

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 58
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 18, 2011 until September 18, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 427650

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

SEP 21 2011

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

Dear Mr. Loughry:

As a result of the Department of Public Welfare's licensing inspection on June 28, 2011, and July 5, 2011 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 black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME CRYSTAL WATERS, 4639 ROUTE 119 HWY NORTH HOME, PA 15747		CURRENT LICENSE NUMBER 427650	
INSPECTION DATES (Include all dates of the inspection) 06/28/2011, 7/5/11		REGIONAL REPRESENTATIVE D. McConnell, T. Newman, D. McConnell, T. Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan). <i>Time Plus Longuey</i>			
SIGNATURE OF LEGAL ENTITY <i>Time Plus Longuey</i>	DATE 7-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DM</i>	DATE 8/16/11


REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	The home has an audio monitoring system throughout the hallways of the home; however, written permission for the use of the system has not been secured from all the residents and their designated persons. Observed on 6/28/11 <div style="text-align: center;"> Western Region JUL 29 2011 Adult Residential Licensing </div>	7/26/11	Written permission for the temporary audio monitoring system has been obtained from all residents or their designated person, and placed in their files. Signed permission will be obtained from any new residents upon admission.	<i>DM</i> 8/16/11


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

NAME AND ADDRESS OF PERSONAL CARE HOME CRYSTAL WATERS, 4639 ROUTE 119 HWY NORTH HOME, PA 15747		CURRENT LICENSE NUMBER 427650	
INSPECTION DATES (Include all dates of the inspection) 06/28/2011, 7/5/11		REGIONAL REPRESENTATIVE D. McConnell, T. Newman, D. McConnell, T. Newman	
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 <i>J. Marking</i>	DATE 7-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>J</i>	DATE 8-16-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	On 7/5/11, the water temperature in the bathroom by the dining room was 128.8 degrees Fahrenheit and the water temperature in resident room #101's bathroom on the main floor was 127.5 degrees Fahrenheit. <p style="text-align: center; font-weight: bold;">Western Region</p> <p style="text-align: center;">JUL 29 2011</p>	7/26/11	The water temperature was reduced to 120°F. maintenance dept. will monitor water temp quarterly ^{at least monthly} to be sure decreased temp. is maintained. Administrator will review monitoring reports monthly. <i>Jm</i> 8/18/11	<i>Jm</i> 8/18/11

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


NAME AND ADDRESS OF PERSONAL CARE HOME CRYSTAL WATERS, 4639 ROUTE 119 HWY NORTH HOME, PA 15747		CURRENT LICENSE NUMBER 427650	
INSPECTION DATES (Include all dates of the inspection) 06/28/2011, 7/5/11		REGIONAL REPRESENTATIVE D. McConnell, T. Newman, D. McConnell, T. Newman	
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 <i>Janae...</i>	DATE 7-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/16/11


REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	A stream with an approximately 5" high retaining wall runs directly behind the home. Residents have access to this area. There are no barriers or safeguards in place to prevent residents from the potential hazard of entering or falling into the water. The home has residents diagnosed with dementia and is not a secured facility. Observed on 7/5/11	7-26-11	A fence was installed to safeguard the residents from entering or falling into the water. (Picture enclosed) Maintenance dept. will examine quarterly to insure that fence remains intact and structurally sound.	 8-16-11
<p style="font-size: 1.2em; margin: 0;">Western Region</p> <p style="font-size: 0.8em; margin: 0;">JUL 29 2011</p> <p style="font-size: 0.8em; margin: 0;">Adult Residential Licensing</p>				

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

NAME AND ADDRESS OF PERSONAL CARE HOME CRYSTAL WATERS, 4639 ROUTE 119 HWY NORTH HOME, PA 15747		CURRENT LICENSE NUMBER 427650	
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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 <i>[Handwritten Signature]</i>	DATE <i>7-26-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Handwritten Signature]</i>	DATE <i>8-16-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	There is no grab bar, hand rail or assist bar for the shower in resident bathroom #7 on the top floor, or for the toilets in the men's and women's bathroom in the dining area. <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">JUL 29 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	<i>7-26-11</i>	<i>Grab bars were installed in showers and employee restrooms. Pictures included. Maintenance dept will examine quarterly to insure that all grab bars remain secure.</i>	<i>[Handwritten Signature]</i> <i>8-16-11</i>

