

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

June 8, 2026

[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 05/04/2026 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: I-1 Date: 06/01/2021 Issued By: White Township of Indiana

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 34 Waking Staff: 26

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 05/04/2026

Inspection Dates and Department Representative

05/04/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 22 Residents Served: 17

Secured Dementia Care Unit
 In Home: Yes Area: Facility Capacity: 22 Residents Served: 17

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 17
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 17 Have Physical Disability: 0

Inspections / Reviews

05/04/2026 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/16/2026

05/15/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/28/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/22/2026

Inspections / Reviews *(continued)*

05/27/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/10/2026

06/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/28/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

There were no paper towels, mechanical hand dryer or other sanitary means of hand drying in resident #1's private resident bathroom.

Plan of Correction

Accept ([redacted] - 05/15/2026)

Why did it happen: This occurred during the AM care routine, when the resident towels were taken to the laundry room. Staff replace all resident hand towels, washcloths and towels during the 7 a.m. to 3 p.m. shift.

What did we do right now to fix the problem:

Staff immediately put hand towels, wash cloths and bath towels in the resident #1's room.

Paper towel dispensers & paper towels were ordered for each resident room on 5//6/2026

Who is responsible for fixing the problem:

[redacted] (PCHA), [redacted] (maintenance) and [redacted] (housekeeping).

How do we prevent this from happening again: Having paper towel holders with paper towels in the holders will prevent this from happening again. We have a book of items that maintenance checks in each room monthly.

Checking to ensure the paper towel holders are intact with paper towels will be added to this list.

Housekeeping also has a list of items needed in each room and they will be checking the paper towel holders and the paper towels to ensure intact with paper towels twice a week. (please see attached)

Licensee's Proposed Overall Completion Date: 05/12/2026

Implemented ([redacted] - 06/08/2026)

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

At 10:35 a.m., there was an uncovered / unattended 40-gallon gray Rubbermaid garbage can next to the food serving line located in the home's main kitchen.

Plan of Correction

Accept ([redacted] - 05/27/2026)

Why did it happen: A staff member recently used the garbage can and forgot to replace the lid.

What did we do right now to fix the problem: the lid was replaced immediately by [redacted] (maintenance) On 5/4/2026 at the time of the inspection (immediately)

Who is responsible for fixing the problem: The dietary staff ([redacted] & [redacted])

85d - Trash Receptacles (continued)

housekeeping staff [REDACTED] maintenance [REDACTED] and any Direct Care staff walking through the kitchen will be responsible for making sure the garbage can has a lid on at all times. This started on 5/5/2026 and will continue indefinitely

How do we prevent this from happening again:

A staff training will be completed for all staff to remind them to make sure the lid to the garbage can is on in the kitchen and all other garbage cans at all times. This training was done by [REDACTED] PCHA, LPN on 5/11/2026 (Please see attached)

Housekeeping [REDACTED] will have checked the lid to make sure on garbage can added to their audit list and will be checking this twice a week starting on 5/11/2026. Maintenance [REDACTED] will have this added to their monthly audit list and checking off that the garbage can lid is on monthly. This is shown on the housekeeping [REDACTED] sign off sheet dated 5/11/2026 and the Maintenance [REDACTED] check list 5/11/2026 with the check kitchen to make sure the garbage can lids on properly added at the bottom of the list. The check lists for Housekeeping [REDACTED] & Maintenance [REDACTED] are ongoing montly (please see attached)

Licensee's Proposed Overall Completion Date: 05/18/2026

Implemented [REDACTED] - 06/08/2026

95 - Furniture and Equipment**3. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At 10:12 a.m., the third drawer of the end table next to the commode in the private resident bathroom located in resident #2's private resident room was broken exposing a screw and presenting a potential skin tear hazard.

Plan of Correction

Accept [REDACTED] - 05/27/2026

Why did it happen: This was a resident's personal item. It may have been damaged by a staff member or the resident. It is unclear as to who or when this happened.

What did we do right now to fix the problem: The screw was removed from the drawer by [REDACTED] Maintenance on the day of the inspection 5/4/2026. The residents' family was notified of the broken dresser. The dresser was disposed of by the family on 5/11/2026.

Who is responsible for fixing the problem: Maintenance [REDACTED] and Resident #2's family.

