



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 20 2017

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

RE: Crystal Waters  
License #: 427650

Dear Ms. Loughry:

As a result of the Department of Human Services' annual licensing inspections on June 3, 2016 and October 14, 2016 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 "J. Rowe".

Jacqueline L. Rowe  
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: Tina Laughry   |  | Region: WEST                        |
| Legal Entity Name: CRYSTAL WATERS INC   |  |                                     |
| Legal Entity Address: 4639 ROUTE 119 HWY NORTH, HOME, PA 15747  |  |                                     |
| <b>Certificate(s) of Occupancy</b><br>C-2 LP<br>07/07/1998<br>Labor & Industry  |  | I-1<br>12/21/2010<br>Rayne Township |
| <b>RECEIVED</b><br>SEP 14 2016<br>WEST REGION FIELD OFFICE<br>Human Services Licensing  |  |                                     |
| <b>Staffing Hours</b>   |  |                                     |
| Resident Support: N/A   | Total Daily Staff: 59  | Waking Staff: 44                    |
| Type of Inspection: Full  | BHA Docket Number: N/A   | Notice: Unannounced                 |
| <b>Reason(s) for Inspection(s)</b>  |  |                                     |
| Renewal   |  |                                     |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b>   |  |                                     |
| 06/03/2016: Park, Beth; McConnell, Deb  |  |                                     |
| <b>Off-Site Inspection Dates and Inspectors, if Applicable</b>  |  |                                     |
|   |  |                                     |
| <b>Other Details</b>  |  |                                     |
| Partial or Full Triggers:   |  | Random Indicators:                  |
| <b>Resident Demographic Data as of Inspection Dates</b>   |  |                                     |
| Licensed Capacity: 58<br>Number of Residents Served: 53<br>Secured Dementia Care Unit In Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 3<br>Number of Hospice Residents in past year: 6 | <b>Number of Residents who:</b><br>Receive Supplemental Security Income: 1<br>Are 60 Years of Age or Older: 53<br>Have Mental Illness: 6<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 6<br>Have a Physical Disability: 1 |                                     |

SEP 14 2016

Violation Report: 42765 - 08/03/2016 - Park, Beth

PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The license inspection summary, dated 6/23/2015, was not posted in a conspicuous and public place in 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.

License inspection summary dated 6-23-15 was posted on bulletin board in main hallway outside of office. License inspection summary was moved to area near front entrance. Administrator will check on the first day of each month to be sure it remains in place, and to ensure all items specified in 2600.3c are posted in a conspicuous and public 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*

Date *9-8-16*

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

The above plan of correction is approved as of

11/14/16  
(Date)

Plan of correction implementation status as of

11/14/16  
(Date)

The above plan of correction was approved by

*TL*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.W.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42765 - 08/03/2016 - Park, Beth  
PCH Name: CRYSTAL WATERS

SEP 14 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

\*Cameras, which record and save footage for 2 weeks, are in use in common areas including the lounge and the dining room.  
\*Additional cameras, which record and save footage for 2 weeks, are in use at the front exit, at the rear exit, and in the parking lot. No signs are posted in the home indicating that these areas are subject to video surveillance and recording. Residents have not been given written notification that these areas are subject to video surveillance and recording.

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.

Signs were purchased and mounted in visable spot that state that there are cameras in use. All residents were given written notice that cameras are in use in lounge, dining room, front and rear exits and parking lot. Copy enclosed.

*Immediately: the administrator will ensure that the only areas of the home subject to video recording are the home's exterior, areas completely inaccessible to residents, entrances and exits and the interior corridors leading to entrances and exits.*

*gk.*

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 *9-8-16*

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(Date)

Plan of correction implementation status as of *11/14/16*  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *gk.*
- Partially Implemented - Inadequate Progress
- Not Implemented

SEP 14 2016

Violation Report: 42765 - 08/03/2016 - Park, Beth  
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

Staff person A was hired on [redacted] 2014. However, a criminal record check was not completed until 11/5/2014.

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.

Criminal record checks will be completed on first day of training. Reminder will be placed on tabula pro by staff nurse to follow up with results of criminal background. within 30 days of the staff member's hire date.

Immediately: The administrator or designated staff person will review all staff records to ensure each staff person has a criminal background check completed by the Pennsylvania State Police within 30 days of hire. Documentation of the background check shall be kept in each staff person's file.

