



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **THE FOUNTAINS AT DUBOIS LUXURY SENIOR CARE, LLC**

LEGAL ENTITY

To operate **THE FOUNTAINS AT DUBOIS LUXURY SENIOR CARE, LLC**

NAME OF FACILITY OR AGENCY

Located at **182 DEVELOPAC ROAD, DUBOIS, PA 15801**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed

34

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 19**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **February 4, 2026** until **August 4, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **455731**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23



Pennsylvania
Department of Human Services

Certified Mailing Date: February 4, 2026

[REDACTED]
The Fountains at Dubois Luxury Senior Care LLC
[REDACTED]

RE: The Fountains at Dubois
Luxury Senior Care LLC
182 Developac Road
Dubois, PA 15801
License #: 455731

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 14, 2025 and December 4, 2025 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time.

During the inspection, citations on the enclosed Licensing Inspection Summaries were found. All citations specified on the Licensing Inspection Summaries must be corrected by the dates specified on the Licensing Inspection Summaries and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your FIRST PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved SCDU capacity revision request is an increase from 14 to 19.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive style with a large initial 'J'.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *THE FOUNTAINS AT DUBOIS LUXURY SENIOR CARE, LLC* License #: *45573* License Expiration: *03/11/2026*

Address: *182 DEVELOPAC ROAD, DUBOIS, PA 15801*

County: *CLEARFIELD*

Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *THE FOUNTAINS AT DUBOIS LUXURY SENIOR CARE, LLC*

Address: [REDACTED]

Certificate(s) of Occupancy

Type: *Other*

Date: *06/08/2023*

Issued By: *Penn Safe Building Inspection Services*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *42*

Waking Staff: *32*

Inspection Information

Type: *Partial*

Notice: *Unannounced*

BHA Docket #:

Reason: *New*

Exit Conference Date: *10/14/2025*

Inspection Dates and Department Representative

10/14/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *34*

Residents Served: *25*

Secured Dementia Care Unit

In Home: *Yes*

Area:

Capacity: *14*

Residents Served: *16*

Secured Dementia Care Unit

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *25*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *17*

Have Physical Disability: *1*

Inspections / Reviews

10/14/2025 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/30/2025*

11/04/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *10/30/2025*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/12/2025*

11/14/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/12/2025*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/15/2025*

01/27/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *11/14/2025*

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

13b - Capacity**1. Requirements**

2600.

13.b. The maximum capacity specified on the license may not be exceeded.

Description of Violation

On 10/14/25, there were 16 residents residing on the home's Secured Dementia Care Unit. However, the home's licensed capacity was 14.

Plan of Correction

Accept [REDACTED] - 11/14/2025)

1. Immediate action

Except for one [REDACTED] who want to live together, all residents in the memory care unit reside in their own individual rooms, each over 300 square feet, and each with their own private bathroom. The unit contains more than double the capacity required by 2600.11. Accordingly, there is no immediate safety issues as it relates to any of the residents in the memory care unit.

The Administrator will ensure that the facility will not admit any further residents to the unit until the SDCU licensed capacity has increased, or it drops below the 14. (The total capacity limit has been complied with). Completed by 11/12/2025.

2. Corrective action

Because the facility added rooms to the memory care unit from the personal care unit the facility has already requested DHS to increase the licensed capacity to 19 in the SDCU. The facility understands that the only remaining issue for DHS to accomplish same is to obtain an occupancy permit from the local municipality's inspector, PennSafe. The facility was inspected by PennSafe on November 11, 2025, and the only pending item is receiving the actual occupancy permit from PennSafe, as we had to add braille signs to the exit door. After they receive the photo's today, the permit will be released and the facility will submit same to DHS. The locking system has already been inspected and passed by the facility's security company Secure Wire technologies on November 11, 2025. The Administrator will ensure that the copy of the occupancy permit, when received from Penn Safe, will be sent to DHS for their file. This is to be completed on or before 11/15/2025.

3. Preventative action

The facility has already requested a licensed capacity increase. The Administrator will ensure that the facility will not admit in excess of the capacity going forward once approved for the new capacity to memory care, effective 11/12/2025.

Licensee's Proposed Overall Completion Date: 11/15/2025

Not Implemented [REDACTED] - 01/27/2026)

14c - Building Renovations**2. Requirements**

2600.