NAME AND ADDRESS OF PERSONAL CARE HOME CRYSTAL WATERS, 4639 ROUTE 119 HWY NORTH HOME, PA 15747		CURRENT LICENSE NUMBER 427650	
INSPECTION DATES (Include all dates of the inspection) 06/28/2011		REGIONAL REPRESENTATIVE D. McConnell, T. Newman, D. McConnell, T. Newman	
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 <i>Senior Care Grouping</i>	DATE 7-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/19/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	Staff person B stated that the home routinely schedules 2 staff persons on the 11pm-7am shift; however, the home has not conducted a sleeping hours fire drill in the last year with the minimum staff of 2 persons.	8/19/11	Next night time fire drill will be conducted when only two staff members are present.	 8/19/11
	Western Region JUL 29 2011 Adult Residential Licensing	8/19/11	Administrator will check fire drill records to ensure that two are being held during hours of sleep with minimum staff of two people. Fire drill was conducted at 11:20pm on 8-16-11. It was done by the 2 night shift staff persons. All residents were safely evacuated in a time of 4 min and 52 sec.	8/19/11 Adult Residential Licensing

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

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INSPECTION DATES (Include all dates of the inspection) 06/28/2011 , 7/5/11		REGIONAL REPRESENTATIVE D. McConnell, T. Newman, D. McConnell, T. Newman	
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 <i>Debra Ann Hargrave</i>	DATE 7/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8/19/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #1 was admitted on 3/1/11. The medical evaluation was not completed until 5/4/11. Western Region JUL 29 2011 Adult Residential Licensing	7-26-11 8/19/11	<i>Administrator will fax medical evaluation to physician on day the resident is admitted to our facility, and then follow up with a phone call if not received within two weeks. Notation will be made on administrator's calendar to make follow up call. "Contract packets" were created to eliminate omitting any forms.</i>	<i>[Signature]</i> 8/19/11

[Signature]

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

NAME AND ADDRESS OF PERSONAL CARE HOME CRYSTAL WATERS, 4639 ROUTE 119 HWY NORTH HOME, PA 15747		CURRENT LICENSE NUMBER 427650	
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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 <i>Junior Van Jungling</i>	DATE 7-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JW</i>	DATE 8/19/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
<p>141a</p> <p>The medical evaluation shall include the following:</p> <p>(1) A general physical examination by a physician, physician's assistant or nurse practitioner.</p> <p>(2) Medical diagnosis including physical or mental disabilities of the resident, if any.</p> <p>(3) Medical information pertinent to diagnosis and treatment in case of an emergency.</p> <p>(4) Special health or dietary needs of the resident.</p> <p>(5) Allergies.</p> <p>(6) Immunization</p>	<p>The medical evaluation for resident #2, dated 6/6/11, indicates "see attached" for medication information. There is no attachment to the medical evaluation.</p> <p>The medical evaluation for resident #3, dated 3/30/11, indicates "see enclosed list" for medication information. The enclosed list is not dated on same date as the completion of the medical evaluation.</p> <p>The medical evaluation for resident #4, dated 3/6/11, indicates "see attached" for medication information. The attachments are not signed and dated by the physician who completed the medical evaluation.</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">JUL 29 2011</p>	<p>7-26-11</p>	<p><i>Correct attachments were added to resident #2's medical evaluation that includes medication information which includes physician's signature. Dr's signature was obtained on medication information and was attached to resident #4's medical evaluation.</i></p>	<p><i>JW</i> 8/19/11</p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>[Handwritten Signature]</i>	DATE 7-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Handwritten Signature]</i>	DATE 8/16/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	Western Region JUL 23 2011 Adult Residential Licenses	7-26-11	To assure violation does not recur, Medical evaluations will be reviewed by Administrator to verify correct dates, correct attachments, and physicians signature before filing in resident's file.	

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

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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 <i>Laura Ann Hough</i>	DATE 7-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DM</i>	DATE 8/16/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	The home's designated smoking area on the lower level covered patio has a cushioned chair that does not indicate that it is flame retardant. Observed on 7/5/11 <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">JUL 23 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	7-26-11 8/31/11	All furniture that is not flame retardant was removed from designated smoking area. Administrator has instructed staff to keep only flame retardant furniture in designated smoking area. Staff will check the smoking area daily to ensure all cushions, etc in smoking area are flame retardant; The administrator will check at least monthly. <i>DM</i> 8/16/11	<i>DM</i> 8/16/11

