

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, 2012 until September 18, 2013,
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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 05 2012

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 (Department) licensing inspection on July 27, 2012 and August 7, 2012 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 Human Services Licensing so that compliance can be verified.

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

Sincerely,

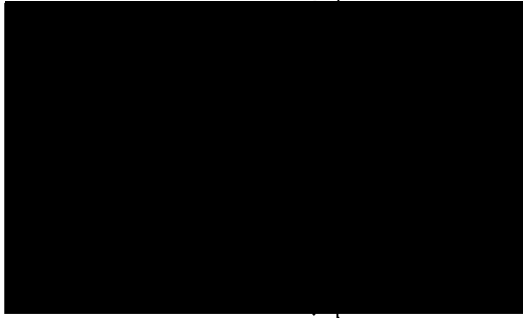
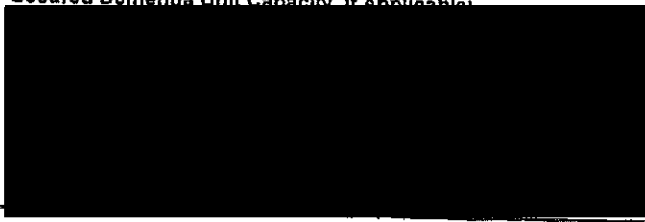
A handwritten signature in black ink, appearing to read 'R. Melusky', written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

RECEIVED

FCH Name: CRYSTAL WATERS		License Number: 427650
Address: 4639 ROUTE 119 HWY NORTH, HOME, PA 15747		County: Indiana
Administrator: Tina Loughrey		Region: WEST
Legal Entity Name: CRYSTAL WATERS INC		Western Field Office Adult Residential Licensing
Legal Entity Address: 4639 ROUTE 119, HWY NORTH, HOME, PA 15747		
Certificate(s) of Occupancy		
I-1 12/21/2010 Rayne Township	C-2 LP 07/07/1998 Labor and Industry	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 55	Waking Staff: 41
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
07/27/2012: Cutter, Jan; Gearhard, Nancy		
08/07/2012: Cutter, Jan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 58	Number of Residents who:	
Number of Residents Served: 51		
Secured Dementia Care Unit in Home: No		
Area:		
Secured Dementia Unit Capacity, if Applicable:		
		

Violation Report: 42765 - 07/27/2012 - Cutler, Jan
PCH Name: CRYSTAL WATERS

1. REGULATION 55 Pa.Code §2600
2600.26(a) - The home shall establish and implement a quality management plan.

9 2012

2a. DESCRIPTION OF VIOLATION

Western Field Office
Adult Residential Licensing

The home does not have a quality management plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The quality management plan that was in place at the time of inspection was created by the Administrator under the instruction of a prior DPW inspector so we thought it was correct. We have attached a copy of our present Quality Management Plan.

A new quality management plan was developed to include all the components required in §2600.26(a). JJP

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Tina Rae Laughry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tina Rae Laughry* Date *9-19-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-1-12 (Date)

Plan of correction implementation status as of 10-1-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by JJP (Initials)

Violation Report: 42765 - 07/27/2012 - Cutter, Jan

PCH Name: CRYSTAL WATERS

9 2012

1. REGULATION 55 Pa.Code §2600

2600.51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A, date of hire 3/2/2012, did not have a criminal background check completed until 5/9/2012.

Staff person B, date of hire 4/1/2010, had a criminal background check dated 9/19/2008 which was more than a year prior to employment.

Staff person C, date of hire 2/2012, did not have a criminal background check completed until 6/13/2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Criminal background checks will be applied for on day of hire. Administrator will review file one month from hire date to insure the background check has been received and properly filed.

11-12 A new staff person document tracking system will be developed and implemented to ensure and track all new staff person required documentation.

11-12 The administrator and any staff person involved in the hiring and retention of staff will complete the on-line Older Adult Protective Services Act training. Documentation will be kept. JSP 10-1-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Tina Rae Loughry

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Tina Rae Loughry

Date 9-19-12

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Plan of correction implementation status as of 10-1-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
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- Not Implemented

The above plan of correction was approved by

JSP (Initials)

Violation Report: 42765 - 07/27/2012 - Cutter, Jan
PCN Name: CRYSTAL WATERS

9/12

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Staff person A was hired on 3/2/2012 and was provisionally retained for a period exceeding 30 days pending receipt of the criminal background check on 5/9/2012.