14.c. If a building is structurally renovated or altered after the initial fire safety approval is issued, the home shall submit the new fire safety approval, or written certification that a new fire safety approval is not required, from the appropriate fire safety authority. This documentation shall be submitted to the Department within 15 days of the completion of the renovation or alteration.

Description of Violation

The evacuation route previously located at the end of the Secured Dementia Care Unit's 300 hall was removed.

14c - Building Renovations (continued)

However, the home did not have an updated certificate of occupancy from the appropriate Fire Safety authority.

Plan of Correction**Accept** [REDACTED] - 11/14/2025)**1.Immediate action**

On 10/14/2025, the Administrator contacted Penn Safe, who does Sandy Township occupancy permit and inspections, to find out if we needed a new occupancy permit. They said yes and the Engineering company completed a new application, which was turned in within a few days.

2. Corrective action

Once the application was submitted, Penn Safe issued our building permit and scheduled an on-site inspection for 11/11/2025. During the inspection, we were instructed to add a braille sign above the keypad for exiting and submit a photo of completion. Once completed they will release the new occupancy permit. The Administrator was responsible to ensure that the signs were up by 11/12/2025 and a photograph was sent to Penn Safe. The Administrator will await the new occupancy permit for DHS, expected to be received by or before 11/20/2025.

3. Preventative action

Any further structural changes planned for the internal or external of the building, the Administrator, will contact Penn Safe to obtain an application for new occupancy and submit prior to finalizing any actual changes. The Administrator will then schedule an on-site inspection once work is completed to ensure compliance and receive a final occupancy permit.

Licensee's Proposed Overall Completion Date: 11/20/2025

Implemented [REDACTED] - 11/20/2025)**133.1 - Exit Signs****3. 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

At approximately 10:00 a.m., there was a hard-wired exit sign mounted to the ceiling immediately adjacent to the staff room located at the end of the home's Secured Dementia Care Unit and adjacent to resident room #300. However, there was no exit/exit route.

Plan of Correction**Accept** [REDACTED] - 11/04/2025)

The Exit sign in question was ultimately covered on 10/14/2025 post inspection, and staff and residents were educated that there was no evacuation exit between rooms 300-302 in the memory care short hall. They verbalized understanding.

On 10/15/2025, a doorway was placed into the wall at the end of the short hall, on the opposite side of room 300, that will able to be used as an emergency exit from the MC unit in the event of an emergency. The exit sign was also uncovered, showing that this is now a usable exit. All residents and staff have been educated to the new door and operation of it during an emergency evacuation with the delayed egress and panic bar, they were notified that the keypad is awaiting some parts to be completed and will be updated as soon as the parts are in. They verbalized understanding.

133.1 - Exit Signs (continued)

The Administrator will be responsible to check the exit weekly for 3 months, then biweekly for 3 months, then monthly thereafter, to ensure the doorway is not blocked and that it is functioning properly.

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented [REDACTED] - 11/20/2025)

231g - Non-Dementia Admission

4. Requirements

2600.

231.g. An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.

Description of Violation

Resident #1, who does not have a primary diagnosis of Alzheimer's disease or other dementia, resides in the Secure Dementia Care Unit SDCU. However, resident #1 was unable to independently operate the keypads or other lock-releasing devices to exit the secured dementia care unit.

Plan of Correction

Accept [REDACTED] - 11/14/2025)

1. Immediate action

The facility's position is that for [REDACTED] safety and well-being, as well as [REDACTED] documented wishes, that Resident 1 should not be moved to the personal care side. The facility will explain in more detail below. The facility has formally requested a waiver from 2611.231g for Resident 1 because that regulations hinders, rather than fosters Resident 1's safety and well-being. The facility has no room in the personal care side and cannot move [REDACTED] there immediately. If DHS directs, the facility will move [REDACTED] to the personal care side once there is an opening while its waiver application is pending. However, the facility requests DHS allow Resident 1 to continue to reside in the memory care unit, as [REDACTED] wishes, pending the outcome of its waiver request. Resident 1 has made it very clear, again as of 11/11/2025, that [REDACTED] does not want moved from [REDACTED] current room or unit and understands [REDACTED] is free for staff to take [REDACTED] wherever in the facility [REDACTED] wants to go. The Administrator have educated staff on this again and that has been completed, effective 11/11/2025.

