



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JAN 24 2014

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

Dear Mr. Loughry:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 18, 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 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,

A handwritten signature in black ink that reads "Jill Rezzino". The signature is fluid and cursive.

Jill Rezzino
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: CRYSTAL WATERS		License Number: 42765
Address: 4639 ROUTE 119 HWY NORTH, HOME, PA 15747		County: Indiana
Administrator: Tina Loughry		Region: WEST
Legal Entity Name: CRYSTAL WATERS INC		
Legal Entity Address: 4639 ROUTE 119 HWY NORTH, HOME, PA 15747		RECEIVED JAN 28 2014 WEST REGION FIELD OFFICE Human Services Licensing
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 57	Waking Staff: 43
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/18/2013: 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 Served: 53 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: 3 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 53 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 4 Have a Physical Disability: 1	

Violation Report: 42765 - 11/18/2013 - Cutter, Jan
 PCH Name: CRYSTAL WATERS

RECEIVED

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

JAN 23 2014

2a. DESCRIPTION OF VIOLATION

WEST REGION FIELD OFFICE
 Human Services Licensing

The medical evaluation for Resident #1, dated 9/11/2013, does not include the resident's medication regimen.

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 medication regimen was added to Resident #1 medication evaluation.

Remaining evaluations were reviewed to insure medication regimens were included.

Administrative assistant will review future evaluations to insure medication regimens are included.

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) <i>Tina Rae Loughry</i>	Date <i>1-17-14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-24-14
 (Date)

Plan of correction implementation status as of 1-24-14
 (Date)

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

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

Violation Report: 42765 - 11/18/2013 - Cutter, Jan
 PCH Name: CRYSTAL WATERS

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.225(c) - 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.

JAN 18 2014
 WEST REGIONAL OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The most recent assessment for Resident #1, date of admission 1/18/2001, was completed on 10/1/2012.

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.

Please review this violation - date on most recent assessment was 10-1-2013 which would be acceptable.

1-24-14 withdrawn JSP

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* Date *1-17-14*

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

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 42765 - 11/18/2013 - Cutter, Jan

PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE

Human Services Licensing

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

The assessment for Resident #1, dated 10/1/2012, indicates that the resident has medical diagnoses of Diverticulosis, GERD, Hypothyroidism, Osteoarthritis/DJD, Ataxia, DVT, Depression, Anxiety and Psychosis. The resident's support plan, dated 10/1/2012, does not include a comprehensive plan to meet these medical needs.

The assessment for Resident #2, dated 3/20/2013, indicates that the resident has medical diagnoses of Coronary Artery Disease, MRSA of nares, UTI, Pulmonary Embolism, Hypothyroidism, Chronic Back Pain, Gastritis, Ileostomy, Major Depression and Personality Disorder. The Resident's support plan, dated 3/20/2013, does not include a comprehensive plan to meet these medical needs.

The assessment for Resident #3, dated 12/12/2012, indicates that the resident has medical diagnoses of Psychosis, Hyperlipidemia, Hypertension, A-Fib., Musculoskeletal Pain and Constipation. The residents support plan, dated 12/12/2012 does not include a comprehensive plan to meet these medical 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.

Resident assessments were reviewed and corrected to include comprehensive plans to meet all medical needs.

All assessment will be reviewed by administrative assistant to insure they include comprehensive plans to meet all residents needs.

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 *1-17-14*

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

The above plan of correction is approved as of 1-24-14
(Date)

Plan of correction implementation status as of 1-24-14
(Date)

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

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