



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 2 1 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 licensing inspection on August 13, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period September 18, 2013 to September 18, 2014 was issued on June 17, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky
Director

Enclosure
License Inspection Summary

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

PCH Name: CRYSTAL WATERS		SEP 3 2013	License Number: 42765
Address: 4639 ROUTE 119 HWY NORTH, HOME, PA 15747		WEST REGION FIELD OFFICE Human Services Licensing	County: Indiana
Administrator: Tina Loughry			Region: WEST
Legal Entity Name: CRYSTAL WATERS INC			
Legal Entity Address: 4639 ROUTE 119 HWY NORTH, HOME, PA 15747			
Certificate(s) of Occupancy			
C-2 LP		I-1	
07/07/1998		12/21/2010	
L&I		Rayne Township	
Staffing Hours			
Resident Support: N/A	Total Daily Staff: 53	Waking Staff: 40	
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced	
Reason(s) for Inspection(s)			
Renewal			
On-Site Inspections Dates and Department Representatives On-Site			
08/13/2013: Mazza, Larry; McConnell, Deb			
Off-Site Inspection Dates and Inspectors, if Applicable			
Other Details			
Partial or Full Triggers: N/A		Random Indicators: N/A	
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 58 Number of Residents Served: 49 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 80 Years of Age or Older: 49 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 1	

Violation Report: 42765 - 08/13/2013 - Mazza, Larry

PCH Name: CRYSTAL WATERS

SEP 3 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.25(b) - The contract shall be signed by the administrator or a designee, the contractor and payer, if the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract, dated 6/1/13, for resident #1 is not signed by the payer.

The contract, dated 7/21/11, for resident #2 is not signed by the payer.

The contract, dated 6/1/13, for resident #3 is not signed by the payer.

The contract, dated 9/21/12, for resident #4 is not signed by the resident.

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.

Signatures of payers for residents #1, #2, #3 and signature of resident #4 were obtained on contracts. Remaining contracts were reviewed confirming all had been properly signed.

Contracts will be reviewed by Administrative Assistant to confirm all proper forms and signatures have been obtained.

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 *8-24-13*

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

The above plan of correction is approved as of

9/10/13
(Date)

Plan of correction implementation status as of

9/10/13
(Date)

The above plan of correction was approved by

ms
(Initials)

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

SEP 9 2013

Violation Report: 42765 - 08/13/2013 - Mazza, Larry

PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(c)(8) - The contract shall specify the home's rules related to home services, including whether the home permits smoking

2a. DESCRIPTION OF VIOLATION

The contract, dated 7/21/11, for resident #2 does not include the current home rules.

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.

Current Home Rules added to contract of Resident #2 on day of inspection.

Contracts will be reviewed by Administrative Assistant to confirm they are complete.

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 *8-24-13*

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MS
(Initials)

Plan of correction implementation status as of

9/10/13
(Date)

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

SEP 3 2013

Violation Report: 42765 - 08/13/2013 - Mazza, Larry
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

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
Direct care staff member A was hired in November 2012; however, the criminal background check for this staff member was completed on 1/9/09.

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.

Current criminal background check was obtained on day of inspection. All employee files were reviewed confirming background checks had been completed within the correct time frame.

Administrative assistant will review files when new employees are hired.

By 10/10/13 - the administrator or designated staff person will monitor all new staff documentation to ensure all required criminal history checks have been completed within the required timeframe.

Immediately - A criminal background check will be completed for all new hires prior to their first day of employment. ms 9/10/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/27/2012 et. al.

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 *8-24-13*

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

SEP 9 2013

Violation Report: 42765 - 08/13/2013 - Mazza, Larry

PCH Name: CRYSTAL WATERS

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.

WEST REGION FIELD OFFICE

Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Direct care staff member A was hired in November 2012; however, the criminal background check for this staff member was completed on 1/9/09.

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.

duplicate of page 4

Current criminal background check was obtained on day of inspection. All employee files were reviewed confirming background checks had been completed within the correct time frame.

Administrative assistant will review files when new employees are hired.