Resident 1 cannot use [REDACTED] hands or legs, so [REDACTED] cannot move in [REDACTED] WC or eat without assistance. [REDACTED] requires a 2-person assist for transferring. [REDACTED] is mentally alert. Resident 1 has been told, as has the facility's staff, that Resident 1 may leave the memory care unit at [REDACTED] own discretion. This allows Resident 1 the best of both sides of the building: the social events and activities of the personal care side, which are more consistent with [REDACTED] mental abilities, and the greater assistance for ADLs on the memory care side, which are more consistent with [REDACTED] physical limitations. Resident 1 cannot exit either side of the building without assistance and so moving [REDACTED] to personal care does not improve [REDACTED] well-being. Again, the Administrator is responsible for educating staff of this situation and Resident 1's unique needs and wishes. This has been completed by 11/11/2025.

2. Corrective action

The facility has asked for a formal waiver of 2600.231g for Resident 1, or any residents like [REDACTED], who have physical limitations requiring the services provided in memory care, but whose mental and social needs are better met on the personal care side. The facility Administrator will re-train staff to move the resident at [REDACTED] discretion and will be completed by 11/11/25.

The facility will move Resident 1 to personal care if DHS compels it or denies its formal waiver request. Again, Resident 1 does not want to move from the current unit or room [REDACTED] resides in and understands the regulation,

231g - Non-Dementia Admission (continued)

however, feels it is ■■■ right to make that decision himself, as ■■■ is of competent mind.

3. Preventative action

The facility has asked for a formal waiver of 2600.231g as it relates to Resident 1. The facility Administrator will educate the staff once the waiver is hopefully accepted, that ■■■ has unique circumstances and by way of waiver, ■■■ will be permitted to remain in ■■■ current unit and room. The date to be completed will be determined by the amount of time it takes DHS to review all evidence and make a final decision.

Licensee's Proposed Overall Completion Date: 11/12/2025

Not Implemented ■■■ - 01/27/2026)

Facility Information

Name: *THE FOUNTAINS AT DUBOIS LUXURY SENIOR CARE, LLC* License #: *45573* License Expiration: *03/11/2026*
Address: *182 DEVELOPAC ROAD, DUBOIS, PA 15801*
County: *CLEARFIELD* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *THE FOUNTAINS AT DUBOIS LUXURY SENIOR CARE, LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *06/08/2023* Issued By: *Penn Safe Building Inspection Services*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *47* Waking Staff: *35*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *12/15/2025*

Inspection Dates and Department Representative

12/04/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: <i>34</i>	Residents Served: <i>27</i>		
Secured Dementia Care Unit			
In Home: <i>Yes</i>	Area: <i>SDCU</i>	Capacity: <i>14</i>	Residents Served: <i>18</i>
Hospice			
Current Residents: <i>4</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>27</i>		
Diagnosed with Mental Illness: <i>2</i>	Diagnosed with Intellectual Disability: <i>1</i>		
Have Mobility Need: <i>20</i>	Have Physical Disability: <i>1</i>		

Inspections / Reviews

12/04/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/23/2025*

Inspections / Reviews (*continued*)

01/06/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/13/2026

01/21/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/28/2026

13b - Capacity**1. Requirements**

2600.

13.b. The maximum capacity specified on the license may not be exceeded.

Description of Violation

On 12/4/25, there were 18 residents residing in the home's Secured Dementia Care Unit. However, the home's licensed capacity was 14.

Plan of Correction**Accept [REDACTED] - 01/21/2026)**

As of 12/22/25, there are 17 residents in our memory care unit, each residing in [REDACTED] or [REDACTED] own room. All of the residents have a diagnosis of Dementia or Alzheimer's and can only be appropriately cared for in the memory care unit because of their diagnosis's, needs and/or elopement risk. The level of care they need cannot be properly met in the personal care side of the building. As the other issues in this POC are corrected, this should no longer be an issue and staffing is more than adequate to accommodate the care.

The facility's application to secure approval for the increase in licensed capacity of the memory care unit by adding five rooms from personal care side to memory care side, accomplished by moving one door is pending with DHS and the facilities application to obtain local municipal approval has been completed and approved. Currently awaiting final approval of increase in Memory Care unit to 19, hoping to obtain by the end of December 2025.

Going forward, the Administrator will monitor the daily census (printing out a facility census sheet daily when in facility), paying attention to permitted capacity per unit, and only accept an admission if a room is available., that would not put the facility over capacity. This will begin immediately.

