

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

February 11, 2025

[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 11/20/2024 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 #: *44854* License Expiration: *03/08/2025*
 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 TWP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *11/20/2024*

Inspection Dates and Department Representative

11/20/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *28* Residents Served: *22*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *22*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

11/20/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/22/2024*

01/07/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/24/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/14/2025*

Inspections / Reviews *(continued)*

01/17/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/24/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/31/2025

02/11/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/24/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

84 - Heat Sources

1. Requirements

2600.

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Description of Violation

On 11/20/24, at 10:00 am., the temperature of the wall mounted heater at the side exit in hallway 100 was 197.3 degrees Fahrenheit and rising. There were no protective guards in place to prevent residents from coming in contact with the heater.

Plan of Correction

Accept ([redacted] - 01/07/2025)

1. The mounted wall heater was shut off the day of the inspection after the exit conference by [redacted] PCHA. This heater remained off until the Guard was installed on 12/13/2024

2. A guard was installed over the wall mounted heater by [redacted] on 12/13/2024.

3. This guard is permanently installed into the wall and can be seen daily by the administrator & staff when entering or leaving the building.

4. All staff will monitor monthly to ensure it is in place to prevent a resident from coming in contact with the heater.

5. If the guard is damaged or not in place, [redacted] PCHA will have it replaced immediately.

6. please see attached pictures of the guard

Proposed Overall Completion Date: 12/16/2024

Licensee's Proposed Overall Completion Date: 12/16/2024

Implemented ([redacted] - 02/11/2025)

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 11/20/24, at approximately 9:48 am., there was a partially full, uncovered, unattended trash can in the lobby kitchenette.

Plan of Correction

Accept ([redacted] - 01/17/2025)

1. The trash can without a lid was removed at the time of inspection by [redacted] PCHA

2. Staff have been educated on the regulation that all trash cans must have a lid

85d - Trash Receptacles (continued)

3. An audit of the building was done on 12/13/24 and due to most cans in the facility were old and some were breaking, 28 new trash cans were ordered.
4. All resident rooms that did not have a garbage can with a lid received a new garbage can with a lid on 12/17/24.
5. All rooms that had Garbage cans without lids, had the Garbage cans removed by [REDACTED] PCHA.
6. The housekeeper will monitor all garbage cans on a daily basis and notify [REDACTED] PCHA of any cans that do not have a lid or are broken so that [REDACTED] can replace them.
Please see attached audit of 100 hall and 200 hall by staff

Proposed Overall Completion Date: 12/17/2024

Please indicate the following:

What date were staff educated on the regulation that all trash cans must have a lid, and by whom? **Staff were educated on the regulation that all trash cans must have a lid on 12/11/24 by [REDACTED] PCHA, LPN. Please see the attached sign in sheet and memo.**

Who conducted the audit of the building on 12/13/24? **[REDACTED] PCA and [REDACTED] PCA audited the building on 12/13/24 for trash cans without lids. Please see attached Audit and Replacement of Garbage cans on resident report sheet.**

What date were trash cans ordered, and by whom? **The trash cans were ordered on 12/13/24. By [REDACTED] PCHA after the audit of the building showing how many garbage cans were needed.**

Who placed garbage cans in all resident rooms that did not have a garbage can with a lid on 12/17/24? **On 12/17/2024 [REDACTED] PCA, [REDACTED] PCA and [REDACTED] PCHA, LPN placed the garbage cans in the resident rooms that did not have a garbage can with a lid.**

What date did all garbage cans without listed removed? **All garbage cans without lids were replaced/removed on 12/17/24 when the new cans with lids were received and placed in the rooms by [REDACTED] PCA, [REDACTED] PCA, and [REDACTED] PCHA, LPN.**

What date did the housekeeper begin daily monitoring? **on 12/18/24 the day after all of the cans with lids that were placed in the resident rooms by [REDACTED] PCA, [REDACTED], PCA and [REDACTED] PCHA, LPN the housekeeper began to monitor visually while cleaning the rooms that the cans with lids are in the resident rooms and in good repair. This is done daily by the housekeeper [REDACTED] and [REDACTED] will notify [REDACTED] PCHA, LPN if any garbage cans need replaced. [REDACTED] will monitor the Garbage cans in resident rooms monthly to ensure that all garbage cans have lids. please see attached.**

Licensee's Proposed Overall Completion Date: 01/07/2025

Implemented ([REDACTED] - 02/11/2025)

89b - Hot Water Temperature

3. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

89b - Hot Water Temperature (continued)

Description of Violation

On 11/20/24, at approximately 9:40 am., the hot water temperature at the bathroom sink in bedroom #165 was 128.3 degrees Fahrenheit.