By 10/10/13 - the administrator or designated staff person will monitor all new staff documentation to ensure all required criminal history checks have been completed within the required timeframe.

Immediately - A criminal background check will be completed for all new hires prior to their first day of employment. ms 9/10/13

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/27/2012 et al

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 8-24-13

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ms
(Initials)

Violation Report: 42765 - 08/13/2013 - Mazza, Larry
PCH Name: CRYSTAL WATERS

SEP 3 2013

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the Service Plan, assessment and support plan.

WEST REGION FIELD OFFICE

2a. DESCRIPTION OF VIOLATION

Direct care staff do not have access to residents' support plans when the administrators/owners of the home are not present.

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.

Support plans were copied and put in file accessible to staff. The file cabinet will be locked when not in use. ms 9/10/13

A copy of assessment and support plans of any new residents will be added to "staff accessible" file.

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 *8-24-13*

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(Date)

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(Initials)

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(Date)

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- Partially Implemented - Adequate Progress *MS*
- Partially Implemented - Inadequate Progress
- Not Implemented

SEP 3 2013

Violation Report: 42765 - 08/13/2013 - Mazza, Larry

PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired in November 2012, did not complete the Department-approved direct care training course and passing of the competency test until 6/27/13.

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.

All employee files were reviewed to confirm required forms were completed.

All new employees hired will be required to provide a copy of certificate of the direct care training.

Staff person A completed the online direct care staff training course on 6/27/13. MS 9/10/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Dina Ray Loughry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dina Ray Loughry Administrator* Date *8-24-13*

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

The above plan of correction is approved as of 9/10/13 (Date)

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

Plan of correction implementation status as of 9/10/13 (Date)

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

Violation Report: 42765 - 08/13/2013 - Mazza, Larry
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

There were no emergency service numbers posted on or near the telephone in the following areas:
* first floor copy room
* lower level near bedroom #PL1

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 numbers were posted near phone in copy room and also near phone in hall near bedroom #1 on patio level during inspection.

A designated ^{person} staff will review ~~monthly~~ ^{weekly} to insure that emergency numbers remain in place. (Chart)

Immediately - the administrator or designated staff person will check all phones in the home to ensure emergency service numbers are posted on or near each phone. ms 9/10/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/27/2012 et.al

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 *8-24-13*

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(Initials)

Plan of correction implementation status as of 9/10/13
(Date)

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

Violation Report: 42765 - 08/13/2013 - Mazza, Larry
PCH Name: CRYSTAL WATERS

SEP 3 2013

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION
The steps on the fire escape do not have a non-skid surface.

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.

*Non skid safety strips were added to steps on fire escape. Picture enclosed.
Maintenance department will check monthly to insure safety strips remain in place.*

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 *8-24-13*

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

The above plan of correction is approved as of 9/10/13
(Date)

Plan of correction implementation status as of 9/10/13
(Date)

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

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

RECEIVED

Violation Report: 42765 - 08/13/2013 - Mazza, Larry
PCH Name: CRYSTAL WATERS

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.

SEP 3 2013

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There is no bedside table or shelf beside the bed in bedroom #PL8.

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.

Bedside table was moved back to bedside on day of inspection. Family member was informed that table must remain near bedside.

All staff instructed to return any bedside tables to proper place if moved by family members.

weekly - ms 9/10/13

Monthly room checks will be charted by staff to insure that tables remain in place.

Immediately - A designated staff person will check all bedrooms to ensure each resident has a bedside table or shelf.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 07/27/2012 et.al.

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 8-24-13

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(Date)

Plan of correction implementation status as of 9/10/13
(Date)

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

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

SEP 9 2013

Violation Report: 42765 - 08/13/2013 - Mazza, Larry
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

There is no source of light that can be turned on/off from bedside in bedroom #PL8.

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.

Bedside lamps returned to proper place on day of inspection.

All staff instructed to return bedside tables and lamps to proper place if out of place.

weekly - ms 9/10/13

Monthly room checks will continue to be charted by staff to insure bedside tables and lamps remain in place.

Immediately: A designated staff person will check all bedrooms to ensure each resident has an operable source of lighting at bedside.

