



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 07 2014

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

RE: Crystal Waters
License #: 427650

Dear Mr. Loughry:

As a result of the Department of Public Welfare's licensing inspection on August 7, 2014, 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.

Your regular license for the period September 18, 2014 to September 18, 2015 was issued on July 11, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

Enclosure
License 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: Thomas Loughry		Region: WEST
Legal Entity Name: CRYSTAL WATERS INC		
Legal Entity Address: 4639 ROUTE 119 HWY NORTH, HOME, PA 15747		
Certificate(s) of Occupancy		
R-4 12/21/2010 Rayne Township	I-1 12/21/2010 Rayne Township	C-2 LP 07/07/1998 L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 53	Waking Staff: 40
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
08/07/2014: Miller-Linhart, Alden; Garrigan, Laurie		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED OCT 14 2014 WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 58 Number of Residents Served: 51 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: 2 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 51 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 1	

Violation Report: 42765 - 08/07/2014 - Miller-Linhart, Alden
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 8/7/2014, at 1:11p.m., the door to the administrator's office was unlocked and resident records were accessible and unattended.

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.

Office door was immediately locked.

Office key was put on wrist band so that it will be easily accessible for administrator to unlock office door when administrator returns to office.

Immediately - The administrator will ensure that office door is locked when the room is unattended.

By 10/31/14 - All staff who access administrator's office will be educated on this requirement.

(Handwritten initials)

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 *10-3-14*

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

The above plan of correction is approved as of 10/14/14 (Date)

Plan of correction implementation status as of 10/14/14 (Date)

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

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

Violation Report: 42765 - 08/07/2014 - Miller-Linhart, Alden
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The home manages funds for resident #1. The resident has not received a quarterly account of financial transactions.

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.

Quarterly account of resident #1 financial transactions were supplied to resident & resident's designated person. Notation was made in Administrator's calendar at the end of each quarter as a reminder to supply resident and resident's designated person with report of financial transactions.

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

10-3-14

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(Date)

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(Date)

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[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *2*
- Partially Implemented - Inadequate Progress
- Not Implemented

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42765 - 08/07/2014 - Miller-Linhart, Alden
PCH Name: CRYSTAL WATERS

1. REGULATION 55 Pa.Code §2600
2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

2a. DESCRIPTION OF VIOLATION

The following poisonous materials were unlocked, unattended, and accessible to residents:

*A can of paint, with a manufacturer's label indicating "get medical attention immediately if swallowed," on the patio outside the living room.

*3 cans of paint with a manufacturer's label indicating "if ingested contact a physician immediately" in a storage room off the patio.

*A bottle of Lysol multi-surface cleaner, 2 bottles of restroom cleaner with manufacturers' labels indicating "Call poison control or a doctor for treatment advice," a can of furniture cleaner with a manufacturer's label indicating "Harmful or fatal if swallowed, call physician immediately," a bottle of disinfecting spray with a manufacturer's label indicating if ingested, "Call physician immediately," and 2 bottles of Germicidal toilet cleaner with a manufacturer's label indicating: "If swallowed call a poison control center or doctor immediately," were in the cleaning cart.

*2 gallons of bleach and a bottle of nail polish remover, with manufacturers' labels indicating "If swallowed call poison control center or doctor immediately," and 2 boxes laundry detergent, with a manufacturer's label indicating "Harmful if swallowed get medical attention immediately," in the laundry room.

Not all residents of the home, including resident #1, have been assessed as capable of safely using or avoiding poisons.

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.

Paint was immediately removed from patio near living room where construction crew had been working. Storage room where cleaning cart was being stored was immediately locked. Laundry room was immediately locked. Staff and construction crew were educated on severity of dangerousness of not keeping poisons out of residents' access. Safety measures will be highly emphasized during initial training. Immediately. A designated staff person, daily, will monitor the home for poisons. By 10/31/14. The administrator/designee will monitor the home at least weekly to ensure poisons are kept locked.

Repeat Violation: No Date(s) of Previous Violation(s): *None at least weekly to ensure poisons are kept locked.*

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 *10-3-14*

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Violation Report: 42765 - 08/07/2014 - Miller-Linhart, Alden
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

The Personal Care Home Complaint Hotline telephone number is not posted nearby the resident's telephone near the kitchen.

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.

Personal Care Complaint hotline was immediately added to list posted near telephone near Kitchen. All other telephones were checked and found to have required numbers.

Checking telephones will be added to list of staff member who performs other monthly checks.

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

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(Required on EVERY Page) *Tina Rae Loughry*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tina Rae Loughry* Date *10-3-14*

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(Date)

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(Initials)

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Violation Report: 42765 - 08/07/2014 - Miller-Linhart, Alden
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The last two sleeping hours fire drills were not conducted with the minimum number of staff persons on duty, and were conducted at the same time of day. The drills were conducted at 6 a.m. on 10/17/13 and 4/16/14, with 4 staff persons participating in the drill; however, the average number of staff people on duty at this time of day is 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.

Fire drill was held at 11:30pm. Drill was conducted by three staff members which is least amount of staff at any time.

Fire drills will be conducted on different days at different times. Sleeping hours drills will be conducted with minimum staff.

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: *10-3-14*

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(initials)

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Violation Report: 42765 - 08/07/2014 - Miller-Linhart, Alden
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

A container of Fluticasone spray was unlocked and accessible to residents in resident #3's bedroom.

Containers of Fluocinonide sol cream and Desonide lotion were unlocked and accessible in resident #4's bedroom.

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.

Spray, cream, and lotion were immediately removed from resident's rooms and returned to locked med cart.

All staff was educated on the importance of storing all sprays, creams, lotions, prescription medications, OTC medications, CAM and syringes shall be stored in locked cart, or in a locked container in resident's room.

Proper storage will be highly emphasized during initial training.

Immediately - A designated staff person will monitor the home daily to ensure that medications are kept locked.

By 10/31/14 - The administration will monitor the home at least weekly to ensure medications are kept locked. 10/14/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Tina Rae Loughry

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

Tina Rae Loughry

Date 10-3-14

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[Signature]
(Initials)

OCT 14 2014

Violation Report: 42765 - 08/07/2014 - Miller-Linhart, Alden

PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

The Novolin 70/30 prescribed for resident #2 was not dated when it was opened.

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.

Pharmacy records showed that the Novolin 70/30 for resident #2 was delivered on July 21, 2014. Date opened sticker dated July 22, 2014 was placed on bottle. Staff was educated on importance of applying date opened stickers.

Policy was put in place for Staff member #1 to audit med carts and document findings of date opened stickers. This will be done on the first and fifteenth day of each month for the next three months. Any errors will be brought to the attention of appropriate staff member.

If staff member #1 not at work on the first or fifteenth day, the audit will be completed on her first day back at work.

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

The preadmission screening and the medical evaluation for resident #2 were not completed on the standard forms required by the Department.

The preadmission screening for resident #4 is not completed on the standard form required by the Department.

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.

*Request for waiver included.
Home using Tatala Pro Program.*

By 11/21/14 - The home will use the standardized forms required by the Department. If the request for a waiver is approved by the Department, the home will abide by the conditions of the waiver.

Crystal

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 *10-3-14*

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