Immediately, the administrator will implement procedures to include immediate suspension of any previously hired employee who does not have criminal history checks within 30 days of hire, and within 90 days of hire FBI checks, if applicable until the criminal history checks are received. CA 11-29-16

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tina Rae Loughry*      Date *9-8-16*

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

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

SEP 14 2016

Violation Report: 42765 - 06/03/2016 - Park, Beth  
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1, resident #2, and resident #3, all require two staff persons to assist with transferring. On 5/31/2016, from approximately 9:30pm to 11:00pm, only one direct care staff person was working who was able to provide assistance with transferring.

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.

Shift hours were adjusted so that there are at least three direct care staff persons who are able to assist with transferring residents. In the future, if a direct care staff person is unable to assist with transfers, they will be replaced with a staff person who is able to perform necessary duties.

Immediately: the administrator will review the staff schedule weekly to ensure that there are enough direct care staffing hours provided to meet the needs of the residents' needs as specified in the residents' assessments and support plans. *pn. 11/14/16*

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

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- Fully Implemented
- Partially Implemented - Adequate Progress *pn.*
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- Not Implemented

Violation Report: 42765 - 06/03/2016 - Park, Beth  
PCH Name: CRYSTAL WATERS  
SEP 14 2016

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.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
Direct care staff person A, who was hired [redacted] 2014 and currently provides unsupervised ADL services, did not complete the Department-approved direct care training course and pass the competency course until 2/3/2015.

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.  
Direct care staff person A had multiple issues with getting certificate printed and an emphasis on developing a tracking system supplied to administrator. Office staff will inform new hires that they will not to ensure all staff training is completed and checked by be scheduled to work until certificate is supplied to office, within 30 days a receipt of the plan of correction: a designated staff person will review all direct care staff records to ensure each direct care staff person has received training in all topics included in regulation 2600.65d (see below)

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 *9-8-16*

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Plan of correction implementation status as of 11/14/16 (Date)

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

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

prior to providing unsupervised ADL services to residents. *PL* 11/14/16

Quality  
managed  
PCH  
PROCESS-  
CAT 11.2  
16

SEP 14 2016

Violation Report: 42765 - 06/03/2016 - Park, Belh  
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION  
Direct care staff person A, hired [redacted]/14, only received nine hours of training during the 2015 training year.

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.

Direct care staff person A was reminded of the importance of completing her education requirements. Staff nurse has created and posted a chart listing education progress of

all employees.

Immediately: The administrator or designated staff person shall monitor all staff person training through the quality management review, at least semi-annually, to ensure each direct care staff person receives the required 12 hours of annual training related to their job duties during each established training year. A record of training in accordance with 2600.65i shall be kept. Immediately the administrator will take action to ensure that the home places an increasing effort to monitor staff training through monthly management audits. CA 11-28-16  
Staff person A has completed 8 hours of training, as of 10/14/16, in the 2016 training year. 3 of these hours shall be documented in writing as being applied to the 2015 training year. J.W. 11/14/16

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 *9-8-16*

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The above plan of correction was approved by J.W. (Initials)

Plan of correction implementation status as of 11/14/16 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress *J.W.*  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 42765 - 06/03/2016 - Park, Beth  
PCH Name: CRYSTAL WATERS

SEP 14 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 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 A, hired [redacted] 14, did not receive training on instruction on meeting the needs of the residents as described in the pre-admission screening form, assessment tool, medical evaluation and support plan, and personal care service needs of the resident during the 2015 training year.

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 A received the above training on 11/5/16. p.m. 11/14/16*

Direct care staff person A was given instructions on meeting the needs of residents as described in the preadmission screening form, medical evaluation, and rasp. Staff nurse will monitor posted chart listing education of staff.

*Immediately: the administrator or designated staff person shall develop and implement a system to ensure each direct care staff person receives all trainings specified in 2600.65f during each established training year. A record of training in accordance with 2600.65i shall be kept.*

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 *9-8-16*

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Plan of correction implementation status as of 11/14/16 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *JW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

SEP 14 2016

Violation Report: 42765 - 06/03/2016 - Park, Belh  
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 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 A, hired [redacted] 14, and ancillary staff person B, hired [redacted] 14, did not receive training on the following required topics during the 2015 training year:

- \* Emergency preparedness procedures and recognition and response to crises and emergency situations
- \* The Older Adult Protective Services Act
- \* Falls and accident prevention

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.