Proposed Overall Completion Date: 01/12/2026

Proposed Overall Completion Date: 01/21/2026

Licensee's Proposed Overall Completion Date: 02/21/2026

187b - Date/Time of Medication Admin.**2. 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 #1 is prescribed Loratadine 10mg tablet, take 1 tablet by mouth daily. Resident #1's November 2025 Medication Administration Record does not include the initials of the staff person who administered this medication on 11/7/25 at 8:00 pm and 11/8/25 at 8:00 pm.

Plan of Correction**Accept [REDACTED] - 01/21/2026)**

The staff have been educated regarding Medication Administration procedures and also the importance of scanning all meds that can be, to avoid any such errors. They have verbalized understanding. A follow up education will be provided by the Administrator by January 31, 2026 to ensure understanding and compliance.

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

Going forward, the Administrator will check the MAR daily for missed medications when in the building for a period of 3 months and will investigate any possible missed meds. After 3 months, the Administrator will check the MAR for missed meds weekly after that and will investigate any possible missed meds. This will begin immediately, today, 1/12/2026.

Proposed Overall Completion Date: 01/12/2026

Licensee's Proposed Overall Completion Date: 01/12/2026

187d - Follow Prescriber's Orders**3. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed Tamsulosin 0.4mg capsule, take 1 capsule by mouth once daily. However, this medication was not administered to resident #1 on 10/27/25 at 5:00 pm because the medication was not available in the home.

Resident #1 is prescribed Loratadine 10mg tablet, take 1 tablet by mouth daily. However, this medication was not administered to resident #1 on 11/6/25 at 8:00 pm because the medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 01/21/2026)

The staff have been educated regarding Medication Administration procedures and also the importance of scanning all meds that can be, to avoid any such errors. They have also been educated to ensure follow-up with the pharmacy if a medication is not available and if unable to obtain in time for med pass, they need to notify the Administrator immediately. They have verbalized understanding. A follow up education will be provided by the Administrator by January 31, 2026 to ensure understanding and compliance.

Going forward, a monthly med cart audit will be completed on all carts by the last day of each month for 6 months by the Supervisor or Designee, then every other month at a minimum, after that. Any issues noted are to be reported to the Administrator immediately, so that it can be investigated and addressed in a timely manner. These will begin immediately in January 2026.

Licensee's Proposed Overall Completion Date: 01/31/2026

231g - Non-Dementia Admission**4. Requirements**

2600.

231.g. An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.

1. The individual 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 residence or 30 days after residence.
2. If the medical evaluation shows that personal care services are needed, the requirements of this chapter apply.

231g - Non-Dementia Admission (continued)

3. The individual shall have access to and be able to follow directions for the operation of the key pads or other lock-releasing devices to exit the secured dementia care unit.

Description of Violation

Resident #2, who does not have a primary diagnosis of Alzheimer's disease or other dementia, resides in the Secure Dementia Care Unit (SDCU). However, resident #2 was unable to independently operate the key pads or other lock-releasing devices to exit the SDCU.

Plan of Correction**Directed [REDACTED] - 01/21/2026)**

The resident in question has been moved to the Personal Care unit on 12/19/2025. The facility has updated its Personal Care home description of services to state "1. Assistance of one staff member for resident ADL's a. 2 person assist in limited circumstances". Current staffing will accommodate this update as of 12/19/2025.

Going forward, beginning immediately on 1/12/2026, the Administrator will determine if a new admission requires Memory Care or Personal Care when completing the Pre-screen, keeping in mind that 2 assist will only be permitted in PC in limited circumstances and considering if the current level of care being provided will accommodate any further 2 assist admissions at that time.

The Administrator will audit all current resident charts, to include their DME, Support Plan, and recent MD visits, if applicable, to ensure that each residents needs can be met on the unit they currently reside. The audit will be completed of all records by 1/31/2026.

Proposed Overall Completion Date: 01/31/2026

Directed:

By 2/21/26, when admitting a new resident to the Secure Dementia Care Unit, the administrator will ensure the resident has a medical evaluation completed 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 indicating a diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit in accordance with §2600.231b, a written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form completed within 72 hours prior to admission to the Secured Dementia Care Unit in accordance with §2600.231c, and within 72 hours of the admission, or within 72 hours prior to the resident's admission to the Secured Dementia Care Unit, a support plan is developed, implemented and documented in the resident record in accordance with §2600.234a. Documentation will be kept.

[REDACTED] 1/21/26**Directed Completion Date: 02/21/2026**