Staff person B was hired on 4/1/2010 and had a criminal background check dated 9/19/2008 which was more than a year prior to employment.

Staff person C was hired on in February of 2012 and was provisionally retained for a period exceeding 30 days pending receipt of the criminal background check on 6/13/2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff persons shall not be retained for a period of more than 30 days if a clear criminal background check has not been received. Administrator will review file 30 days from hire date to insure criminal background check has been placed in employees file.

11-1-12 A new staff person document tracking system will be developed and implemented to ensure and track all new staff person required documentation.

11-1-12 The administrator and any staff person involved in the hiring and retention of staff will complete the on-line Older Adult Protective Services Act training. Documentation shall be kept. JPP 11-1-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tina Rae Loughry

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Tina Rae Loughry

Date 9-19-12

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(Date)

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(Initials)

Plan of correction implementation status as of 10-1-12
(Date)

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- Not Implemented

Violation Report: 42765 - 07/27/2012 - Cutter, Jan
PCH Name: CRYSTAL WATERS

9 2012

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person C, who started work in February of 2012, did not receive orientation in fire safety.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff person C had received proper orientation, however correct documentation was not completed. Administrator reviewed all staff records to insure that all training had been completed and proper documentation had also been completed. Administrator will review records of all new staff hired to insure completion of training and documentation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tina Rae Loughry

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Tina Rae Loughry

Date *9-19-12*

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(Date)

The above plan of correction was approved by *MLP*
(Initials)

Plan of correction implementation status as of 10-1-12
(Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42765 - 07/27/2012 - Cutter, Jan
PCH Name: CRYSTAL WATERS

9 2012

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There were multiple poisonous materials with manufactures' labels indicating, "if ingested contact poison control or physician", unlocked and accessible to residents in the following resident's rooms:
Resident #5 had Moisture Barrier antifungal cream.
Resident #6 had Moisture Barrier, Calazime skin protectant, Calomine lotion, Calmoseptine ointment, ZICam cold remedy, Aquaphor Questionointment, Stoma powder, and Neosporin.
Resident #7 had three bottles of Remedy cleansing body lotion.
Resident #8 had a bottle of Selsun Blue shampoo.
Resident #9 had two bottles of Medicated powder.
Resident #10 had Gold Bond foot powder and Calazime skin protectant.

In addition, there was Denorex shampoo, Medicated Dandruff shampoo and CVS Therapeutic shampoo in the downstairs shared shower room.

Residents of the home, including Residents # 5, 6, 7, 8, 9, and 10, have not been assessed as capable of recognizing and using poisons safely.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Storage boxes with locks were placed in residents rooms. All potentially hazardous materials were placed in locked storage boxes. Staff has been educated on keeping hazardous materials in the locked boxes.

11-1-12 A designated staff person(s) will inspect all bedrooms 1x per week to ensure all poisonous materials are locked. Documentation shall be kept. JPP 10-1-12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Tina Rae Loughry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tina Rae Loughry* Date *9-19-12*

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Plan of correction implementation status as of 10-1-12 (Date)

The above plan of correction was approved by *JPP* (Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42765 - 07/27/2012 - Cutter, Jan

PCH Name: CRYSTAL WATERS

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The telephone in Resident #11's bedroom did not have emergency service numbers posted nearby.

The house telephone on the patio level did not have emergency service numbers posted nearby.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Emergency service numbers were placed near the two telephones where there were none posted. First day of each month a staff member will do building review and chart that correct numbers have not been removed from telephone areas.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Tina Rae Loughry

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Tina Rae Loughry

Date

9-19-12

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10-1-12 (Date)

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The above plan of correction was approved by

TAL (Initials)

Violation Report: 42765 - 07/27/2012 - Cutter, Jan
PCH Name: CRYSTAL WATERS

9/20/12

1. REGULATION 55 Pa.Code §2600
2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There was no bedside table or shelf beside Resident #12's bed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A table was returned to bedside of Resident #12. Staff was reminded to keep table near each bedside. Staff member will chart at time of monthly review.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tina Rae Loughry

