024

Implemented [REDACTED] - 03/08/2024)

86b - Bathroom

3. Requirements

86b - Bathroom (continued)

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The common bathroom in the lobby area of personal care, does not have an operable window or ventilation fan.

Plan of Correction

Accept [REDACTED] - 03/08/2024)

- A contractor was called immediately to place a ventilation system into the bathroom the same day. The contractor did come and install a ventilation system on [REDACTED]. To prevent future incidents the administrator will check the ventilation system daily for 30 days, beginning [REDACTED] through [REDACTED] Monday through Friday, while in the building to ensure the ventilation system is turning on and working properly. Any concerns will be reported to the Administrator immediately to have repaired. The Administrator will then check the ventilation system monthly to ensure it is working properly and have any concerns addressed immediately.

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented [REDACTED] - 03/08/2024)

123b - Emergency Procedures Posted

4. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The municipality's emergency procedures were not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [REDACTED] 03/08/2024)

- The Administrator printed out a copy of the Sandy Township EOP for both MC and PC prior to the Inspector leaving on [REDACTED] and placed them in both PC and MC in conspicuous places right inside each entry door, visible to the public. To prevent future issues, the Administrator will place the Sandy Township EOP into a binder with the Emergency Preparedness plan, any Violation reports received, and the Pink regulation book and then place it in a conspicuous place inside the entrances of MC and PC for public viewing. The staff will be educated as to where these binders are located, the contents, how to use them, and not to move them from their current location unless in the event of an emergency. The Administrator will then check daily, Monday through Friday, when in the building over a 30-day period, beginning [REDACTED] through [REDACTED] to ensure that the binder is in a conspicuous location and all contents are in the binder. After the initial 30 days the administrator will be responsible for ensuring that the binder is in the proper location and has all the necessary content listed as above and that will be listed on the front of the binder. If any content is found to be missing at any time, it will be replaced immediately upon discovery.

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented [REDACTED] 03/08/2024)

132b - Safety Inspection/Fire Drill

5. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

132b - Safety Inspection/Fire Drill (continued)

Description of Violation

The home currently has █ residents residing in the home. A fire drill has not been conducted by a fire safety expert.

Plan of Correction

Accept █ - 03/08/2024)

- A supervised fire drill was held on █ by a fire safety expert. Staff evacuated the building in 1 min and 35 seconds. There were no issues and all residents were evacuated safely. The fire safety expert reviewed the fire drill with the staff afterwards and there were no questions at that time. In the future the administrator will ensure that an annual supervised fire drill will be conducted, in or before March of 2025, with a fire safety expert and documented to meet the required regulation.

Licensee's Proposed Overall Completion Date: 03/06/2024

Implemented █ - 03/08/2024)

133.1 - Exit Signs

6. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

There is no exit sign over the staff break room door in personal care area that leads from the resident hallway to emergency exit B. The home currently serves █ residents and is licensed for 34.

Plan of Correction

Accept █ - 03/08/2024)

- Assistant Administrator placed an exit sign on the employee entrance door while inspector was still in the building on █, identifying the unlabeled door as an exit. Staff will be educated that if a door that is to be used as an EXIT is not appropriately labeled, they are to notify the administrator immediately, as this is a safety hazard and this could cause confusion in a real emergency and potentially cause someone more harm and not to go out the closest EXIT. To prevent further incidents, the Administrator will audit all exit doors monthly, beginning █, to ensure that they have the appropriate exit signs and that they are visible. Any issues will be addressed immediately.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented █ 03/08/2024)