*on 11/7/16 + 11/8/16 JW.*

Direct care staff person A and ancillary staff person B were given training on required topics-Emergency preparedness procedures and recognition and response to crisis and emergency situations- Older Adult Protective Services Act.-Falls and accident prevention.

Staff nurse will monitor progress of education of all employees.

*Immediately: The administrator or designated staff person shall develop and implement a system to ensure each direct care staff person, ancillary staff person, substitute personnel and volunteers receive all trainings specified in 2600.65g during each established training year. A record of training in accordance with 2600.65i shall be kept.*

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

|  |                         |
|--|-------------------------|
| Signature of Legal Entity Representative<br>(Required on EVERY Page) | <i>Jina Rae Loughry</i> |
|--|-------------------------|

|   |               |
|---|---------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) | Date          |
| <i>Jina Rae Loughry</i>   | <i>9-8-16</i> |

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The above plan of correction is approved as of 11/14/16  
(Date)

Plan of correction implementation status as of 11/14/16  
(Date)

The above plan of correction was approved by JW.  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *JW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42765 - 06/03/2016 - Park, Beth  
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

The temperature of the heat vent in the electric fireplace in room 109 was 150.6 degrees Fahrenheit. There were no protective guards in place to prevent residents from coming in contact with the vent.

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.

Electric logs in fireplace in Room 109 were replaced by non-heating decorative logs.

Maintenance staff was reminded to monitor safety requirements, *at least weekly.*

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| 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 *9-8-16*

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(Date)

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

Plan of correction implementation status as of 11/14/16  
(Date)

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

RECEIVED  
RECEIVED

Violation Report: 42765 - 06/03/2016 - Park, Belh  
PCH Name: CRYSTAL WATERS

SEP 14 2016

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
In the shared half-bathroom next to bedroom #2A there was a used bar of soap in a soap dish, a toothbrush, toothpaste, and multiple combs in box which were unlabeled.

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 half bath next to bedroom 2-A is a private bathroom. The used bar of soap, toothbrush, toothpaste, and combs belong to the resident who resides in 2-A. The rasp of the resident states "has periods of forgetfulness", which explains why [redacted] would possibly make a statement that [redacted] is not the only person who uses that bathroom. A sign was posted on the bathroom door which contains [redacted] name and the statement "Private Bathroom." Staff labeled all belongings in [redacted] private bathroom with [redacted] name to help reassure [redacted] that it is [redacted] private bathroom and that [redacted] is the only one that uses it.

Immediately: The home shall check all shared bathrooms to ensure resident's personal items, including soap in soap dishes, toothbrushes and combs are labeled with resident names. A designated staff person shall check all shared bathrooms, at least weekly, to ensure resident personal items are labeled with their name.

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 *9-8-16*

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Plan of correction implementation status as of 11/14/16 (Date)

The above plan of correction was approved by [initials] (Initials)

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

SEP 14 2016

Violation Report: 42765 - 06/03/2016 - Park, Beth  
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The home's dumpster had 3 of the 6 lids open and contained multiple bags of garbage and paper boxes.

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 lids on the dumpster were closed. Staff was reminded to close lids after

depositing garbage. Maintenance staff will monitor daily to insure lids are properly closed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Dina Rae Loughry*

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

*Dina Rae Loughry*

Date *9-8-16*

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*11/14/16*  
(Date)

Plan of correction implementation status as of

*11/14/16*  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *DN.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*DN.*  
(initials)

Violation Report: 42765 - 08/03/2016 - Park, Beth  
PCH Name: CRYSTAL WATERS

SEP 14 2016

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The right side of the double doors leading from the lower level to the outside patio were rusted along the entire lower edge of the door extending up approximately 2 inches. In places, the rust went completely through the door leaving holes.

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 doors in question were in an area of construction which was totally unaccessible to any residents. The inspector was informed that the new doors had been ordered two weeks prior. Copy of invoice enclosed. The new doors have been installed and are in good working order.

Immediately: the administrator or designated staff person shall check the home, at least weekly, to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards.

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 9-8-16

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

The above plan of correction is approved as of

11/14/16  
(Date)

Plan of correction implementation status as of

11/14/16  
(Date)

The above plan of correction was approved by

*TR*  
(Initials)

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

SEP 14 2016

Violation Report: 42765 - 06/03/2016 - Park, Beth  
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 number was not posted by the phone located near the copier/fax machine in the fax 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.

