

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

May 21, 2026

[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 12/16/2025 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 #: 44854 License Expiration: 03/08/2026  
 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: 22 Waking Staff: 17

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 12/16/2025

**Inspection Dates and Department Representative**

12/16/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 28 Residents Served: 21  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 21  
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 1 Have Physical Disability: 0

**Inspections / Reviews**

12/16/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/01/2026

02/12/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 04/03/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/19/2026

Inspections / Reviews *(continued)*

04/01/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/08/2026

05/21/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

25c4 - Payment Responsibility

1. Requirements

- 2600.
- 25.c. At a minimum, the contract must specify the following:
  - 4. The party responsible for payment.

Description of Violation

The resident-home contract, dated [REDACTED] for resident #2, does not specify the party responsible for payment.

Plan of Correction Accept ( [REDACTED] - 02/12/2026)

Why did this happen: [REDACTED] PCHA missed the page during admission contract signing.

Who is responsible for fixing the problem: [REDACTED] PCHA. Immediate Corrective Action: Resident #2 contract has the party responsible for payment written on it by Permission from POA [REDACTED] on 1/23/2026

What is the solution to prevent this from occurring again?

Quality improvement: the facility will be starting the docu-sign process, so nothing is missed on any of the admission paperwork. The facility is currently loading all documents that will be needed into the system. The system will be operational by the end of February or March of 2026. Until the docu sign program is in place, [REDACTED] PCHA will audit all new admissions for accurate complete information on all admission paperwork.

All resident charts were audited by [REDACTED] PCHA to ensure each contract has the responsible party for payment documented on 1/23/2026. (Please see attached)

Evidence of Completion: please see the attached page of the resident home contract for resident #2 that has been completed and the audit sheet for all resident charts that has been completed by [REDACTED] PCHA on 1/23/2026. (please see attached)

Licensee's Proposed Overall Completion Date: 01/23/2026

Implemented ( [REDACTED] - 05/20/2026)

65g - Annual Training Content

2. Requirements

- 2600.
- 65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
  1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
  2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
  3. Resident rights.
  4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
  5. Falls and accident prevention.
  6. New population groups that are being served at the home that were not previously served, if applicable.

65g Annual Training Content (continued)

Description of Violation

Ancillary staff member A, hired [REDACTED] did not receive training in Emergency Preparedness during training year 1/1/24 to 12/31/24.

Plan of Correction

Accept ( [REDACTED] - 02/12/2026)

Why did this happen: Staff member A missed the training day for Emergency Preparedness during the 1/1/24 12/31/2024. Trainings are mandatory for all staff; this staff member was on vacation at the time of the training.

Who is responsible for fixing this violation: [REDACTED] PCHA is responsible for fixing this violation and did fix this on 1/23/2026 by providing staff member A the required training for Emergency Preparedness. (Please see attached training material and Staff member A's signature from the training on 1/23/2026.)

When was this violation fixed: it was fixed on 1/23/2026 by [REDACTED] PCHA

How to keep this violation from happening again: Going forward several training days will be offered for all staff. All staff trainings will continue to be mandatory and [REDACTED] PCHA assistant and [REDACTED] will review each training staff attend and make sure all staff are included in the training and have signed off on the training material.

Who will keep it from happening again and how: [REDACTED] PCHA assistant will review all staff training for staff upon hire and yearly to ensure all required trainings are provided to staff including ancillary staff.

When will this be done: This will be completed by [REDACTED] PCHA assistant [REDACTED] will review all new hired staff during the training period (due to frequency of hiring) and again yearly.

Licensee's Proposed Overall Completion Date: 01/27/2026

Implemented ( [REDACTED] - 05/20/2026)

101j7 - Lighting/Operable Lamp

3. 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 #3 does not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: 11/20/24

Plan of Correction

Accept ( [REDACTED] - 04/01/2026)

Why did this happen? The tap light that was in the room on the table beside the resident's chair that [REDACTED] sleeps in and is in all day, was taken it to the bathroom with [REDACTED] and left it in the bathroom. A new tap light was placed beside the residents chair the day of the inspection.

Who is responsible for fixing this violation? [REDACTED] PCHA & Maintenance [REDACTED] audit the tap lights monthly to make sure they are working, replace batteries if needed and make sure they are in place in each

**101j7 - Lighting/Operable Lamp (continued)**

resident room within reach of the resident. This audit is done monthly.

Who will Keep this violation from happening again: [REDACTED] PCHA & Maintenance [REDACTED] will be responsible to maintain compliance with this regulation to keep it from happening again.

When will this be done: This audit will be completed by 1/28/2026 and then monthly by [REDACTED] PCHA, and a copy of the audit sheet will be attached to this Inspection Summary (please see attached)

Starting February 16th Biweekly audits of bedside lights and tap lights in all rooms will be done by [REDACTED] PCHA. (please see attached copy of the February 16th audit.)

Licensee's Proposed Overall Completion Date: 02/16/2026

Implemented ([REDACTED] - 05/20/2026)

**183e - Storing Medications****4. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

The following expired medications belonging to resident #4 were stored in the medication cart:

15ml bottle of Haloperidol 2mg/ml concentration 0.5ml (1mg) expired 1/4/25

Hyoscyamine 0.125mg Sublingual tablets expired 1/4/25

15ml bottle of Lorazepam 2mg/ml solution 1ml(2mg) expired 10/31/25

Prochlorperazine 10mg tablets expired 1/4/25.

**Plan of Correction**

Accept ([REDACTED] - 02/12/2026)

Why did this happen: These were hospice medications were in a kit that was sealed and delivered from a hospice pharmacy upon the resident's admission to hospice and were in the med cart. The medications were not needed at the time the resident was admitted to hospice. The medications were sent to the facility and are kept under double lock at the facility in the sealed packages as it is never known when a resident will need these medications and they are ready and available for when a resident needs them.