How do we prevent this from happening again: all furniture brought in from a resident's home will be checked on admission by Maintenance [REDACTED]

95 - Furniture and Equipment (continued)

Twice a week by housekeeping ([REDACTED]) & added Monthly on 5/11/2026 for maintenance. ([REDACTED]) This check was added on 5/11/2026 to the housekeeping ([REDACTED]) list for twice weekly. Housekeeping currently has a list for other items. This was added to the monthly check list on 5/11/2026 for maintenance ([REDACTED]) Both Housekeeping ([REDACTED]) and Maintenance ([REDACTED]) currently use this list other items. (please see attached)

Checking resident furniture will be checked by [REDACTED] Maintenance with every new resident move in and the twice a week checklist for housekeeping [REDACTED] & monthly maintenance list by [REDACTED] on going and will continue indefinitely

Licensee's Proposed Overall Completion Date: 05/18/2026

Implemented ([REDACTED]) - 06/08/2026)

103g - Storing Food

4. Requirements

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

Description of Violation

At 10:36 a.m., there was a clear plastic unsealed / undated bag with approximately five waffles in the white floor freezer located in the home's main kitchen.

At 10:41 a.m., there was an unsealed / undated clear plastic bag of approximately 20 frozen chicken patties in the white stand-up freezer located in the home's main kitchen.

Plan of Correction

Accept ([REDACTED]) - 05/27/2026)

Why did it happen: The waffles that were in the white freezer in a clear plastic unsealed bag without a date, a staff member had used these out of a box of 12 that was sealed. The staff member did not seal or date the waffles in the plastic bag. This Chicken patties had most likely used by a staff member as they are an alternate menu item.

What did we do right now to fix the problem: Both of these items were immediately thrown away at the time of the inspection by [REDACTED] DCS on 5/4/2026.

Who is responsible for fixing the problem: [REDACTED] PCHA, [REDACTED] & [REDACTED]
Dietary

103g - Storing Food (continued)

What action will that person take and when that action will happen: [REDACTED] PCHA provided a staff education on 5/11/2026 to all staff members about sealing and dating all food. [REDACTED] Dietary & [REDACTED] will reinforce this daily with anyone working in the kitchen.

How do we prevent this from happening again: Weekly audit charts for were made so that the freezers and refrigerators can be checked to ensure all items are sealed and dated Starting 5/4/2026. Then an every 2-week audits will begin on 6/2/2026 to be done for a month by Dietary [REDACTED] and [REDACTED] Then monthly audits starting 7/1/2026 by dietary [REDACTED] and [REDACTED] (both dietary staff) so that all items are dated and sealed. This will be ongoing through the end of the year 2026.

How do we prevent this from happening again: Weekly audits will be started 5/11/2026 by dietary [REDACTED] and documented. This will occur for a month and then every 2-week audits (6/9/2026) will begin by dietary [REDACTED] or [REDACTED] and then monthly starting 7/7/2026 until the end of the year by [REDACTED] or [REDACTED] [REDACTED] There will be audit sheets made and placed in the kitchen for this purpose. These audits will be done by [REDACTED] dietary and [REDACTED] dietary until the end of the year. (please see attached)

Licensee's Proposed Overall Completion Date: 05/18/2026

Implemented ([REDACTED] - 06/08/2026)

183d - Prescription Current

5. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

At 10:45 a.m., there was an unlocked unattended bottle of GenTears in the cabinet next to the commode in the private resident bathroom located in resident' #1s private resident room. However, there was not a valid prescriber order for the medication.

Plan of Correction

Accept ([REDACTED] - 05/27/2026)

Why did it happen: Families have a tendency to bring in OTC medications in even though families are told not to do this as the staff need to have an order for all medications/OTC medications. The resident's family brought in the Gen Tears in the cabinet next to the commode in the private resident bathroom located in resident' #1's private room.

183d - Prescription Current (continued)

What did we do right away to fix the problem: The Gen Tears were removed from the resident's room at the time of the inspection on 5/4/2026 by Gretchen Ludwig DCS.

Who is responsible for fixing the problem: [REDACTED] PCHA, LPN & [REDACTED] Assistant PCHA are responsible for Educating staff and notifying families upon an admission that all medications have to have a doctor's order and be kept on the medication cart. [REDACTED] PCHA, LPN held a staff training on 5/11/2026. Please see the attached training sheet and Resident Room medication check sheet that starts 5/4/2026 weekly and then starts 6/2/2026 for every two-week check and then monthly ongoing until the end of the year. All of these check sheets will be done by DCS staff.

What action will that person take and when that action will happen: Staff education was provided by [REDACTED] PCHA, LPN on 5/11/2026. Please see attached training sheets.

How do we prevent this from happening again: Resident room audits will be done by Medication Administration Certified staff. Audits will be done weekly x 1 month then every 2 weeks for a month and then monthly ongoing until the end of the year. Resident families will continue to be informed upon admission. A reminder email will be sent by [REDACTED] PCHA, LPN to all family members on 5/20/2026 to prevent this violation from happening again.

Licensee's Proposed Overall Completion Date: 05/20/2026

Implemented ([REDACTED] - 06/08/2026)

185a - Implement Storage Procedures

6. 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

At 10:45 a.m., there was an unlocked unattended bottle of GenTears in the cabinet next to the commode in the private resident bathroom located in resident #1's private resident room.