Repeat Violation: Yes . Date(s) of Previous Violation(s): 07/27/2012 et.al.

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 *8-24-13*

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The above plan of correction is approved as of 9/10/13 (Date)

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

Plan of correction implementation status as of 9/10/13 (Date)

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

Violation Report: 42765 - 08/13/2013 - Mazza, Larry

PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

A 5 gallon jug of water was stored directly on the floor in the basement food storage area.

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.

Water jug was placed on shelf on day of inspection.

Sign posted in food storage area stating all food and water jugs must be stored off of the floor.

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 *8-24-13*

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(Date)

Plan of correction implementation status as of

9/10/13
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

ms
(Initials)

SEP 8 2013

Violation Report: 42765 - 08/13/2013 - Mazza, Larry

PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At 10:30 am, the temperature of the walk-in refrigerator measured 58 degrees Fahrenheit and at 3:58 pm it measured 48 degrees Fahrenheit.

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.

Refrigerator malfunctioned on day of inspection causing cooling mechanism to "ice over." Defrosting process was conducted which temporarily corrected situation. Repairman arrived and replaced fan blade which eliminated problem.

Kitchen staff was instructed to alert owner of change in refrigerator temperature in order to avoid a problem.

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 8-24-13

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(Date)

Plan of correction implementation status as of 9/10/13
(Date)

The above plan of correction was approved by MS
(initials)

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

SEP 3 2013

Violation Report: 42765 - 08/13/2013 - Mazza, Larry

PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

Agents of the Department were unable to open the exit door off the 1st floor lounge area, which is an emergency exit.

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.

Latch was oiled on day of inspection to insure easy opening for residents.

Monthly check will be charted by staff to insure easy opening.

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 *8-24-13*

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Violation Report: 42765 - 08/13/2013 - Mazza, Larry
PCH Name: CRYSTAL WATERS

SEP 3 2013

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures are posted on a wall near the back kitchen door which is not a conspicuous and public place.

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 procedures were returned to proper place which is a conspicuous spot near front door on day of inspection.

Monthly check will be charted by staff to insure Emergency procedures remain in conspicuous place.

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
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Tina Rae Loughry

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Violation Report: 42765 - 08/13/2013 - Mazza, Larry

SEP 3 2013

PCH Name: CRYSTAL WATERS

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

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.

Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #4, admitted 9/21/12, did not have a medical evaluation completed until 1/31/13.

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.

Medical evaluations will be requested at time of admission.

Administrative assistant will follow-up with physician to insure form is completed in timely manner.

Recently acquired computer program will improve efficiency of timely completion of forms.

All resident records were reviewed for compliance.

By 10/10/13 - the administrator or designated staff person will develop a tracking system to ensure required forms for new admissions are completed in a timely manner including initial medical evaluations. ms 9/10/13

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/27/2012 et.al.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tina Rao Loughry Administrator Date 8-24-13

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

The above plan of correction is approved as of 9/10/13 (Date)

Plan of correction implementation status as of 9/10/13 (Date)

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

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

Violation Report: 42765 - 08/13/2013 - Mazza, Larry
PCH Name: CRYSTAL WATERS

SEP 3 2013

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

A medical evaluation for resident #2 was completed on 7/14/11. However, the next medical evaluation was not completed until 11/6/12.

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.

Recently acquired computer program will improve efficiency of timely completion of required forms.

All resident records were reviewed for compliance. MS 9/10/13

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 *8-24-13*

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

The above plan of correction is approved as of 9/10/13
(Date)

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

Plan of correction implementation status as of 9/10/13
(Date)

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

SEP 3 2013

Violation Report: 42765 - 08/13/2013 - Mazza, Larry
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for each meal and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home's posted menu included dates through 8/17/13.

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.

Dates were added to menu on day of inspection to indicate meals to be served throughout the next month.

Kitchen staff was instructed to keep menu properly dated.