Personal Care Hotline Number was placed at telephone near fax machine. All other telephones were checked and contain the hotline number. Head of housekeeping department will do weekly checks to insure that all numbers remain in plain view. Documentation of the checks shall be kept.

Within 30 days of receipt of the plan of correction: all staff persons will be educated in the requirement that all phones with an outside line have the telephone numbers for all agencies included in 2600.91 posted on or by the phone. *JL* 11/14/16

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/07/2014

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 *9-8-16*

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

The above plan of correction is approved as of 11/14/16 (Date)

Plan of correction implementation status as of 11/14/16 (Date)

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

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

SEP 14 2016

Violation Report: 42785 - 08/03/2016 - Park, Belh  
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The covered patio area outside the doors from the hallway just before entering the lounge, was covered in a mossy growth which was extremely slippery and posed a fall risk.

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.

Gutters were cleaned out so that rain water would drain properly. Area was scrubbed with bleach water so that all growth was removed. Maintenance staff will monitor area weekly to insure that the gutters remain clear of any obstructions.

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 9-8-16

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

The above plan of correction is approved as of 11/14/16  
(Date)

Plan of correction implementation status as of 11/14/16  
(Date)

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

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

SEP 14 2016

Violation Report: 42765 - 08/03/2016 - Park, Beth  
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 was no operable lamp or other source of lighting that could be turned on at the resident's bedside in bedroom #2A.

~~There was no operable lamp or other source of lighting that could be turned on at the resident's bedside to the left in bedroom #103.~~ Violation withdrawn

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.

Bulb was replaced in lamp to provide lighting at bedside in Room 2-A. Head of housekeeping department will do <sup>weekly</sup> monthly checks of all bedside lighting to insure all are in good working order.

Immediately: A designated staff person shall inspect all resident bedrooms to ensure each resident has an operable source of light which can be turned on/off at bedside.

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 9-8-16

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

The above plan of correction is approved as of 11/14/16  
(Date)

Plan of correction implementation status as of 11/14/16  
(Date)

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

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

Violation Report: 42765 - 06/03/2016 - Park, Beth  
PCH Name: CRYSTAL WATERS

SEP 14 2016

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.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was no thermometer present in the outside freezer chest.

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.

Thermometer was located in bottom of chest freezer and attached in visible area  
Head of kitchen staff will perform <sup>daily</sup> monthly checks to insure it remains in plain view  
and is working properly.

Immediately = a designated staff person will check refrigerators and freezers daily to ensure that each refrigerator measures at or below 40° Fahrenheit and each freezer measures at or below 0° Fahrenheit. JW, 11/14/16

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 *9-8-16*

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

The above plan of correction is approved as of 11/14/16 (Date)

The above plan of correction was approved by JW. (Initials)

Plan of correction implementation status as of 11/14/16 (Date)

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

Violation Report: 42765 - 08/03/2016 - Park, Beth  
PCH Name: CRYSTAL WATERS

SEP 14 2016

1. REGULATION 55 Pa.Code §2600  
2600.103(l) - Outdated or spoiled food or dented cans may not be used.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The following items in the walk-in freezer in the kitchen were undated:

- \* 1 large bag of french fries
- \* Approximately 20 baggies of stewed tomatoes
- \* Approximately 30 bags of various frozen vegetables

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.

Invoice for food items was located and dates were put on the items.

Kitchen staff was reminded that when dates are stamped on the outside cases only, the dates must be added to the individual packages inside.

Head of kitchen staff will monitor all foods being placed in the freezer *at least weekly,* to ensure all items in freezers are labeled and 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*

Date *9-8-16*

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

The above plan of correction is approved as of

*11/14/16*  
(Date)

Plan of correction implementation status as of

*11/14/16*  
(Date)

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

The above plan of correction was approved by

*PN*  
(Initials)

Violation Report: 42765 - 06/03/2016 - Park, Beth  
PCH Name: CRYSTAL WATERS  
SEP 14 2016

1. REGULATION 55 Pa.Code §2600  
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.  
WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
There was approximately 1/8th inch of lint in the line trap of the dryer to the left in the second floor laundry room. There were no clothes in the dryer.

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.

Lint was removed from clothes dryer lint trap. Staff laundry person states that she always cleans the lint screen after loading the dryer, before she starts it. Administrator reviewed with her the importance of continuing to clean screen before each load.