At 10:12 a.m., there was an unlocked unattended 3/5 full bottle of iodine in the 3rd drawer of the end table next to the commode in the private resident bathroom located in resident #2's private resident room.

Plan of Correction

Accept ([REDACTED] - 05/27/2026)

Why did it happen: The resident was being seen by home health services, and the iodine had been left in the room by the home health services company. Our facility does not keep bottles of iodine in the building due to the risk of cross contamination if someone would use on another resident. Our facility uses individually wrapped iodine swabs and will continue to do so.

185a - Implement Storage Procedures (continued)

What did we do immediately to fix the problem: The bottle of iodine was removed from the room during the inspection on 5/4/2026 by [REDACTED] DCS.

Who is responsible for fixing the problem: [REDACTED] PCHA & [REDACTED] Home Health & [REDACTED] Home Hospice companies are responsible for fixing the problem. [REDACTED] PCHA, LPN sent letters on 5/13/2026 to [REDACTED] home health & hospice companies regarding when they come into the building to make sure that they are not to be leaving any items in the resident room that can harm the resident as the facility is a secure memory support facility.

What action will that person take and when that action will happen: [REDACTED] PCHA, LPN sent letters on 5/13/2026 to [REDACTED] home health and Hospice companies that come into the building concerning leaving any items in the resident room that can harm the resident as the facility is a secure memory support facility. All [REDACTED] Home Health and Hospice agencies have been asked not to leave items in the resident rooms. They have also been asked that if they do need to leave something that they would lock it up in the white locking cabinets in each resident room.

How do we prevent this from happening again: Resident room audits will be done by Medication Administration Certified staff and LPN. Audits will be done weekly x 1 month then every 2 weeks for a month and then monthly. Please see the attached weekly, every two week and monthly audit sheet that the weekly audit was started on 5/4/2026 initialed by [REDACTED] LPN & [REDACTED] DCS on 5/18/2026. This Audit will continue monthly throughout the end of the year.

Licensee's Proposed Overall Completion Date: 05/18/2026

Implemented [REDACTED] - 06/08/2026

227d - Support Plan Medical/Dental**7. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2 was determined to need Hospice services. However, the resident's most recent assessment and support plan completed on [REDACTED], did not indicate the service on page number #2 of the resident's assessment and support plan.

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Accept ([REDACTED] - 05/27/2026)

Why did it happen: The name of the Hospice company name was already on page 1 (which is the only place to document Dentists, PCP's etc.) The issue that was stated at the exit conference is that the phone# of the home health company was not listed on the support plan. [REDACTED] assistant PCHA documented "Currently active with [REDACTED] Hospice" under the comments or related information section on page 1 of the support plan. (Please see Attached)

On page 2 of the support plan there is not a place to document 2600.227d. (please see attached)

Previous inspectors have never mentioned having the phone number listed but have stated we need the name of the home health or hospice company listed on the comments section or page 1, or page 11 of 12 under summary and determination with the date services started & ended. This was corrected at the time of the inspection on 5/4/2026 by [REDACTED] Assistant PCHA.

A list of residents and their home health company or hospice company with phone numbers is kept at the med cart for all staff to reference when making a call to that company and being able to do it quickly without having to look for the support plan that is in a book with 19 other resident support plans and then have to find the phone number. This list was prepared and placed by the med cart by [REDACTED] Assistant PCHA on 5/11/2026.

*What did we do right now to fix the problem: **The phone number was written on the support plan at the time of the inspection on 5/4/2026 by [REDACTED] Assistant PCHA.***

Who is responsible for fixing the problem: [REDACTED] PCHA & [REDACTED] Assistant PCHA. Going forward the home health or Hospice companies' name and phone number will be included on page 1 of the support plan. The list of residents with home health and hospice will continue to be on a list at the med cart with the corresponding agency and phone number for quick access to all DCS staff and LPN.

How do we prevent this from happening again: All new or updated support plans will have the name of the home health agency or hospice agency on page 1 of the support plan along with the phone number of the agency. The list of residents and their corresponding agency with phone number will continue to be at the med cart for quick reference.

This will be done by [REDACTED] Assistant PCHA upon a resident admission or change needed for home health services or hospice services at the time the services are initiated. All resident support plans were audited by [REDACTED] Assistant PCHA and there are 5 residents served by [REDACTED] Home Health and 4 residents served by [REDACTED] Home Hospice. All of these support plans were updated to make sure the name and number of the home health or hospice company is on page 1 of the support plan. This was done by [REDACTED] on 5/11/2026.

227d Support Plan Medical/Dental (continued)

Licensee's Proposed Overall Completion Date: 05/18/2026

Implemented ([REDACTED] - 06/08/2026)