



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 14, 2016

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

RE: Crystal Waters
427650

Dear Mr. Loughry:

As a result of the Department of Human Services' licensing inspection on June 23, 2015, 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.

Sincerely,

A handwritten signature in cursive script that reads "Susie Pollock".

Susie Pollock
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 Loughrey		Region: WEST
Legal Entity Name: CRYSTAL WATERS INC		
Legal Entity Address: 4639 ROUTE 119 HWY NORTH, HOME, PA 15747		RECEIVED
Certificate(s) of Occupancy R-4 12/21/2012 Rayne Township		JAN 02 2016 WEST REGION FIELD OFFICE Human Services Licensing
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		
06/23/2015: Cutter, Jan; Miller-Linhart, Alden		
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: 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	

JAN 02 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42765 - 06/23/2015 - Cutter, Jan
PCH Name: CRYSTAL WATERS

1. REGULATION 56 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

On 4/22/15, there were 90 tablets in the original pharmacy packaging of Opana 30mg belonging to resident #1 stored in the home's medication cart. On this date, in an effort not to have to count all 90 tablets, direct care staff person A removed 60 Opana 30mg tablets from the bottle and placed the medication in an envelope and placed the envelope in the bottom drawer of the medication cart. On 5/1/15, staff person B, the home's administrator, went to retrieve the envelope of medication and discovered the envelope was no longer in the medication cart. The search for the medication was futile and the missing narcotic medication was reported to the Pennsylvania State Police.

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 was educated on the proper storage and documentation of narcotics. Staff was immediately informed that all narcotics delivered to facility will be locked in secured narc cart in med room. - Secured narc cart accessible to Administrator and Medication Supervisor only. Administrator or Medication Supervisor then dispense narcotics to locked drawer of mobile cart. - Dispensing only minimal amount. Complete inventory of narc cart is completed weekly by Administrator or Medication supervisor. As before, narcotic counts are done on each shift with one staff member of ending shift and one staff member of beginning shift.

Also - Administrator contacted pharmacy and requested all narcotics be bubble packed. Administrator contacted family and requested that only minimal amount of narcotics be supplied to the facility at one time. The resident did not miss any doses and the resident's medication was replaced at the home's expense. Jan 11/16

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

12-23-15

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

The above plan of correction is approved as of

1/12/16
(Date)

Plan of correction implementation status as of

1/12/16
(Date)

The above plan of correction was approved by

Tma
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *SWP*

Partially Implemented - Inadequate Progress

Not Implemented