Immediately: The administrator or designated staff person shall inspect all dryers, at least weekly, to ensure all lint traps are clean and free of lint.

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 *9-8-16*

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>11/14/16</u><br>(Date)    | Plan of correction implementation status as of <u>11/14/16</u><br>(Date)  |
| The above plan of correction was approved by <u><i>TR</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>TR</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

SEP 14 2016

Violation Report: 42765 - 06/03/2016 - Park, Belh  
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

The exit door leading from the stairwell to the hallway across from the beauty shop on the Patio level sticks against the frame and required much force to open.

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.

Exit door was adjusted to allow easy opening. Maintenance staff will monitor to insure door remains easy to open.

Immediately then weekly thereafter: The administrator or designated staff person shall inspect all stairways, hallways, doorways, passageways and egress routes from rooms and from the building to ensure they are unlocked and unobstructed.

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| 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 *9-8-16*

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

The above plan of correction is approved as of 11/14/16 (Date)  
The above plan of correction was approved by JN. (Initials)

Plan of correction implementation status as of 11/14/16 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress *JN.*  
 Partially Implemented - Inadequate Progress  
 Not Implemented

SEP 14 2016

Violation Report: 42765 - 06/03/2016 - Park, Beth  
PCH Name: CRYSTAL WATERS

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 municipality's emergency plan is not posted in a conspicuous and public place in 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.

The municipality's emergency plan was placed in conspicuous place near front entrance.

Administrator will check on first day of each month to be sure it remains in place.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Gina Rae Loughry*

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

*Gina Rae Loughry*

Date *9-8-16*

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

The above plan of correction is approved as of 11/14/16  
(Date)

Plan of correction implementation status as of 11/14/16  
(Date)

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

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

SEP 14 2016

Violation Report: 42765 - 06/03/2016 - Park, Beth  
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The home currently serves 53 residents. The home's evacuation diagram on the second floor does not include lines of travel to exit doors or the location of fire extinguishers and pull signals.

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.

Evacuation diagram was changed to include lines of travel to exit doors. Location of pull signals and fire extinguishers were also added. Owner will do periodic reviews to insure all diagrams are up to date. *at least weekly*

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| 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 *9-8-16*

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>11/14/16</u><br>(Date)    | Plan of correction implementation status as of <u>11/14/16</u><br>(Date)  |
| The above plan of correction was approved by <u><i>RL</i></u><br>(Initials) | <input checked="" type="checkbox"/> Fully Implemented <i>RL</i><br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 42766 - 06/03/2016 - Park, Beth  
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION  
Resident #4 had a medical evaluation completed on 4/28/2015. The resident's next medical evaluation is not dated; therefore, the timeliness of this medical evaluation cannot be determined.

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.

Upon review of Resident #4 medical evaluation, we have determined that the doctor signed 4/19 behind the signature on the first two pages of the Medical evaluation. All three pages of the medical evaluation were dated in the upper right hand corner by the doctor office staff with the date 4-18-16. The dates printed on the form by the fax machine are 4-18-16. Form had been completed in a timely manner. (copy included)

Immediately: the administrator or designated staff person will review all resident medical evaluations to ensure each resident has a current medical evaluation, completed in its entirety to include the date of the in-person medical evaluation, present in each resident record.

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 *9-8-16*

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

The above plan of correction is approved as of 11/14/16 (Date)

Plan of correction implementation status as of 11/14/16 (Date)

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

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

SEP 14 2016

Violation Report: 42765 - 06/03/2016 - Park, Beth

PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance 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 only menu posted in the home was dated for 5/1/16 through 5/28/16.

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. Head of housekeeping will do <sup>weekly</sup> monthly checks to insure correct dates are in place on menu, and to ensure menus are prepared at least one week in advance and posted in a conspicuous and public place in the home.

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 9-8-16

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

The above plan of correction is approved as of

*RL*  
(Date)

Plan of correction implementation status as of

*11/14/16*  
(Date)

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

The above plan of correction was approved by

*11/14/16*  
(Initials)

SEP 14 2016

Violation Report: 42765 - 06/03/2016 - Park, Beth  
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #6's assessment, dated 1/15/16, does not address the diagnosis of Thrombocytopenia, as indicate in the resident's medical evaluation, dated 1/14/16.

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.

