

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CRYSTAL WATERS, INC.

LEGAL ENTITY

To operate CRYSTAL WATERS

NAME OF FACILITY OR AGENCY

Located at 4639 ROUTE 119, HWY NORTH, HOME, PA 15747

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 45

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

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 September 17,

2010

until September 17,

2011

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 427650

Robert E. Robinson

ISSUING OFFICER

Kevin J. Casey

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

SEP 17 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Thomas H. Loughry, President
Crystal Waters, Inc.
Crystal Waters
4639 Route 119, Highway North
Home, Pennsylvania 15747

Dear Mr. Loughry:

As a result of the Department of Public Welfare's licensing inspection on August 3, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

Western Region
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

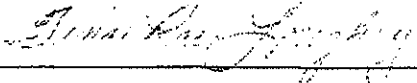

AUG 28 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Crystal Waters 4639 Route 119 Hwy North Home, PA 15747		CURRENT LICENSE NUMBER Adult Residential License 427650	
INSPECTION DATE(S) (Include all dates of the inspection) August 3, 2010		REGIONAL REPRESENTATIVE B. McAfee and J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Tina Rae Loughry Administrator</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Tina Rae Loughry</i>	DATE 8-23-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>J. B. Penhal</i> (GPA)	DATE 9-6-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contracts for the resident #1, dated 11/11/09 and resident #2, dated 6/27/10 were not signed by the residents.	8-4-10	Contracts for residents #1 and #2 were signed by the residents. All remaining contracts were reviewed and found to contain required signatures. Administrator will review all contracts upon completion to insure all signatures have been obtained.	9-6-10 <i>JL</i>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

AUG 28 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Crystal Waters 4639 Route 119 Hwy North Home, PA 15747		Adult Residential Licensing	CURRENT LICENSE NUMBER 427650
INSPECTION DATE(S) (Include all dates of the inspection) August 3, 2010		REGIONAL REPRESENTATIVE B. McAfee and J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 8-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9-6-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The railing off the second floor hallway is not securely fastened to the floor, which presents a fall hazard.	8-18-10	Railing was repaired by contractor [REDACTED] (Invoice enclosed). All remaining hand rails were inspected and found to be securely fastened. Monthly inspections of handrails will be performed by Administrator. Staff has been instructed to report any imperfections to Administrator.	9-6-10 g

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

409 27 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Crystal Waters 4639 Route 119 Hwy North Home, PA 15747		CURRENT LICENSE NUMBER 427650
INSPECTION DATE(S) (Include all dates of the inspection) August 3, 2010	REGIONAL REPRESENTATIVE Adult Residential Lic B. McAfee and J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>John Hill</i>	DATE 8-13-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gpc</i> 9-6-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
102d-1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	The toilet in resident bathroom #106 did not have a grab bar.	8-3-10	Grab bar was installed in resident bathroom of #106 before completion of inspection. (Photo enclosed). Administrator inspected remaining bath areas to insure all grab bars installed. Administrator has instructed staff to report any imperfections in sturdiness of grab bars.	9-6-10 <i>g</i>

VIOLATION REPORT
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600
 AUG 23 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Crystal Waters 4639 Route 119 Hwy North Home, PA 15747		Adult Residential L	CURRENT LICENSE NUMBER 427650
INSPECTION DATE(S) (Include all dates of the inspection) August 3, 2010		REGIONAL REPRESENTATIVE B. McAfee and J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Emily R. Ferguson</i>	DATE 8-13-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 9-6-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
185a 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.	Resident #3's medication administration record indicated the medication Loperamide prescribed as needed was not available in the home for administration.	8-4-10	Loperamide was obtained and supplied to med cart for resident #3. Cart was audited and found to contain all medications listed on MARs. Monthly audit will be performed by staff as well as quarterly audit performed by Diamond Pharmacy.	Steps have been taken to correct violation; full compliance is not verifiable. 9-6-10 Date Initials (DPW) <i>SI</i>