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 *8-24-13*

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

The above plan of correction is approved as of

9/10/13
(Date)

Plan of correction implementation status as of

9/10/13
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *MS*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

MS
(Initials)

Violation Report: 42765 - 08/13/2013 - Mazza, Larry
PCH Name: CRYSTAL WATERS

SEP 3 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 8/13/13, "Thera Beta-tab Carotene-Take 1 tablet orally daily," was present in the home for resident #5; however, this medication was discontinued by the prescriber on 7/17/13.

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 discontinued vitamin was removed from the med cart on day of inspection. Class was conducted by med nurse reviewing with staff proper storing and removing of discontinued medications.

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

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

Printed Name and Title of Legal Entity Representative *Tina Rae Loughry Administrator* Date *8.24.13*
(Required on EVERY Page)

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

The above plan of correction is approved as of 9/10/13
(Date)

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

Plan of correction implementation status as of 9/10/13
(Date)

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

SEP 9 2013

Violation Report: 42765 - 08/13/2013 - Mazza, Larry

PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed "Glipizide tablet-5mg-Take 1 tablet orally once daily." However, the pharmacy label for the medication indicates "Glipizide tablet-5mg-Take 1 tablet orally 2 times a day."

Resident #5 is prescribed "Hydrocodone/APAP-5/500mg-Take 1 tablet by mouth 3 times a day" which the resident receives at 6:00 am, 2:00 pm and 10:00 pm. However, the pharmacy label for the 6:00 am and 2:00 pm doses indicates "Hydrocodone/APAP-5/500mg-Take 1 tablet orally every 8 hours as needed."

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.

"Directions changed" labels were added to pharmacy labels to show new dosage instructions.

Class conducted by med nurse reviewed proper labeling of medications.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tom Rae Loughry

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

Tom Rae Loughry Administrator

Date *8-24-13*

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

The above plan of correction is approved as of 9/10/13
(Date)

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

Plan of correction implementation status as of 9/10/13
(Date)

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

Violation Report: 42765 - 08/13/2013 - Mazza, Larry
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed "Alprazolam-0.5mg-Take 1/2 tablet (0.25mg) orally every 8 hours as needed." On 8/13/13, the count sheet for this medication indicated 5.5 pills should be present; however, only 4 pills remained in the blister pack. The August 2013 MAR and narcotic count sheet do not match. Resident #2's MAR indicates administration of Alprazolam as follows:

- *8/1-1 pill given at 8:00 pm; however, the narcotic count sheet indicates no pills given on 8/1
- *8/2-1 pill given at 8:00 am and 1 pill given 8:00 pm; however, the narcotic count sheet indicates no pills were given on 8/2
- *8/3 -0 pills given; however, the narcotic count sheet indicates 1 pill was administered at 8:00 pm
- *8/5-1 pill given at 8:00 pm; however, the narcotic count sheet indicates no pills were given on 8/5
- *8/7 - 0 pills given; however, the narcotic count sheet indicates 1 pill administered at 8:00 pm
- *8/9-1 pill given at 8:00 pm; however, the narcotic count sheet indicates no pills were given on 8/9
- *8/10-1 pill given at 8:00 pm; however, the narcotic count sheet indicates no pills were given on 8/10

Resident #2 is prescribed "Benzonatate-100mg-Take 1 capsule orally 3 times a day as needed." This medication was not present in the home on 8/13/13.

Resident #3 is prescribed "Alprazolam-0.25mg-Take 1 tablet by mouth 3 times daily as needed." On 8/13/13, the count sheet for this medication indicated 4 pills should be present; however, only 2 pills remained in the blister pack.

The home's policy indicates that all controlled medications will be double locked. On 8/13/13, controlled substances were found in the medication carts and were not double locked, to include controlled medications belonging to residents #2 and #3.

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.

Class by med nurse included importance of proper documentation
Discontinue order was obtained from physician on discontinued medication for resident #2.
Lock boxes were added to each med cart to enable staff to double lock all controlled meds.
Controlled medications are being counted by a staff member of completed shift and a staff member of oncoming shift.

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 *8-24-13*

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

The above plan of correction is approved as of 9/10/13
(Date)

Plan of correction implementation status as of 9/10/13
(Date)

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

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

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42765 - 08/13/2013 - Mazza, Larry
PCH Name: CRYSTAL WATERS

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed "Cystex Cranberry Liquid-Mix 1 teaspoonful in large glass of cranberry juice and drink orally daily with breakfast." However, the home has been administering "Azo cranberry softgels."