Plan of Correction

Accept ([redacted] - 01/17/2025)

1. The hot water heater temperature was adjusted and turned down by [redacted] PCHA during the inspection.
2. Since the temperature was turned down, the temperature in rooms has been documented by [redacted] PCHA.
3. [redacted] has been monitoring the water temperatures weekly and has noted the readings.
4. [redacted] will continue to monitor the water temperature weekly until the end of the year and then [redacted] will audit the room water temperatures monthly.
5. [redacted] PCHA has also reached out to [redacted] Plumbing and Heating 724-349-6390 and left a message to schedule an appointment for [redacted] to inspect the system and check to see if another flow regulator is needed to help maintain the water temperature at or below 120 degrees.
6. [redacted] will follow up with [redacted] Plumbing and Heating to make sure an appointment is scheduled.

please see attached water temperature log

Please indicate if [redacted] Plumbing and Heating inspected the system, and if so, on what date? [redacted] was in on 1/10/2025 to evaluate the hot water system and temperatures of hot water.

Please indicate if [redacted] Plumbing and Heating made any changes/repairs, and if so, on what date? [redacted] will be in to install mixing valves as they have been ordered. As soon as they arrive and based on the availability of the mixing valves will depend on the date of the completed installation of the mixing valves. [redacted] PCHA, LPN will continue to monitor the hot water temperatures weekly and adjust as needed.

Please see attached letter from [redacted] Plumbing and heating.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented ([redacted] - 02/11/2025)

101j7 - Lighting/Operable Lamp

4. Requirements

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

Resident #1 sleeps in a recliner. The closest source of light that can be turned on/off was approximately 4 feet from the resident's recliner.

Resident #2 did not have access to a source of light that can be turned on/off at bedside.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept () - 01/17/2025)

1. Resident #1 was given a flashlight immediately after the inspection to use until a solution was found for lighting beside recliner chair.
2. Resident # 2 was given another small lamp to use as the lamp that was originally bedside the resident had moved to a card table.
3. Tap lights were ordered for every resident room and placed on the headboard or wall of every resident's room by [REDACTED] PCHA.
4. Resident #1 had the tap light installed to [REDACTED] recliner chair and now has access to lighting on the recliner that [REDACTED] sleeps in.
5. Housekeeping will notify [REDACTED] PCHA if a tap light is missing. Batteries in tap lights will be checked monthly by direct care staff, they will audit and changed as needed. Blank audit sheet attached as all of the tap lights are new and have fresh batteries in them.
6. Please see attached invoice and pictures of the tap lights in use & monthly audit checklist

Please indicate the following:

What date was resident # 2 given another small lamp, and by whom? **Resident #2 was given a lamp by [REDACTED] PCHA, LPN on the day of the inspection to comply with the regulation.**

What date were tap lights ordered for every resident room? **The tap lights were ordered by [REDACTED] PCHA on 12/13/24 for every resident room.**

What date were tap lights placed on the headboard or wall of every resident's room by [REDACTED] PCHA? **The tap lights were placed in every resident's room on 12/17/24 by [REDACTED] PCHA.**

What date was resident #1's tap light installed near [REDACTED] recliner chair, and by whom? **Resident # 1's tap light was placed on [REDACTED] recliner chair on 12/17/24 by [REDACTED] PCHA.**

What date did housekeeping begin to notify [REDACTED] PCHA if a tap light is missing? **Housekeeping started to monitor each resident room visually while cleaning on 12/18/24 and has not had to notify [REDACTED] PCHA, LPN of any tap lights that are missing, broken or need batteries.**

What date did monthly battery checks begin? **Monthly tap light audits began 12/18/24 & 12/19/24 by housekeeping [REDACTED] and they were all in working order and in place.**

Licensee's Proposed Overall Completion Date: 01/07/2025

Implemented () - 02/11/2025)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

5. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface (continued)

Description of Violation

There was no grab bar, handrail or assist bar in the common bathroom in hallway 100.

Plan of Correction

Accept () - 01/17/2025

1. The common bathroom was always intended to be a staff bathroom and used as a staff bathroom.
2. A new locking doorknob and new sign that states Employees only was installed by [REDACTED] on 12/16/24.
3. This door will be kept locked at all times with a set of keys put in an employee area.
4. This door will be monitored by all staff throughout each day to ensure that it has not been left open at any time.
5. please see the attached picture of the new sign and lock on the bathroom door.

Please indicate the following:

What date was the door begin to be kept locked at all times? **on 12/16/2024 [REDACTED] (maintenance) installed the new lock and employee only sign on the bathroom door and the door was locked that day. There is a key in the kitchen for all staff to use and there is an extra key on the keychain of [REDACTED] PCHA**
 What date did daily monitoring begin? **Monitoring of this door was started on 12/16/24 and is done daily by [REDACTED] PCHA, LPN on her way into the building or out of the building.**

Licensee's Proposed Overall Completion Date: 01/07/2025

Implemented () - 02/11/2025

141b1 - Annual Medical Evaluation

6. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's medical evaluation, dated [REDACTED], did not indicate special needs, immunization history, ability to self-administer medications, health status, and cognitive functioning. These sections were blank.

