



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

July 2, 2013

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 11, 2013, 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.

Sincerely,

Janine Wenzig
Regional Licensing Administrator

Enclosure(s)

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

PCH Name: CRYSTAL WATERS		License Number: 42765
Address: 4839 ROUTE 119 HWY NORTH, HOME, PA 15747		County: Indiana
Administrator: Tina Loughry		Region: WEST
Legal Entity Name: CRYSTAL WATERS INC		
Legal Entity Address: 4839 ROUTE 119 HWY NORTH, HOME, PA 15747		
Certificate(s) of Occupancy C-2 LP 07/07/1998 L & I		
Staffing Hours Resident Support: 0 Total Daily Staff: 53 Waking Staff: 40		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/10/2013: McConnell, Deb		RECEIVED AUG 02 2013
Off-Site Inspection Dates and Inspectors, if Applicable		WEST REGION FIELD OFFICE Human Services Licensing
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 58 Number of Residents Served: 50 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 6		Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 50 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 3

AUG 02 2013

Violation Report: 42765 - 07/10/2013 - McConnell, Deb
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(o) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 7/10/13, at 6:30AM, emergency services responded to a fire alarm at the home. During the evacuation procedure, resident #1 CTB. The home did not report the incidents to the Department until 7/11/13, after 8:30AM.

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.

In the future, reportable incidents will be completed in the required manner and within the required time.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tina Rae Loughry Administrator

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

Tina Rae Loughry

Date *8-1-13*

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

The above plan of correction is approved as of

8/1/13
(Date)

Plan of correction implementation status as of

8/2/13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

AUG 02 2013

Violation Report: 42765 - 07/10/2013 - McConnell, Deb
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last inspection of the furnace was conducted on 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.

The furnace was inspected on June 3, 2013, however correct documentation was not completed at that time. Enclosed is correct documentation along with copy of his invoice for the services.

In the future correct documentation will be completed in the required manner at the required time.

Violation
Withdrawn
8/2/13

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 Administrator* Date *8-1-13*

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

The above plan of correction is approved as of 8/2/13 (Date)

Plan of correction implementation status as of 8/2/13 (Date)

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

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