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Tina Rae Loughry

Date *9-19-12*

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(Date)

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(Date)

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- Not Implemented

The above plan of correction was approved by *[Signature]*
(Initials)

Violation Report: 42765 - 07/27/2012 - Cutter, Jan
FCH Name: CRYSTAL WATERS

1. REGULATION 55 Pa. Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

Western Field Office
Adult Services and Licensing

2a. DESCRIPTION OF VIOLATION

Residents # 12, 13 and 14 did not have a source of light that can be turned on/off from bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Operable lamps were returned to bedside table of residents 12, 13 + 14. Those residents were reminded of the importance of allowing lighting source to remain near bedside. Will be included in monthly charting.

Staff persons will check daily during regular duties to ensure all residents have an operable lamp that can be turned on at bedside. 10-1-12 JJP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tina Rae Loughry

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Tina Rae Loughry

Date 9-19-12

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(Initials)

Plan of correction implementation status as of 10-1-12
(Date)

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- Not Implemented

Violation Report: 42765 - 07/27/2012 - Cutter, Jan

FCH Name: CRYSTAL WATERS

9 2012

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

Western Piedmont Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 8/7/2012, there was an accumulation of 1/2 inch of lint in the lint trap of the upstairs dryer..

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Lint was removed from dryer lint screen. Staff was educated on the importance of cleaning lint screen following each load of laundry to reduce the risk of a fire.

The administrator or a designated staff member will conduct a weekly check of all clothes dryers to ensure there is no build-up of lint in or around any clothes dryer. Documentation will be kept.

JPP 10-1-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Tina Rae Loughry

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Tina Rae Loughry

Date 9-19-12

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(Date)

Plan of correction implementation status as of 10-1-12
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *JPP*
(Initials)

Violation Report: 42765 - 07/27/2012 - Cutter, Jan
PCH Name: CRYSTAL WATERS

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted on 5/24/2012. Resident #4's medical evaluation was not dated so it was not possible to determine if the evaluation was completed within the required time frame.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff nurse reviewed all medical evaluations to insure information was complete and properly signed + dated. All forms will be reviewed by nurse before being placed in file.
Resident #4's medical evaluation will be returned to the physician for completion 10-1-12 JSP

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Tina Rae Loughry*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tina Rae Loughry* Date *9-19-12*

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(Date)

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(Initials)

Plan of correction implementation status as of 10-1-12
(Date)

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- Not Implemented

RECEIVED

Violation Report: 42765 - 07/27/2012 - Cutter, Jan
PCH Name: CRYSTAL WATERS

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

9 2012

2a. DESCRIPTION OF VIOLATION

Western Field Office
Adult Residential Licensing

The initial (undated) medical evaluation for Resident #4 was missing the resident's health status; dietary needs; ability to self-administer medications; and mobility needs.

The annual medical evaluation for Resident #15, dated 6/13/2012, does not include medications or dietary needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff nurse reviewed all medical evaluations to insure they included all requirements listed in regulation 2600.141(a)

Nurse will review all future DME's before they are placed in resident files.

Resident #4 and #15's medical evaluations will be returned to the physician for completion.

11-1-12 All staff persons involved with the medical evaluation process will be educated in the required contents of the medical evaluation. Documentation will be kept. JPP 10-1-12

Repeat Violation: Yes

Date(s) of Previous Violation(s): 06/28/2011

Signature of Legal Entity Representative
(Required on EVERY Page)

Tina Rae Loughry

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Tina Rae Loughry

Date 9-19-12

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(Date)

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(Date)

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(Initials)

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- Not Implemented

RECEIVED

Violation Report: 42765 - 07/27/2012 - Cutter, Jan.
FCH Name: CRYSTAL WATERS

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

9/2012

2a. DESCRIPTION OF VIOLATION

Western Field Office
Adult Residential Licensing

Resident #8's Lidoderm patch was not available in the home on 7/1/2012, 7/2/2012 and 7/3/2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #8's family provides medication. Staff nurse met with POA. Nurse implemented a plan for Crystal Waters to be able to obtain necessary medications when family or POA is unavailable to provide.