Plan of Correction

Accept () - 01/17/2025

1. The Medical Evaluation did have ability to self-administer medications, health status and cognitive functioning completed prior to inspection. Special needs and immunization history were updated on 12/12/024 by [REDACTED] PCHA, LPN. **Please see attached**
2. when looking at the DME the dark print is the original DME and the updated 12/12/124 Special needs & immunization History. **please see attached**
3. [REDACTED] will audit all resident's charts and fill in any items that are incomplete on DME with the date corrected. **Please see the attached audit of charts done by [REDACTED] PCHA, LPN on 12/20/24**
4. This audit will be done by 12/20/2024. Going forward, [REDACTED] will receive the completed DME from the doctor.
5. When a new resident is admitted and the DME is received from the Doctor [REDACTED] will complete the assessment,

141b1 - Annual Medical Evaluation (continued)

carefully ensuring the information is correct. [REDACTED] PCHA will have a second staff member check to ensure it is complete in its entirety.

6. please see attached audit sheet.

Proposed Overall Completion Date: 01/07/2025

Licensee's Proposed Overall Completion Date: 01/07/2025

Implemented ([REDACTED] - 02/11/2025)

187c - Refusal of Medication**7. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #2 is prescribed Donepezil 10mg tablet, take 1 tablet orally at bedtime. From 11/1/24 to 11/6/24, at 9:00 pm., resident #2 refused to take this medication. However, the home only notified the provider of the 11/1/24 refusal.

Plan of Correction

Accept ([REDACTED] - 01/17/2025)

1. Resident #2 has been taking the Donepezil after [REDACTED] family spoke with [REDACTED] about refusing this medication.
2. A new policy has been put into place for all staff on what to do when a resident refuses a medication.
3. [REDACTED] provided training for the new policy on 12/11/24 with all staff. A new form was implemented by [REDACTED] for staff to be able to fax to the doctor immediately when a resident refuses a medication.
4. This form is a great success for staff as the doctor will put [REDACTED] recommendations on the form and fax back to the facility
5. Attached is the form and education with the staff.
6. Returned faxes from doctors of refused medications and instructions have been attached. Medication refusals that the doctor has responded to will be put in the resident's chart.

Please indicate the following:

What date did resident #2's family speak with [REDACTED] **on November 30th the resident's family spoke to [REDACTED] [REDACTED] has taken this medication regularly since November 30th 2024. Please see attached December MAR**

What date was the new policy put into place for all staff on what to do when a resident refuses a medication, and by whom? **The refusal of a medication policy and procedure was put into place by [REDACTED] PCHA, LPN on 12/11/2024.**

Licensee's Proposed Overall Completion Date: 01/07/2025

187c - Refusal of Medication (continued)

Implemented () - 02/11/2025

225a - Assessment 15 Days

9. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #4's assessment, dated 3/7/24, indicates the resident can self-administer medications with assistance in remembering medication schedule. However, the resident's medical evaluation, dated 3/7/24, indicates the resident cannot self-administer medications. In addition, resident #4's assessment does not indicate the level of need for ambulating, agitation, aggression, hallucinations and ability to use poisons. These areas are blank.

Plan of Correction

Accept () - 01/07/2025

1. The Pre-Admission/assessment has been updated to resident cannot self-administer medications as the DME was signed by the doctor with cannot self-administer medications by [REDACTED] PCHA on 12/18/24.
2. [REDACTED] will audit all resident charts by 12/20/24 to ensure all Assessments and Medical Evaluations are completed thoroughly and the information is correct on each.
3. Starting with the next admission, yearly or change in condition: all assessments and medical evaluations will have 2 staff members checking the information to make sure all information is correct and accurate.
4. Going forward with all new admissions, change in condition, and annual assessments [REDACTED] PCHA and the staff member will initial at the bottom of the Assessment and Medical evaluation after it is corrected.
5. please see attached audit sheet
6. please see corrected assessment

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented () - 02/11/2025

225c - Additional Assessment

10. 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 assessment, dated [REDACTED], did not indicate that the resident may keep Artificial Tears at bedside, as indicated on the resident's medical evaluation, dated [REDACTED]

225c - Additional Assessment (*continued*)**Plan of Correction**

Accept ([REDACTED] - 01/07/2025)

1. This was corrected on the assessment by [REDACTED] on 11/20/24.
2. [REDACTED] will audit all charts to ensure that the information on the medical evaluation and medical assessment are correct and accurate by 12/20/24.
3. Going forward with all new admissions, change of condition and annual assessments [REDACTED] PCHA will have a staff member go over with the medical assessment and [REDACTED] to ensure correct and accurate.
4. The staff member and [REDACTED] PCHA will initial the bottom of the medical assessment to show that it has been reviewed by 2 people and is correct.
5. please see attached audit and attached assessment

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented ([REDACTED] - 02/11/2025)