Administrator contacted the physician of Resident #6 to discuss treatment of Thrombocytopenia. Physician instructions were to treat Resident #6 the same as any other bleeding occurrence. Put on gloves, apply direct pressure with a clean compress. If bleeding does not stop, call 911 and request ambulance transport resident to emergency room. All staff was informed to pay special attention to any bleeding that may occur to Resident #6.

Resident #6's assessment was updated. Within 30 days of receipt of the plan of correction - a designated staff person will review all current assessments for accuracy and completion. Any incorrect or incomplete assessments will be completed immediately. JW. 11/14/16

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 *9-8-16*

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

The above plan of correction is approved as of 11/14/16 (Date)

Plan of correction implementation status as of 11/14/16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by JW. (Initials)

Violation Report: 42765 - 06/03/2016 - Park, Beth  
 PCH Name: CRYSTAL WATERS

SEP 14 2016

**1. REGULATION 55 Pa.Code §2600**

WEST REGION FIELD OFFICE  
 Human Services Licensing

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.

**2a. DESCRIPTION OF VIOLATION**

Resident #1's assessment, dated 12/8/15, does not address the resident's need for 2 staff persons to assist with transferring.

Resident #5's assessment, dated 10/7/15, indicates the resident requires a mechanical soft diet with meats chopped. However, the resident's medical evaluation, dated 12/3/15, indicates that the resident requires a pureed diet.

**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 Nurse made corrections to Resident #1 assessment to indicate the necessity of assistance of 2 staff persons for transferring. Resident #5 assessment was changed from mechanical soft diet to pureed diet. Direct care staff and kitchen staff were instructed to be sure to inform staff nurse of any changes in resident's care or any changes in diet so that proper documentation can be completed.

*Within 30 days of receipt of the plan of correction: a designated staff person will review all current assessments for accuracy and completion. Any incorrect or incomplete assessments will be corrected immediately. J.W., 11/14/16*

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| 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 *9-8-16*

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>11/14/16</u><br>(Date) | Plan of correction implementation status as of <u>11/14/16</u><br>(Date)  |
| The above plan of correction was approved by <u>J.W.</u><br>(Initials)   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>J.W.</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

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

**RECEIVED**

OCT 21 2016

**WEST REGION FIELD OFFICE**  
**Human Services Licensing**

|   |  |   |
|---|--|---|
| PCH Name: CRYSTAL WATERS  |  | License Number: 42785   |
| 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  |  |   |
| Certificate(s) of Occupancy<br>C-2 LP<br>07/07/1998<br>Labor & Industry   |  |   |
| Staffing Hours<br>Resident Support: N/A                      Total Daily Staff: 53                      Waking Staff: 40  |  |   |
| Type of Inspection: Interim - POC                      BHA Docket Number: N/A                      Notice: Unannounced  |  |   |
| Reason(s) for Inspection(s)<br>Interim  |  |   |
| On-Site Inspections Dates and Department Representatives On-Site<br>10/14/2016: Park, Beth  |  |   |
| Off-Site Inspection Dates and Inspectors, if Applicable   |  |   |
| Other Details<br>Partial or Full Triggers:                      Random Indicators:  |  |   |
| <b>Resident Demographic Data as of Inspection Dates</b>   |  |   |
| Licensed Capacity: 58<br>Number of Residents Served: 50<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 3<br>Number of Hospice Residents in past year: 6 |  | Number of Residents who:<br>Receive Supplemental Security Income: 1<br>Are 60 Years of Age or Older: 50<br>Have Mental Illness: 6<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 3<br>Have a Physical Disability: 1 |

Violation Report: 42765 - 10/14/2016 - Park, Beth  
 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  
 The temperature of the upright freezer in the kitchen measured 10 degrees Fahrenheit at 10:03 AM and measured 3 degrees Fahrenheit at 3:22 PM.

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.

*A new thermometer was purchased and inserted in freezer. It has remained at 0° or lower for 3 days.*

*A chart was developed for head of kitchen or her assistant to chart not only the freezers but also the cooler daily.*

*Charting began this morning. Copy enclosed.*

*Immediately - a designated staff person will check refrigerators and freezers daily to ensure each refrigerator measures at or below 40° Fahrenheit and each freezer measures at or below 0° Fahrenheit. JN. 11/14/16*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

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

The above plan of correction is approved as of 11/14/16  
 (Date)

Plan of correction implementation status as of 11/14/16  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JN.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by JN.  
 (Initials)