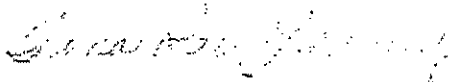

at least monthly. *DM* 8/16/11


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

NAME AND ADDRESS OF PERSONAL CARE HOME CRYSTAL WATERS, 4639 ROUTE 119 HWY NORTH HOME, PA 15747		CURRENT LICENSE NUMBER 427650	
INSPECTION DATES (include all dates of the inspection) 06/28/2011		REGIONAL REPRESENTATIVE D. McConnell, T. Newman, D. McConnell, T. Newman	
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 <i>Jane B. ...</i>	DATE <i>7-26-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>8/19/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
144c2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	The home's smoking area on the lower level covered patio is 1' from the common exit door.	<i>7-26-11</i> <i>8/19/11</i> <i>Western Reg.</i>	<i>Designated smoking area is located 10 ft. from exit door. It is now clearly marked with signs and contains strictly non-flammable furniture. Staff has been instructed to monitor area and to be sure that no furniture that is not "non-flammable" be placed in the smoking area.</i>	<i>[Signature]</i> <i>8/19/11</i>
		<i>9/15/11</i>	<i>The administrator will monitor smoking area at least monthly.</i>	<i>[Signature]</i>

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

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
162c Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	The home's menu is not dated. Observed on 7/5/11 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Western Region</div> <div style="text-align: center;">JUL 29 2011</div> Adult Residential Licensing	7-26-11 7-26-11	Correct dates were added to posted menu. Staff was instructed to verify that correct dates are posted on menu. Administrator will check dates on the first day of each month to confirm correct dates are posted.	 8/16/11

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

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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 <i>Sonia Mac... Manager</i>	DATE 7-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JM</i>	DATE 8/16/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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.	The PRN medications Tylenol 650mg and Flexeril 10mg for resident #5 are not available in the home. Observed 7/5/11 <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>	7-26-11 8/31/11	<p><i>Family of resident #5 was contacted and was again reminded to supply medication that had been requested.</i></p> <p><i>Medication was delivered by family and administered to resident.</i></p> <p><i>Family was reminded of importance of supplying medications in a timely manner, via letter.</i></p> <p><i>Administrator or designee will monitor medications at least monthly to ensure all medications, including prn medications are ordered</i></p>	<p style="text-align: center; font-size: 1.5em;"><i>JM</i></p> <p style="text-align: center;">8/16/11</p>

*in timely manner and available in the home.
MA 8/16/11*

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

NAME AND ADDRESS OF PERSONAL CARE HOME CRYSTAL WATERS, 4639 ROUTE 119 HWY NORTH HOME, PA 15747		CURRENT LICENSE NUMBER 427650	
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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 <i>Jane Hill</i>	DATE 7-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8/19/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	<p>The medication administration record (MAR) for resident #5 indicates that the resident did not receive the 9am dose of Cerefolin from 7/1/11 - 7/5/11. The MAR indicated that the medication was not available.</p> <p>Resident #6 is ordered Lorazepam 3 times a day. On 7/4/11, the resident did not receive the 3PM dose. The controlled substance count sheet indicates "0 gave my shift".</p> <p>Observed on 7/5/11</p> <p align="center">Western Region</p> <p align="center">Adult Residential Licensing</p>	<p>7/15/11</p> <p>7/26/11</p> <p>7/26/11</p> <p>7/26/11</p>	<p>Family of resident #2 was contacted again, and medication was delivered and administered.</p> <p>Staff will notify family of medication need when there are 2 wks worth of med remaining. Staff will again call in 1 wk if med not delivered and physician will be notified if med not delivered when needed.</p> <p>Administrator discussed with med dir the medication not administered. She stated resident was vacant from facility.</p> <p>All staff was reminded of importance of correct documentation at staff meeting.</p>	<p>Steps have been taken to correct violation; full compliance is not verified.</p> <p align="center">8/19/11 <i>[Signature]</i></p> <p>Date Initials (DI)</p>

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

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SIGNATURE OF LEGAL ENTITY <i>[Handwritten Signature]</i>	DATE 7/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Handwritten Signature]</i>	DATE 8/16/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
221a The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.	The home does not have an activity schedule posted for the current week. Observed 7/5/11	7-26-11 7-26-11	<p><i>The large dry erase marker board was filled in to display activities and birthdays for the month.</i></p> <p><i>Administrator will verify on the first day of each month that the calendar is completed.</i></p>	<p><i>[Handwritten Signature]</i> 8/16/11</p>
	Western Region			
	Adult Residential Licensing			