The August 2013 MAR for resident #4 does not include a diagnosis or purpose for the following medications:

- *Gabapentin-100mg-Take 1 capsule orally at bedtime
- *Cefdiinir-300mg-Take 1 capsule orally 2 times a day for 4 days

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.

Order from physician was obtained to change from Cranberry Liquid to Cranberry Softgels supplied by family for Resident #1.

By 10/10/13 - A designated staff person will monitor the MAR and administration of resident medication at least monthly to ensure medication administration is accurate and documentation is complete.

Correct diagnosis was added to MAR of resident #4 for all medications.

Mars were reviewed by med nurse to confirm diagnosis for all meds.

Med nurse reviewed with staff proper documentation of diagnosis.

Repeat Violation: No	Date(s) of Previous Violation(s):
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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 *8-24-13*

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

The above plan of correction is approved as of 9/10/13 (Date)

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

Plan of correction implementation status as of 9/10/13 (Date)

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

Violation Report: 42765 - 08/13/2013 - Mazza, Larry
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2900
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed "Daily-Vita-Take 1 tablet orally in the morning." However, the MAR for resident #1 does not include initials of staff administering the medication at 9:00 am on 8/12/13.

Resident #5 is prescribed a sliding scale of Humalog-100u/ml-Inject units sub-q 3 times daily with meals for blood sugars as follows:

- * 70-149=0 units
- * 150-199=2 units
- * 200-249=4 units
- * 250-299=6 units
- * 300-349=8 units
- * 350-399=10 units
- * >399=call MD

However, the MAR for resident #5 does not include the amount of insulin administered or initials of staff administering the insulin as follows:

- *8:00 pm on 8/4/13-blood sugar reading was 276 - 6 units should have been administered
- *8:00 pm on 8/8/13-blood sugar reading was 319 - 8 units should have been administered

Resident #5 is prescribed "Humulin-70/30-Inject 10 units sub-q 2 times daily with breakfast and dinner." However, the MAR for resident #5 does not include initials of staff administering the medication at 9:00 am on 8/3/13.

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 member responsible for not supplying correct initials was informed of the lack of documentation and also the importance of correct documentation.

Class given by med nurse included review of importance of correct documentation.

By 10/10/13 - A designated staff person will monitor the MAR and administration of resident medication at least monthly to ensure medication administration is accurate and documentation is complete. ms 9/10/13

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Trina Rae Loughry-Administrator* Date *8-24-13*

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

The above plan of correction is approved as of 9/10/13
(Date)

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

Plan of correction implementation status as of 9/10/13
(Date)

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

Violation Report: 42765 - 08/13/2013 - Mazza, Larry

SEP 3 2013

PCH Name: CRYSTAL WATERS

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed "Hydrocodone/APAP-5/500mg-Take 1 tablet orally 2 times daily for pain." The pharmacy label indicates this medication was dispensed to the home on 6/12/13; however, all doses dispensed were still present in the home on 8/13/13. According to the July and August 2013 MAR's, the Hydrocodone was never administered to resident #1.

Resident #5 is prescribed a sliding scale of Humalog-100u/ml-Inject units sub-q 3 times daily with meals for blood sugars as follows:

- * 70-149=0 units
- * 150-199=2 units
- * 200-249=4 units
- * 250-299=6 units
- * 300-349=8 units
- * 350-399=10 units
- * >399=call MD

However, resident #5's insulin was tested at 8:00 pm on 8/4/13 and 8/8/13, which is not a meal time at the home.

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.

Proper administering of medication was begun on day of inspection. Documentation was obtained from physician stating continuation of the medication.

By 10/10/13 - All staff administering medications will be reeducated on administering medication including following the orders of the prescriber. Documentation will be kept. MS 9/10/13

Resident #5 was on a family outing at meal time and did not return until 8 PM on the dates mentioned which made it impossible for staff to check his blood sugar at meal time. Family was informed of importance of timely blood sugar testing.