Who fixed it: [REDACTED] and the hospice nurse [REDACTED] reached out to the hospice company and requested new hospice medications from the hospice company. New medications were requested and received as the hospice company provides as a comfort Kit to have on hand for hospice residents. The expired kit was destroyed on the day of inspection and a new kit ordered.

Who fixed the violation: [REDACTED] PCHA and Hospice Nurse Michelle from Penn Hospice. [REDACTED] destroyed the medications and [REDACTED] was a witness.

Who will make sure this violation does not happen again: [REDACTED] PCHA & DCS staff will monitor new medications ordered for a new hospice resident admission and monthly for 6 months the comfort kit will be checked to ensure a correct and not expired medications. Any resident that is admitted to Hospice while in the facility will have a comfort kit checked on admission and checked every 6 months.

## 183e Storing Medications (continued)

This will be done on admission, monthly and every 6 months by [REDACTED] PCHA, LPN. Currently there is one resident on hospice and that is resident # [REDACTED]

(please see attached pictures)

Licensee's Proposed Overall Completion Date: 01/26/2026

Implemented ([REDACTED] - 05/20/2026)

## 185a - Implement Storage Procedures

## 5. 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 #4 is prescribed 650mg Tylenol ER tablet by mouth four times daily as needed for headache. However, on 12/16/25 at 12:01 p.m., the medication was not available in the home.

Resident #4 is prescribed Geri Kot 8.6mg tablet by mouth in the morning and in the evening as needed for constipation. However, on 12/16/25 at 12:01p.m., the medication was not available in the home.

## Plan of Correction

Accept ([REDACTED] - 04/01/2026)

Why did this happen: This happened because Families like to buy OTC medications that the doctor has ordered instead of getting them from the pharmacy. The families do this because OTC medications are cheaper this way.

Who fixed it: [REDACTED] PCHA, LPN fixed this violation by getting the doctor to discontinue the Geri Kot 8.6mg. The Tylenol ER was changed by the MD to Tylenol 500mg four times daily as needed for headache.

How will this be kept from happening again: The Medication Cart will be audited quarterly by Diamond Pharmacy to ensure that all medications are ready and available to be administered to the resident. All families will be sent a reminder letter to encourage the use of the pharmacy for all OTC medications, and a price list will be provided with that letter for OTC medications from the pharmacy in this email. The email will be sent out as soon as the price list is received for all OTC meds. [REDACTED] is currently awaiting the pharmacy OTC pricing list that will be sent out with email when it is received from the pharmacy

Who will be responsible to keep this from happening again: [REDACTED] PCHA, LPN, CDP, Diamond Pharmacy and medication trained staff will be responsible for making sure that this does not happen again. Wendy will be contacting the pharmacy to set up quarterly audits and also will be setting up emails to send to the families regarding OTC medications with an included price list for OTC medications from the Pharmacy. Staff will be checking the cart during med pass to locate OTC medications so that [REDACTED] PCHA, LPN, CDP can talk with families regarding the use of the pharmacy and OTC medications.

185a - Implement Storage Procedures (continued)

Please see the attached physician's orders and emails to and from the pharmacy regarding me cart audits

Staff will be checking the medication cart during each scheduled med pass to ensure all medications are ready and available for all residents.

Licensee's Proposed Overall Completion Date: 02/17/2026

Implemented ( [redacted] ) - 05/20/2026

225a - Assessment 15 Days

6. 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 #2 was admitted in the home on [redacted]; however, the resident's initial assessment was not completed until [redacted]

Repeat Violation: 11/20/24

Plan of Correction

Accept ( [redacted] ) - 02/12/2026

Why this happened: This was a mistake on [redacted] PCHA, LPN when doing the residents assessment. A wrong date was placed on the assessment for an unknown reason. There could have been a distraction or just a slip of writing the date.

Who fixed the violation & when was it fixed: [redacted] corrected the mistake on the assessment the day of the inspection and noted plan of correction for violation on the assessment.

How will you keep it from happening again: [redacted] Audited all resident assessments to make sure they were all in compliance with the 2600.265a.

Who is responsible to maintain compliance: [redacted] PCHA, LPN will be responsible to keep it from happening again. All assessment and support plan paperwork will be reviewed by 2 staff members to ensure compliance and accuracy.

Licensee's Proposed Overall Completion Date: 01/28/2026

Implemented ( [redacted] ) - 05/20/2026

227a - Support Plan 30 Days

7. Requirements

227a - Support Plan 30 Days (continued)

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

Resident #2 was admitted in the home on [REDACTED] however, the resident's initial support plan was not completed until [REDACTED]

**Plan of Correction**

Accept ( [REDACTED] - 02/12/2026)

How did this happen: This was an error in timing and dating of the support plan by [REDACTED] PCHA, LPN.

This was fixed the day of inspection with [REDACTED] PCHA, LPN correcting the date and noting that this was for the plan of correction for the inspection.

How will this continue to be in compliance: [REDACTED] PCHA, LPN will audit all charts to ensure they are completed in a timely manner with accuracy on the 30 days for the support plan.

Who will maintain this from happening again: [REDACTED] PCHA, LPN will maintain the Accuracy and timely completion of the support plan when the resident is admitted and when there is a change of condition or annual support plan due.

Maintained accuracy and completion of support plans were audited by [REDACTED] PCHA, LPN and they will be audited at the time of every change of condition or annual support plan due.

Licensee's Proposed Overall Completion Date: 01/28/2026

Implemented ( [REDACTED] - 05/20/2026)