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

NAME AND ADDRESS OF PERSONAL CARE HOME CRYSTAL WATERS, 4639 ROUTE 119 HWY NORTH HOME, PA 15747		CURRENT LICENSE NUMBER 427650	
INSPECTION DATES (Include all dates of the inspection) 06/28/2011		REGIONAL REPRESENTATIVE D. McConnell, T. Newman, D. McConnell, T. Newman	
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 <i>[Signature]</i>	DATE 7-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8-16-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	Resident #2, admitted 6/7/11, did not have a preadmission screening completed. <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>	7-26-11	<i>The pre admission screening form for resident #2 was completed and added to his file.</i>	Steps have been taken to correct violation; full compliance is not verifiable 8/16/11 Date Initials (DPW)
		7-26-11	<i>Administrator will review contracts and forms upon admission to insure completion of correct forms.</i>	
		8/31/11	<i>Preadmission screening forms will be completed prior to, or on date of residents' admission.</i>	

J-8-16-11

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SIGNATURE OF LEGAL ENTITY <i>Daniel A. Newman</i>	DATE 7-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DM</i>	DATE 8-16-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
225a 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.	<p>The assessments for five residents in the home do not list all the resident's diagnoses as indicated on the residents' medical evaluations including:</p> <p>The assessment for resident #3, dated 3/25/11, was not updated to include the diagnoses of CAD, h/o, and Depression as indicated on resident's medical evaluation dated 3/30/11.</p> <p>The assessment for resident #7, dated 6/18/11, does not include the resident's diagnoses of Dementia, UTI, Bipolar Disorder, Anxiety attacks and Depression as indicated on resident's undated medical evaluation. Resident was admitted to the home on 6/3/11.</p>	7-26-11	<p>Assessment for resident #3 was updated to include the diagnoses indicated on medical evaluation dated 3-30-11.</p> <p>Assessment for resident #7 was corrected to include the diagnoses listed on medical evaluation. Correct date was added to medical evaluation.</p> <p>Administrator will review all resident</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>8/16/11 DM</i></p> <p>Date Initials (DPW)</p>
Observed on 6/28/11		9/30/11	<p>assessments to ensure accuracy, including all resident diagnoses</p>	

Western Region

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Adult Residential Licensing

DM 8-16-11


assessments to ensure accuracy, including all resident diagnoses

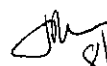
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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE <i>7/26/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>8/16/11</i>


REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
227a 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.	The support plan for resident #3, dated 3/25/11, does not address the resident's diagnosis of depression as indicated on the medical evaluation, dated 3/30/11.	7-26-11	<i>Support plan for resident #3 was corrected to include omitted diagnosis of depression.</i>	Steps have been taken to correct violation; full compliance is not verifiable. <i>8/16/11</i> Date Initials (DPW)
	The support plan for resident #5, dated 2/21/11, does not address the resident's seizure disorder as indicated on the medical evaluation, dated 2/21/11.	7-26-11		
	The support plan for resident #8, dated 3/4/11, does not address the resident's mechanical soft diet as indicated in the medical evaluation dated 5/4/11.	7-26-11		
	Observed on 6/28/11 Western Region JUL 29 2011		<i>Support plan for resident #5 was corrected to include omitted diagnosis of seizure disorder.</i>	
			<i>Support plan for resident #8 was corrected to include proper diet.</i>	
			<i>All support plans will be reviewed by [Signature]</i>	

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227a 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.	<p>The support plan for resident #3, dated 3/25/11, does not address the resident's diagnosis of depression as indicated on the medical evaluation, dated 3/30/11.</p> <p>The support plan for resident #5, dated 2/21/11, does not address the resident's seizure disorder as indicated on the medical evaluation, dated 2/21/11.</p> <p>The support plan for resident #8, dated 3/4/11, does not address the resident's mechanical soft diet as indicated in the medical evaluation dated 5/4/11.</p> <p>Observed on 6/28/11 Western Region</p> <p style="text-align: center;">JUL 29 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	9/15/11	<p>All staff involved in support plan preparation will be reeducated on preparing complete and thorough plans, including all diagnoses and diet.</p> <p style="text-align: right;"> 8/16/11</p>	

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251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	Neither the medical evaluation form nor the preadmission screening form for resident #7 is dated. Observed on 6/28/11	7-26-11	<i>medical evaluation form and preadmission screening form for resident #7 were corrected by adding date.</i>	
	Western Region	7-26-11	<i>Preadmission screenings and medical evaluations will be reviewed by Administrator to verify correct information</i>	
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