Staff was instructed to correctly document why a blood sugar was unable to be obtained.

By 10/10/13 - A designated staff person will monitor the mark and administration of resident medication at least monthly to ensure medication administration is accurate and documentation is

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/27/2012 et.al	complete. MS 9/10/13
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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 *8-24-13*

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The above plan of correction is approved as of 9/6/13
(Date)

Plan of correction implementation status as of 9/10/13
(Date)

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

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

Violation Report: 42765 - 08/13/2013 - Mazza, Larry
PCH Name: CRYSTAL WATERS

SEP 3 2013

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and readmission of a resident whether the home's preadmission screening form that the needs of the resident can be met by the services provided by the home.

WEST REGION FIELD OFFICE
Home Care and Support

2a. DESCRIPTION OF VIOLATION

The preadmission screening form, dated 6/1/13, for resident #3 does not indicate if the home can meet the needs of the resident.

The preadmission screening form, dated 9/21/12, for resident #4 does not indicate if the home can meet the needs of the resident.

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.

Administrative assistant will review preadmission screening forms to insure proper completion with correct information.

The home has indicated they are able to meet the needs of residents #3 - #4. ms

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 *8/24/13*

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

The above plan of correction is approved as of 9/10/13
(Date)

Plan of correction implementation status as of 9/10/13
(Date)

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

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

Violation Report: 42765 - 08/13/2013 - Mazza, Larry
 PCH Name: CRYSTAL WATERS

SEP 3 2013

WEST REGION FIELD OFFICE

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

Staff uses a hooyer lift to transfer resident #4 in/out of bed/chair; however, this is not indicated on the resident's support plan, dated 4/11/13.

The assessment, dated 4/11/13 for resident #4 indicates the resident needs moderate supervision. However, the support plan does not address specific supervision needs. It only indicates, "monitor as needed."

The assessment, dated 3/1/13, for resident #5 indicates the resident needs minimal supervision needs. However, the support plan does not address specific needs. It only indicates, "supervise as necessary."

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.

Support plans were reviewed by Administrative assistant. Corrections were made.

Specific supervision needs will be addressed on all future support plans.

By 10/10/13 - All staff persons completing support plans will be educated regarding the completion and accuracy of the form including the documentation of each resident's care, need and services including supervision needs. Documentation of the training will be kept.

By 10/10/13 - The administrator or designated staff person will review all newly completed resident support plans to ensure completion and accuracy including each resident's care, needs and services including supervision needs. ms 9/10/13

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/27/2012 et.al.

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 *8-24-13*

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

The above plan of correction is approved as of 9/10/13
 (Date)

Plan of correction implementation status as of 9/10/13
 (Date)

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

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

Violation Report: 42765 - 08/13/2013 - Mazza, Larry
PCH Name: CRYSTAL WATERS

SEP 3 2013

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26) WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The record for resident #1, admitted 6/1/13, does not include an inventory of belongings.

The record for resident #3, admitted 6/1/13, does not include an inventory of belongings.

The record for resident #4, admitted 9/21/12, does not include an inventory of belongings.

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.

Inventory of belongings were completed for residents #1, 3, + 4 and added to their files.

All resident files were reviewed to confirm that they included inventory of belongings.

Computer program recently acquired will improve efficiency of timely completion of all required forms.

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 *8-24-13*

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

The above plan of correction is approved as of 9/10/13 (Date)

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

Plan of correction implementation status as of 9/10/13 (Date)

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

Violation Report: 42765 - 08/13/2013 - Mazza, Larry
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2a. DESCRIPTION OF VIOLATION

At 10:00 AM, MAR's for residents of the home were unlocked and unattended on the medication carts located on the second floor and the main dining room.

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 members responsible were reminded of the importance of keeping MARs in secured area when not in use.

Class by med nurse reviewed with all med staff the importance of privacy of resident records.

Medication administration records were locked. ms 9/10/13

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 *8-24-13*

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

The above plan of correction is approved as of 9/10/13
(Date)

Plan of correction implementation status as of 9/10/13
(Date)

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

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