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

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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 **July 16, 2026** until **July 16, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **455730**

ISSUING OFFICER

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 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: July 16, 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 #: 455730

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on May 12, 2026, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

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**: *08/04/2026*

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**: *46* **Waking Staff**: *35*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Incident* **Exit Conference Date**: *05/12/2026*

Inspection Dates and Department Representative

05/12/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *34* **Residents Served**: *26*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Gardens* **Capacity**: *19* **Residents Served**: *16*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *26*
Diagnosed with Mental Illness: *16*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *20*
Have Physical Disability: *1*

Inspections / Reviews

05/12/2026 Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/12/2026*

06/24/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *06/24/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *07/01/2026*

07/16/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *06/24/2026*

Reviewer: [redacted] **Follow-Up Type:** *Exception*

185a - Implement Storage Procedures

1. 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 #2 is prescribed Docusate Sodium 100mg, take by mouth daily as needed for constipation; however, on 5/12/25 at 11:30 a.m. the medication was not available in the home.

The home does not have a policy to address bedside mobility devices to ensure periodic assessment for proper installation, maintenance, and assurance of appropriateness for residents. However, on 5/12/25 at 11:00 a.m., resident #1 had a bedside mobility device attached to their bed.

Plan of Correction ***Accept [redacted] - 06/24/2026)***

2600.185a
Resident #2's Docusate Sodium was ordered from the pharmacy on 5/12/2026 and was delivered by the end of the business day. The Administrator will educate all staff by 6/12/2026, regarding the importance and process of reordering medications to ensure availability. The Administrator will designate the floor supervisors to track and reorder medications for both units. The floor supervisors will conduct a medication audit on each unit's medication cart by the 15th of each month, beginning 6/15/2026, to ensure that all medications and treatments are available and not expired. They will remedy any issues immediately and will meet with the Administrator once completed, by the 22nd of each month to review findings and solutions. The Administrator will ensure the audits are completed by the 15th of each month and reviewed by the 22nd of each month, then keep a copy of the medication audits for reference once reviewed with supervisors, if needed.

The home will create a Bedside Mobility Device policy by 6/12/2026. The Administrator will educate the staff by 6/10/2026, regarding the implementation of the new Bedside Mobility Device, as well as how to report any concerns they may have with one. The Maintenance staff will also inspect the bed mobility devices in the facility monthly, by the 15th of each month, beginning 6/15/2026, to ensure they are secured to the bed appropriately, the measurements are appropriate, there are no areas of concern and they meet all guidelines within the new policy. The Maintenance staff will address any issues found and report them to the Administrator. The Administrator will ensure that the inspections are done by the 15th of each month and that any issues found are remedied immediately. The Administrator will keep a copy of the audit sheet on file for reference, if needed.

Licensee's Proposed Overall Completion Date: *06/12/2026*

Implemented ([redacted] - 07/16/2026)

187c - Refusal of Medication

2. 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 #3 is prescribed 5% Lidocaine Ext Patch, apply to affected area transdermally daily. On 4/4/26, 4/6/26,

187c - Refusal of Medication (continued)

4/10/26, and 4/11/26 the resident refused this medication; however, the home did not notify the resident physician and/or document the providers response.

Plan of Correction ***Accept ([redacted] - 06/24/2026)***

2600.187c

The Administrator will educate all med aides and LPN's regarding refusals of medications by 6/12/2026. They will be instructed that if a resident refuses a medication, they are to complete a medication refusal sheet, including resident name, medication refused, reason, date, time, and signature and fax it to their physician for notification. They are to also put a chart note in their file. The floor supervisors will then check daily and verify that any notifications have been sent and that the chart note has been entered. The medication refusal sheets will be tracked by the floor supervisors and when the Administrator meets with the floor supervisors by the 22nd of each month, the medication refusal forms will be reviewed. This will begin immediately.

Licensee's Proposed Overall Completion Date: *06/12/2026*

Implemented[redacted] - 07/16/2026)

225c - Additional Assessment

3. 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 has an enabler bar attached to [redacted] bed for repositioning and transferring. However, resident #1's assessment, dated 7/1/25, does not include:

- *The specific need for the device*
- *The intended use*
- *Any risks associated with the device*
- *The resident's ability to use the device safely for the intended purpose*
- *Identification of the specific device to be used*
- *If a cover is required to meet FDA guidelines*

Resident #4's resident assessment, dated [redacted]/25, indicates the resident has no problem with agitation and aggression and minimal issues with irritability and judgement. Multiple staff interviews indicate the resident has had multiple instances of being verbally/physically aggressive, physically imposing, barricading doors to prevent staff from providing care to resident #5, and slapping medications from direct care staff person A's hand on 5/8/26 at 9:00 a.m. Resident #4's resident assessment has not been updated to address these behaviors.

Plan of Correction ***Accept [redacted] - 06/24/2026)***

2600.225c

Resident #1's RASP was updated immediately to include the use of a bedside enabler, the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines. The Administrator will educate all staff of all residents with a bedside enabler and review where in the care plan they

225c - Additional Assessment (continued)

can find this information by 6/12/2026. An audit of all resident records that currently have an enabler, will be conducted by 6/12/2026, to ensure proper placement and safety, as well as documented appropriately in their care plans. The Administrator will be responsible effective immediately, to ensure care plans are updated immediately with any significant changes or the request of the Department, as well as annually.

Resident #4's care plan will be updated to indicate their agitation and aggression, as well as irritability and judgement by 6/12/2026. An audit of all care plans will be completed by 6/30/2026, to ensure that all information regarding agitation, aggression, irritability, judgement, hallucinations, etc is updated and accurate. Going forward, the Administrator will be responsible to ensure care plans are updated immediately with any significant changes or the request of the Department, as well as annually.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented [redacted] - 07/16/2026)

252 - Record Content

4. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

Resident #6 and resident #7 ceased to breathe on their dates of death. However, the resident's records do not include their death certificates.

Plan of Correction ***Accept [redacted] 06/24/2026)***

2600.252
A discharge checklist will be created by 6/12/2026 and will be implemented immediately. It will be used at the time of resident discharge and/or resident death. The Administrator will educate staff of the procedures of a discharge and/or death by 6/12/2026. The Administrator will be then be responsible to review the checklist upon completion by staff, to ensure compliance and that all fields necessary have been completed. The Administrator will keep this on file in their closed chart.

Licensee's Proposed Overall Completion Date: *06/12/2026*

Implemented [redacted] - 07/16/2026)