The administrator or designated staff will review all prescription orders for all residents to ensure all prescriptions orders are current and all prescribed medication is available. 10-1-12 JAP

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/05/2011

Signature of Legal Entity Representative
(Required on EVERY Page) *Tina Rae Loughry*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tina Rae Loughry* Date *9-1-12*

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(Date)

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 42765 - 07/27/2012 - Cutter, Jan
 PCH Name: CRYSTAL WATERS

1. REGULATION 55 Pa. Code §2600

2600.225(b) - 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.

Western Field Office
 Adult Protective Services
 Adult Protective Licensing

2a. DESCRIPTION OF VIOLATION

Resident #15 has a heart stent implant and a corneal implant; however, these issues were not included on the annual assessment dated 6/6/2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff nurse reviewed all RASPs and added any pertinent information from DMEs that had been omitted. Nurse will scrutinize all annual assessments (DME)'s and also update with proper information if a significant change occurs.

11-1-12

All staff persons completing assessments will be educated on the accuracy and completion of the form including all medical diagnoses. JPP

10-1-12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Tina Rae Laughry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tina Rae Laughry* Date *9-19-12*

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The above plan of correction is approved as of <u>10-1-12</u> (Date)	Plan of correction implementation status as of <u>10-1-12</u> (Date)
The above plan of correction was approved by <u>JPP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42765 - 07/27/2012 - Cutter, Jan
 FCH Name: CRYSTAL WATERS

9-19-2012

1. REGULATION 55 Pa.Code §2600
 2600.227(a) - 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.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

According to Resident #1's medical evaluation, dated 3/24/2012, the resident is diagnosed with Hypothyroidism, OP, HTN, PUD, Esophagitis, Anemia, Depression, Constipation, IBS, Urinary Incontinence, Diverticulosis, and left Ventricular Hypertrophy. The resident's support plan, dated 2/25/2012, does not address how the home will assist the resident in meeting these needs.

According to Resident #4's medical evaluation which was not dated, the resident is diagnosed with Renal Insufficiency, Atrial Fibrillation, CAD, Peptic Ulcer, Constipation, Hypertension, and Vertigo. The resident's support plan, dated 5/25/2012, does not address how the home will assist the resident in meeting these needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

" Nurse corrected all necessary information in residents RASPs. She will continue to review all RASPs to insure that they contain necessary information.

10-1-12 All staff persons completing support plans will be educated regarding the completion and accuracy of the document including the documentation of each residents' care, needs and services.
 10-1-12 JPP

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Tina Rae Loughry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tina Rae Loughry* Date *9-19-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-1-12 (Date)

Plan of correction implementation status as of 10-1-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by JPP (Initials)

Violation Report: 42765 - 07/27/2012 - Cutter, Jan

PCH Name: CRYSTAL WATERS

9 2012

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #15 has a heart stent implant and a corneal implant; however, these issues are not included on the support plan dated 6/6/2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Nurse reviewed all RASPs and made necessary changes. Nurse will continue to review all RASPs when completed to insure pertinent information is included.

11-1-12

All staff persons completing support plans will be educated regarding the completion and accuracy of the documents including the documentation of each resident's care, needs and services.

Jeff 10-1-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Tina Rae Loughry

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Tina Rae Loughry

Date: 9-19-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-1-12 (Date)

Plan of correction implementation status as of 10-1-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature] (Initials)

Violation Report: 42765 - 07/27/2012 - Cutter, Jan
PCH Name: CRYSTAL WATERS

29 2012

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 participated in the development of their support plan dated 2/25/2012.; however, the resident did not sign the support plan.
Resident #2 participated in the development of their support plan dated 2/1/2012; however, the resident did not sign the support plan.
Resident #4 participated in the development of their support plan dated 5/25/2012.; however, the resident did not sign the support plan.
Resident #15 participated in the development of their support plan dated 6/6/2012; however, the resident did not sign the support plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator had the residents who participated in the completion of their RASP provide a signature.

Administrator will have residents sign the RASP form when they participate.

11-12 The administrator or designated staff person will check all current resident support plans for completion and accuracy including all required signatures. 10-1-12 JRP

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Tina Rae Loughry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tina Rae Loughry* Date *9-19-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-1-12 (Date)

Plan of correction implementation status as of 10-1-12 (Date)

The above plan of correction was approved by *RLP* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented