

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

February 6, 2026

[REDACTED]  
THE FOUNTAINS AT INDIANA LLC  
[REDACTED]

RE: THE FOUNTAINS AT INDIANA  
2720 WEST PIKE ROAD  
INDIANA, PA, 15701  
LICENSE/COC#: 45298

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/21/2025 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: *07/01/2026*  
 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: *1 1* Date: *06/01/2021* Issued By: *White TWP Indiana County*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *40* Waking Staff: *30*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *10/21/2025*

**Inspection Dates and Department Representative**

10/21/2025 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *22* Residents Served: *20*

Secured Dementia Care Unit  
 In Home: *Yes* Area: *Gardens* Capacity: *22* Residents Served: *20*

Hospice  
 Current Residents: *1*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *20*  
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *20* Have Physical Disability: *0*

**Inspections / Reviews**

10/21/2025 - Partial  
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *11/20/2025*

Inspections / Reviews (*continued*)

## 12/03/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/10/2025

## 12/17/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/22/2025

## 02/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately 3:50 p.m., resident [redacted] had a witnessed fall in the common area and hit [redacted] head on a round coffee table. The resident was transported to the local hospital and received multiple stitches to [redacted] head. However, the home did not report the incident to the Department.

On [redacted] at approximately 9:50 p.m., resident # [redacted] had an unwitnessed fall by the conference room in the common area. The resident was transported to the local hospital, received multiple stitches to [redacted] head, and was admitted to the hospital. However, the home did not report the incident to the Department.

Plan of Correction

Accepted [redacted] 12/17/2025)

[redacted] PCHA & [redacted] are the only staff members that send reportable incidents to the department regarding 2600.16c. [redacted] and [redacted] will be notified by staff when a resident is sent to the hospital for a fall or any and all other incidents that happen in the home.

Reportable incident training was done with staff on

[redacted] and [redacted] will be reporting all incidents as required anytime a resident is transported to the local hospital for treatment of anything required under regulation 2600.16 within 24 hours of the initial incident as required.

Please see attached reportable incidents that were recently sent to the department by Wendy. There is an initial incident report and a final report that were both sent due to a resident fall and the resident was sent to the Indiana Regional Medical Center for treatment. Please also see the attached right to know form that was obtained for Citizens Ambulance Company.

This report will be obtained when a resident is sent to the hospital by [redacted] or [redacted]

Daily auditing steps, to include the administrator or designee reviewing all incidents and conditions, to ensure reportable incidents and conditions are reported to the Department within 24 hours. This includes staff communications and follow up on all 24-hour care sheets for the residents. All reportable incidents will be kept with in a folder with the inspection preparedness book that contains other items needed for inspection. This began on 11/3/2025 by [redacted] PCHA, LPN and [redacted] PCHA. Please see attached sent reportable incident reports that were faxed to the department of human services from incident from 11/12/25 & incident from 11/21/2025. The administrator or designee are to be immediately notified of incidents in the facility by staff and all regulations for 2600.16 will be followed.

Licensee's Proposed Overall Completion Date: 12/09/2025

Implemented [redacted] - 02/06/2026)

141a 1-10 Medical Evaluation Information

2. Requirements

141a 1 10 Medical Evaluation Information (continued)

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident [redacted] medical evaluation, dated [redacted] does not indicate the resident's ability to self-administer medication.

Plan of Correction

Accept [redacted] - 12/03/2025)

This was corrected at the time of inspection by [redacted] An audit of all resident charts will be done by [redacted] [redacted] by 11/13/2025 to ensure all residents have the correct information obtained and on the medical evaluation at the time of admission. If anything changes with a resident's health or capabilities it will be updated on the DME with the date of correction by [redacted]

Licensee's Proposed Overall Completion Date: 11/13/2025

Implemented [redacted] - 02/06/2026)

185a Implement Storage Procedures

3. 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 [redacted] was prescribed [redacted], dissolve 4 tablets (12 mg) orally at bedtime as needed for [redacted]. On [redacted] at 11:45 a.m., this medication was not available in the home.

Plan of Correction

Accept [redacted] 12/17/2025)

This medication was ordered through Diamond Pharmacy, and it was not filled due to an insurance issue that it would not be covered by the insurance. Going forward any resident that has an order that is not sent by the pharmacy due to insurance payment, the doctor will be called to see if there is another medication that can replace it. This will be done by the Pharmacy at the time it is denied by insurance. If it is an OTC medication, then the Family will be contacted by [redacted] to see if they want to pay through pharmacy for the OTC medication as should have happened with this Melatonin. If not, then the doctor would be contacted to see if [redacted] wanted to discontinue it. Quickmar reports will be run Monthly. The administrator or designee will audit all prescribers' orders and medications in the home by running a report through quickmar reports to ensure medications are available for administration. This report will be compared with the medications in the medication cart and physicians' orders. This documentation will be kept in a folder for monthly med audits. If there are any medications missing, then the

185a - Implement Storage Procedures (continued)

administrator or designee will make sure that all medications are available for the resident by contacting the pharmacy.

Quarterly med cart audits will be done by Diamond Pharmacy, and the results will be reviewed with med trained staff and kept in the same folder with the documentation from quickmar. Diamond Pharmacy Notified 12/8/2025 with a request for quarterly med audits and are in the process of scheduling one for December 2025.

The certified med trainer [REDACTED] will monitor staff with med training as required by the train the trainer course.

The Administrator or designee will run reports from quickmar monthly. When running a quickmar report the administrator or designee will compare with the resident and medication cart. Daily Mar reports can be run as well to follow up on all orders that are discontinued or are new orders.

These reports will be run on the 15th of every month starting 12/15/2025

Quickmar will run reports such as recent order profile changes, orders expiring soon, flagged orders and orders to review. The certified med trainer/PCHA/LPN can use these reports along with the medication cart to ensure all medications prescribed are available to the resident. If the certified med trainer, PCHA, LPN finds and discrepancies with the MAR and resident orders then remediation will be provided to the staff involved with the discrepancy and the pharmacy will be contacted. Please see some attached reports out of numerous reports that can be run through quickmar.

If the certified med trainer, PCHA, LPN finds and discrepancies with the MAR and resident orders then remediation will be provided to the staff involved with the discrepancy.

Licensee's Proposed Overall Completion Date: 12/09/2025

Implemented ([REDACTED] - 02/06/2026)

187b - Date/Time of Medication Admin.

4. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] was prescribed multiple medications to include [REDACTED], take 1 tablet orally at bedtime, [REDACTED], take 1 tablet orally daily, [REDACTED], take 1 capsule orally daily, and [REDACTED], take 1 tablet orally at bedtime. Staff interviews indicate from [REDACTED] to [REDACTED] staff did not administer these medications. However, resident [REDACTED]'s September 2025 medication administration record indicates these medications were administered from [REDACTED]

Plan of Correction

Accept ([REDACTED] - 12/17/2025)

This error was a good training experience for all staff passing medications. The staff were administering the medications to the resident, but the resident was refusing to take them. Even though the resident was refusing the medication staff will still signing as given to the resident. All staff passing medications have been provided more

**187b - Date/Time of Medication Admin. (continued)**

training by [REDACTED] on what to do when a resident refuses a medication on 11/14/2025. This is a training that we will provide yearly to all med trained staff. A refused medication will be noted on the MAR by following proper procedures. Staff must not check off the medication on the Mar as given until a resident has taken it or refused it. All refused medications will be documented as refused and the protocol for refusal of a medication will be followed by staff passing medication. Please see the attached training for refusal of a medication

The certified med trainer/PCHA/LPN [REDACTED] who is the only Certified Med Trainer at this time, currently does med observations on the med trained staff as specified with the Train the Trainer course for each med trained staff member. This is documented for each med trained staff member. Each med trained staff member was provided a training on 11/14/2025 for refusals of medications and the policy for refusals.

Due to the amount of time, it would take for the certified med trainer for the facility per week and the training that already has been completed, I am requesting for quick Mar reports as an adequate way to monitor all resident orders and compare with the medications in the MAR that are entered by the pharmacy through a doctor's order sent to the pharmacy. The MAR is able to be pulled through the quickmar reports as well. No orders are entered into the quickmar system by anyone other than Diamond Pharmacy.

By running a report through quickmar this ensures medications are available for administration. Documentation will be kept in a folder for monthly med audits. If there are any medications missing, then the administrator or designee will make sure that all medications are available for the resident by contacting the pharmacy. Quarterly med cart audits will be done by Diamond Pharmacy, and the results will be reviewed with med trained staff and kept in the same folder with the documentation from quickmar. This process will start for the month of December with scheduling a med cart audit from Diamond Pharmacy.

The Administrator or designee will run weekly reports starting the 10th of the December and after a month of the weekly reports, a report will be run monthly for 6 months.

Quickmar will run missed med reports, MAR's, orders to review, flagged orders etc. The certified med trainer/PCHA/LPN or designee will run these reports daily for one month and then monthly for 6 months, starting December 10th and compare with the MAR and the med cart.

Staff were retrained on 11/14/2025 on procedures for medication refusals by the resident.

