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

July 22, 2026

[redacted]
THE FOUNTAINS AT LATROBE LUXURY SENIOR CARE LLC
[redacted]

RE: THE FOUNTAINS AT LATROBE
LUXURY SENIOR CARE LLC
317 STARLIGHT COURT
LATROBE, PA, 15650
LICENSE/COC#: 45657

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/11/2026 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 LATROBE LUXURY SENIOR CARE LLC* **License #**: *45657* **License Expiration**: *04/02/2027*

Address: *317 STARLIGHT COURT, LATROBE, PA 15650*

County: *WESTMORELAND* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *THE FOUNTAINS AT LATROBE LUXURY SENIOR CARE LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I 1* **Date**: *03/05/2025* **Issued By**: *D&I*

Type: *I 1* **Date**: *01/21/2026* **Issued By**: *Commonwealth of PA, Unity Township, Westmoreland County*

Staffing Hours

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

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *06/15/2026*

Inspection Dates and Department Representative

06/11/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served**: *21*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *The Gardens* **Capacity**: *24* **Residents Served**: *13*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *21*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *13* **Have Physical Disability**: *0*

Inspections / Reviews

06/11/2026 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *06/26/2026*

06/29/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/22/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *07/08/2026*

07/08/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/22/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/22/2026*

07/22/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/22/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted], at approximately 2:45 p.m., resident [redacted] became physically aggressive with resident [redacted] pulling resident [redacted] s hair. However, the incident of suspected resident on resident abuse was not reported to Adult Protective Services unti[redacted] at Approximately 9:30 a.m.

Plan of Correction ***Accept ([redacted] - 07/08/2026)***

The incident of suspected resident abuse that occurred on 5/30/26 was not reported to APS until 5/31/26 at approximately 9:30AM. In response, facility administrator, [redacted], received inservice education from owner [redacted] on 6/17/26 related to proper reporting procedures. a monthly audit log was started on 6/17/26 and will include for the proper reporting channels of DHS, APS, and if necessary, local police. This audit will be maintained monthly for the next 3 months.

Licensee's Proposed Overall Completion Date: *07/08/2026*

Implemented [redacted] - 07/22/2026)

42c - Treatment of Residents

2. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] resident [redacted] Became physically aggressive with resident [redacted] when [redacted] began pulling resident [redacted] hair. Resident [redacted] became upset and despondent perseverating on the incident for approximately the following 36 hours.

Plan of Correction ***Accept [redacted] - 07/08/2026)***

On 6/19/26, resident [redacted] underwent a psychological evaluation where it was determined [redacted] did not have any lingering psychological affects from the event of 5/30/26. On 7/4/26, facility started all staff inservice related to respect and dignity for residents. Inservice was started by facility administrator, [redacted]

Licensee's Proposed Overall Completion Date: *07/08/2026*

Implemented [redacted] - 07/22/2026)

187a - Medication Record

3. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident [redacted] was prescribed [redacted] take one tablet orally at bedtime. The medication was administered on [redacted] However, the administration of the medication was not documented on the resident's May 2026, Medication Administration Record for the corresponding date.

187a Medication Record (continued)

Resident [redacted] was prescribed [redacted] take one tablet orally 3 times daily. The resident was administered medication on [redacted], at 5:00 p.m., and 9:00 p.m., However, the administration of the medication was not documented on the resident's May 2026, Medication Administration Record for the corresponding date / times.

Plan of Correction ***Accept [redacted] - 07/08/2026)***

On 6/17/26, faculty med passing staff received inservice education on following MD orders as listed in facility MAR. Med passing staff were also inserviced that whenever a resident is out of facility, to denote that for the applicable individual at the time of applicable med pass. This inservice education was carried out by facility administrator, Med Trained/Train theTrainer, [redacted].

Licensee's Proposed Overall Completion Date: *07/08/2026*

Implemented [redacted] - 07/22/2026)

187d - Follow Prescriber's Orders

4. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] was prescribed [redacted] tab take one tablet orally in the morning and in the evening. The medication order was discontinued on [redacted], at 4:29 p.m., in error. The resident was not administered the medication from [redacted], at 5:00 p.m., through [redacted] at 9:00 p.m., at which time the resident's medication order was reinstated.

Resident [redacted] was prescribed [redacted] and swallow 2 gummies orally in the morning. The medication order was discontinued on [redacted] at 4:28 p.m., in error. The resident was not administered the medication from [redacted] through [redacted] at which time the resident's medication order was reinstated.

Plan of Correction ***Accept [redacted] - 07/08/2026)***

On 6/17/26, facility med passing staff received inservice education on following MD orders as listed in facility MAR. Inservice education was done by facility administrator, [redacted], Med Trained/Train the trainer. In response to this pharmacy issue, Diamond Pharmacy adknolwedged and agreed to notify facility at least 48 hours in advance, in writing, prior to initating a DC of services for accounts placed under a financial hold.

Licensee's Proposed Overall Completion Date: *07/08/2026*

Implemented [redacted] - 07/22/2026)

225a - Assessment 15 Days

5. 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 [redacted] date of admission was [redacted] However, resident [redacted]s initial assessment was not completed until [redacted]

REPEAT, [redacted].

225a - Assessment 15 Days *(continued)*

Plan of Correction ***Accept [redacted] 07/08/2026)***

On 6/17/26, facility administrator [redacted] receieved inservice education from owner, [redacted] on filling out RASPs timely and within 15 of admission for Personal Care and within 3 days of admission for Memory Care. Resident [redacted] received a new RASP on 6/16/26. Facility will begin auditing RASPs on a monthly basis for ALL new admissions for the next 3 months, until the end of September 2026.

Licensee's Proposed Overall Completion Date: *07/08/2026*

Implemented [redacted] - 07/22/2026)

225c - Additional Assessment

6. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

On [redacted], resident [redacted] became physically aggressive with resident [redacted] when [redacted] began pulling [redacted] hair. However, resident [redacted]s most recent assessment and support plan completed on [redacted] does not indicate a service need for aggression.

Plan of Correction ***Accept [redacted] - 07/08/2026)***

On 6/16/26, resident [redacted] received a new and updated RASP that included descriptions of aggressive behaviors. Resident [redacted] received a new medication on 6/2/26 for indicated use of aggression. Both are documented on resident [redacted] RASP done on 6/16/26.

Licensee's Proposed Overall Completion Date: *07/08/2026*

Implemented [redacted] - 07/22/2026)

233d - Electronic/Magnetic System

7. Requirements

2600.
233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

At approximately 3:15 p.m., the magnetic lock on the home's main front entrance door was manually disarmed. The door could be opened immediately / without a 15 second delayed granting of egress or an alarm sounding. The magnetic lock had been manually disabled with a physical key, which remained inserted in the lock's keyhole.

Plan of Correction ***Accept ([redacted] - 07/08/2026)***

At the time of inspection, facility only had 2 keys available that were capable of turning on/off the Maglock alarm system. An additional 15 keys were ordered on 6/15/26 from Monitoring Company. Extra keys received on 6/26/26. The facility has since installed hooks into the walls near the Maglock entrance doors with the purpose of those hooks being that the maglock keys will be kept on those hooks for easy access from the staff to turn on/off the maglock alarm system if it becomes activated.

Licensee's Proposed Overall Completion Date: *07/08/2026*

Implemented [redacted] - 07/22/2026)