



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 28, 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 November 4, 2015 and December 1, 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 black ink that reads "Brent Sutherland".

Brent Sutherland
Acting Human Services Licensing Supervisor

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: 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 <table border="0"> <tr> <td>R-4</td> <td>I-1</td> <td>C-2 LP</td> </tr> <tr> <td>12/21/2010</td> <td>12/21/2010</td> <td>07/07/1998</td> </tr> <tr> <td>L&I</td> <td>L&I</td> <td>L&I</td> </tr> </table>			R-4	I-1	C-2 LP	12/21/2010	12/21/2010	07/07/1998	L&I	L&I	L&I
R-4	I-1	C-2 LP									
12/21/2010	12/21/2010	07/07/1998									
L&I	L&I	L&I									
Staffing Hours <table border="0"> <tr> <td>Resident Support:</td> <td>Total Daily Staff: 58</td> <td>Waking Staff: 44</td> </tr> </table>			Resident Support:	Total Daily Staff: 58	Waking Staff: 44						
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<table border="0"> <tr> <td>Type of Inspection: Partial</td> <td>BHA Docket Number:</td> <td>Notice: Unannounced</td> </tr> </table>			Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced						
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced									
Reason(s) for Inspection(s) Complaint											
On-Site Inspections Dates and Department Representatives On-Site 11/04/2015: Hultquist, Cliff 12/01/2015: Hultquist, Cliff											
Off-Site Inspection Dates and Inspectors, if Applicable 12/02/2015: Hultquist, Cliff											
Other Details <table border="0"> <tr> <td>Partial or Full Triggers:</td> <td>Random Indicators:</td> </tr> </table>			Partial or Full Triggers:	Random Indicators:							
Partial or Full Triggers:	Random Indicators:										
Resident Demographic Data as of Inspection Dates											
Licensed Capacity: 58 Number of Residents Served: 54 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: 4	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 54 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 1										

Violation Report: 42785 - 11/04/2016 - Hultquist, Cliff
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

A protective services representative was onsite at the home on 11/18/15 to investigate an allegation of abuse regarding staff person B and resident #2. The home failed to report the alleged abuse to the Department until 11/24/15.

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.

As administrator, I reviewed Reg. 2600.16 addressing the reporting of abuse or suspected abuse. I realize after reading the regulation why it is so important to immediately suspend or to provide direct supervision to the staff person or persons involved. The allegations were totally unfounded by Agency on Aging and DHS. However, the timely reporting of incidents such as this is necessary so that the situation can be investigated. Having never dealt with this before, I didn't realize the requirement of reporting within 24 hrs. ^{immediately} The administrator will take action to ensure that the home places an increasing emphasis on reportable incident and condition procedures during the quality management plan process.

At staff meeting held Oct. 12, 2016, each employee was given a Reportable Incident Form. We reviewed each incident on the form. Each staff member signed a copy which was placed in their file. I reviewed with staff their responsibility of reporting any abuse or suspected abuse so that I will be able to immediately provide supervision or suspend staff member involved and I will report to DHS within 24 hrs. ^{immediately} The administrator will implement monitoring procedures to ensure compliance.

BB
11/8/16
BB W/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 Administrator Date 11-4-16

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

The above plan of correction is approved as of 11/8/16 (Date)

Plan of correction implementation status as of 11/8/16 (Date)

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

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

Violation Report: 42785 - 11/04/2015 - Hultquist, Cliff
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 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 person A, hired on [redacted] 14, did not have a criminal background check completed until 11/05/14.

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.

Having read Reg. 2600.51, I realize that it is important for the regulation to be followed so that all residents are protected. I realize that a new hire cannot be permitted to provide unsupervised care until a report is received from the State Police specifying no OAPSA prohibited offenses. Obviously, a report was received that stated no offenses; however, it was not completed within the 30 day requirement.

The regulation was reviewed with designee who obtains the criminal background checks. The requirement of this process being completed within 30 days was reiterated.

The computer plan used by the facility nurse will indicate when a staff member's criminal background report must be received in order for that staff person to be able to work unsupervised.

Any staff member whose report is not received within 30 days will not be permitted to provide unsupervised care. Immediately - The administrator will implement procedures to include immediate suspension of any provisionally-hired employee who does not have criminal history checks within 30 days of hire for PSP checks and within 90 days of hire for FBI checks, if applicable, until the criminal history checks are received.

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 11-4-16

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The above plan of correction is approved as of

11/8/16
(Date)

Plan of correction implementation status as of

11/8/16
(Date)

The above plan of correction was approved by

BS
(Initials)

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

applicable, until the criminal history checks are received. *BS* 11/8/16

Violation Report: 42765 - 11/04/2015 - Hullquist, Cliff
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, 2005 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 on [redacted] 14, did not successfully complete and pass the Department-approved direct care training course until 02/03/15.

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 administrator will take action to ensure that the home places an immediate increasing emphasis on the staff person training requirements during the quality management plan process.

Staff members will not be permitted to provide unsupervised ADL services until all required trainings are completed. Trainings will be required to be completed within the first 48 hrs. of employment. Completion will be monitored by facility nurse. The administrator will

BB
11/8/16
implement monitoring procedures to ensure compliance.
BB
11/8/16

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Tina Rae Loughry</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tina Rae Loughry Administrator</i>	Date <i>11-4-16</i>

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The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42765 - 11/04/2016 - Hultquist, Cliff
PCR Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired on 02/26/12, did not receive the following required training topics in 2014:

- Medication self-administration
- Instruction on meeting the needs as described in the preadmission screening form, assessment tool, medical evaluation and support plan

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 person B completed required trainings. Copies are enclosed. on 11/8/16 the home submitted documents indicating staff person B received training on medication self-administration on 10/25/16 and on instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan on 9/9/16. BB 11/8/16

Facility nurse has created a wall chart showing staff education requirements. Copy enclosed. It will display to Administrator and staff members which trainings are completed and also ones that are yet to be completed.

Immediately - The administrator will take action to ensure that the home places an increasing emphasis on these staff person training requirements during the quality management plan process. BB 11/8/16

12/15/16 - The administrator will review the home's staff training plan at least monthly to ensure that all of the required training topics are included for each direct care staff person's annual training year. BB 11/8/16

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 *11-11-16*

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Plan of correction implementation status as of 11/8/16 (Date)

Fully Implemented

Partially Implemented - Adequate Progress *BB*

Partially Implemented - Inadequate Progress

Not Implemented

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Violation Report: 42785 - 11/04/2015 - Hultquist, Cliff
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 - (3) Resident rights.
 - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 - (5) Falls and accident prevention.
 - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired on [redacted] 2, did not receive the following required training topics in 2014:

- Resident rights
- The Older Adult Protective Services Act

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 Person B completed trainings. Copies enclosed.
At staff meeting it was brought to the attention of all staff the importance of completing required trainings.
As stated on previous page, wall chart will display those completed by each employee, and the trainings that they need to complete.*

On 11/8/16 the home submitted documents indicating staff person B received training on resident rights on 2/10/15 and on the Older Adult Protective Services Act on 5/10/16.

Immediately - The administrator will take action to ensure that the home places an increasing emphasis on these staff person training requirements during the quality management plan process.
12/15/16 - The administrator will review the home's staff training plan at least monthly to ensure that all of the training requirements are included for each staff person's annual training year in accordance with Chapter 2600.65(9).

*BB 11/8/16
BB 11/8/16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tina Rae Loughery

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

Tina Rae Loughery Administrator

Date *11-4-16*

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