If the certified med trainer, PCHA, LPN finds and discrepancies with the MAR and resident orders then remediation will be provided to the staff involved with the discrepancy. Please see some attached reports out of numerous reports that can be run through quickmar resident and that the MAR is correct as well. Please see attached examples of a portion of the reports that can be run through quickmar

If the certified med trainer, PCHA, LPN finds and discrepancies with the MAR and resident orders then remediation will be provided to the staff involved with the discrepancy. Please see attached quickmar reports that include the MAR, order approval log, flagged orders, and orders expiring soon, recent order changes. These reports will be kept in a folder that is also kept with inspection items needed.

**Licensee's Proposed Overall Completion Date: 12/09/2025**

**Implemented ([REDACTED] - 02/06/2026)**

**187d - Follow Prescriber's Orders****5. Requirements**

## 187d Follow Prescriber's Orders (continued)

2600.

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

**Description of Violation**

Resident [REDACTED] is prescribed multiple medications, to include [REDACTED], take 1 tablet orally at bedtime, [REDACTED], take 1 tablet orally daily, [REDACTED], take 1 capsule orally daily, and [REDACTED], take 1 tablet orally at bedtime. Staff interviews indicate from [REDACTED] to [REDACTED] staff did not administer these medications.

**Plan of Correction**

Accept [REDACTED] - 12/17/2025)

*This error is very similar to the 2600.187 b. Extra training was added to the Medication administration staff to follow the directions of the prescriber. They were trained by [REDACTED] on 11/14/25 to follow the instructions on the Medication label and the MAR. They were taught how to document when a resident refuses a medication and trained to watch the resident take the medication so they can document that it was taken. If it was a refusal, they have had the training on what to do when a resident refuses a medication*

*This error was a good training experience for all staff passing medications. The staff were administering the medications to the resident, but the resident was refusing to take them.*

*All staff passing medications have been provided more training by [REDACTED] on what to do when a resident refuses a medication on 11/14/2025. This is a training that we will provide yearly to all med trained staff. A refused medication will be noted on the MAR by following proper procedures. Staff must not check off the medication on the Mar as given until a resident has taken it or refused it. All refused medications will be documented as refused and the protocol for refusal of a medication will be followed by staff passing medication. Please see the attached training for refusal of a medication.*

*Due to the amount of time, it would take for the certified med trainer for the facility to monitor each med trained staff member weekly, plus the training that already has been done and the train the trainer has requirements for observations of med trained staff. I am requesting that quick Mar reports as an adequate way to monitor all resident orders and compare with the medications in the MAR that are entered by the pharmacy through a doctor's order sent to the pharmacy. The MAR is able to be pulled through the quickmar reports as well. No orders are entered into the quickmar system by anyone other than Diamond Pharmacy.*

*The certified med trainer currently does med observations on the med trained staff as specified with the Train the Trainer course for each med trained staff member.*

*Starting December 10th the Certified med trainer/PCHA/LPN will run reports from quickmar weekly for 1 month and then every month for 6 months. The administrator or designee will audit all prescribers' orders and medications in the home by running a report through quickmar and compare the MAR for any refusals or blank spaces in the MAR. If any errors or blank spaces are in the MAR then remediation will be given to the staff member who made the error. Documentation will be kept in a folder for monthly med audits. Quarterly med cart audits will be done by Diamond Pharmacy onsite, and the results will be reviewed with med trained staff and kept in the same folder with the documentation from quickmar. This process will start for the month of December with scheduling a med cart audit from Diamond Pharmacy. The Administrator or designee will run weekly reports starting the 10th of December.*

187d Follow Prescriber's Orders (continued)

Quickmar will run missed med reports, MAR's, orders to review, flagged orders etc. The certified med trainer/PCHA/LPN will run these reports weekly starting December 10th for a month and then monthly for 6 months and compare with the MAR and the med cart. Staff were retrained on 11/14/2025 on procedures for medication refusals by the resident. If the certified med trainer, PCHA, LPN finds and discrepancies with the MAR and resident orders then remediation will be provided to the staff involved with the discrepancy. please see attached examples of reports that can be run through quickmar. (please see attached)

Licensee's Proposed Overall Completion Date: 12/08/2025

Implemented [redacted] 02/06/2026)

231b - Medical Evaluation

6. 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 [redacted] was admitted into the secure dementia care unit on [redacted]; however, the resident's medical evaluation was completed on [redacted]

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 12/03/2025)

[redacted] PCHA and [redacted] PCHA misunderstood the time frame for completing the DME. It was thought that the DME needed to be completed within 24 hours of admission as this time frame provided enough information to document on a DME for a resident. Going forward [redacted] PCHA and [redacted] PCHA will obtain the DME within 60 days prior to the admission. There are not empty rooms at the building currently, but with the next admission and going forward the DME will be obtained within 60 days prior to admission. The medical director, family doctors, nursing homes and any other person or persons will be notified that the DME needs to be completed within 60 days prior to admission

Licensee's Proposed Overall Completion Date: 11/17/2025

Implemented [redacted] - 02/06/2026)