

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

July 15, 2024

[REDACTED] OWNER
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 06/04/2024 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 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 TWP Indiana County*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *41* Waking Staff: *31*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *06/04/2024*

Inspection Dates and Department Representative

06/04/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *22* Residents Served: *21*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Facility* Capacity: *22* Residents Served: *21*

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *21*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *20* Have Physical Disability: *0*

Inspections / Reviews

06/04/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/24/2024*

07/15/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/15/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

07/15/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/15/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103g - Storing Food

1. Requirements

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

Description of Violation

An angel food cake in the kitchen freezer chest was opened and unsealed.

Repeat violation; 6/23/23

Plan of Correction

Accept ([redacted] - 07/12/2024)

The angel food cake was thrown away by [redacted] at the time it was discovered by the inspector. The angel food cake was package poorly by the food company in a plastic cellophane that tears easily. Dietary staff [redacted] will inspect all packages coming into the building from all food suppliers to ensure that there are no open packages on delivery or in freezers or refrigerators. If any food is delivered and the package is open it will be refused and sent back on the truck when received immediately. [redacted] will document weekly x3 months for each food delivery inspection. Then [redacted] will document monthly that there are no open packages on delivery or in freezers or refrigerators or that items were sent back immediately. [redacted] will be notified of any items sent back due to poor packaging and will contact the vendor it came from to notify and ensure that the food suppliers are not sending poor packaging. [redacted] will monitor the refrigerators or freezers daily during the morning walkthrough of the building to ensure that this violation is resolved, and the facility is in compliance. Any open items will be thrown away immediately when found. (please see attached checklists)

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented ([redacted] - 07/15/2024)

130a - Smoke Detector 15 ft Bedroom

2. Requirements

2600.
130.a. There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

Description of Violation

The nearest operable smoke detector to resident bedroom #230 is approximately 28 feet from the bedroom door.

The nearest operable smoke detector to resident bedroom #130 is approximately 23 feet from the bedroom door.

The nearest operable smoke detector to resident bedroom #140 is approximately 19 feet from the bedroom door.

Plan of Correction

Accept ([redacted] - 07/12/2024)

This was fixed at the time of the inspection. Smoke detectors were purchased while the inspector was still in the building. These detectors were placed 15 feet from each of the 20 bedrooms in the facility by [redacted] from maintenance. The smoke detectors will be checked monthly (starting in July) by [redacted] from maintenance (or any other maintenance or administration) to ensure they are operational. This will be documented by [redacted] (or any other maintenance or administration if [redacted] is unavailable) on a checklist created for the smoke detectors to be in place and operational. If any smoke detector is found to be un-operational of need replaced it will be replaced by the person checking the detectors. Please see attached pictures.

130a - Smoke Detector 15 ft Bedroom (continued)

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented () - 07/15/2024)

227h - Support Plan Refuse Sign

3. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #2 did not sign () support plan, dated (). The home did not make a notation regarding the resident's inability or refusal to sign.

Plan of Correction

Accept () - 07/12/2024)

This was fixed the day of the inspection with a notation the resident or designated person refused to sign the support plan for resident # 2 dated (). A notation was made that this was an inspection violation on 6/4/2024. () has audited all charts on 6/12/24 to ensure that all support plans have been signed or if the resident or designated person is unable or chooses not to sign the support plan or inability to sign or refusal to sign then a notation is made to specify that there has been a refusal or inability to sign. A quarterly audit sheet will be used by () to check all charts to make sure support plan has a signature or a notation that the resident or designated person refused to sign the support plan.

Licensee's Proposed Overall Completion Date: 06/21/2024

Implemented () - 07/15/2024)

231b - Medical Evaluation

4. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1's medical evaluation, dated (), does not indicate the need for a secured dementia care unit (SDCU).

Resident #2's medical evaluation, dated (), does not indicate the need for a SDCU.

Resident #3's medical evaluation, dated (), does not indicate the need for SDCU.

Resident #4's medical evaluation, dated (), does not indicate the need for a SDCU.

Plan of Correction

Accept () - 07/12/2024)

Residents 1, 2, 3, & 4 all had Preadmission screenings signed by the MD under part IV cognitive screening that specifies that the needs of the applicant requires secured care due to Alzheimer's disease or other dementia. (This is completed by the Md for all residents that are placed in secure care memory support due to Alzheimer's disease or dementia)

231b - Medical Evaluation (continued)

The special health needs section on the DME of the residents 1, 2, 3, & 4 have been noted the need for SDCU as requested by the inspector. [REDACTED] has audited all of the resident's charts 6/12/24 to ensure that this has been noted in the special health needs for all of the residents in the SDCU as required. All new admission paperwork will be checked by [REDACTED] or [REDACTED] upon completion to ensure that this is documented on the pre-admission and signed by the MD and going forward also be documented on the DME under special needs.

Licensee's Proposed Overall Completion Date: 06/18/2024

Implemented ([REDACTED] - 07/15/2024)

234b - Support Plan Needs Elements

5. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [REDACTED] for resident #1, does not address the specific services/care needs provided by home health services, physical therapy and occupational therapy.

The support plan, dated [REDACTED], for resident #4, does not address the resident's mechanical soft diet, ordered [REDACTED]

Plan of Correction

Accept ([REDACTED] - 07/12/2024)

The support plan dated [REDACTED] for resident #1 does address the specific services with the name of the home health company and the order for PT/OT services. This is noted on page 11 under summary and determination. Please see attached page 11 with the above noted.

The support plan dated [REDACTED] for resident #4 was updated with the mechanical soft diet on 6/4/24 by [REDACTED]. [REDACTED] audited all resident charts on 6/12/2024 to ensure that all resident diets are correct based on the doctor's order. Diet orders will be printed from Quick mar monthly x 3 months and then quarterly to be checked for accuracy. Diets are also posted in the kitchen for quick reference for staff. This will be done by [REDACTED] and [REDACTED].

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented ([REDACTED] - 07/15/2024)