



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 16 2017

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

RE: Crystal Waters  
Certificate #: 427650

Dear Mr. Loughry:

As a result of the Department of Human Services' annual licensing inspection on April 26, 2017; April 28, 2017; June 22, 2017 and June 23, 2017, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read '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 LOUGHRY		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> C-2 LP <i>7/7/1996</i> Labor & Industry		<b>RECEIVED</b>  SEP 26 2017  WEST REGION FIELD OFFICE Human Services Licensing
I-1 12/21/2010 Rayne Township		
<b>Staffing Hours</b> Resident Support: 0		Total Daily Staff: 59  Waking Staff: 44
Type of Inspection: Full		BHA Docket Number:  Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 04/26/2017: Flinner-Alman, Lisa; Cutter, Jan 04/28/2017: Flinner-Alman, Lisa; Cutter, Jan 06/22/2017: Flinner-Alman, Lisa; Mulick, Cindy 06/23/2017: Flinner-Alman, Lisa; Mulick, Cindy		
<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: 66  Number of Residents Served: 55  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: 5  Number of Hospice Residents in past year: 15	<b>Number of Residents who:</b>  Receive Supplemental Security Income: 2  Are 60 Years of Age or Older: 55  Have Mental Illness: 1  Have an Intellectual Disability: 0  Have a Mobility Need: 4  Have a Physical Disability: 1	

SEP 26 2017

Violation Report: 42765 - 04/26/2017 - Flinger-Alman, Lisa  
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

On 4/26/17, the most recent violation report, dated 6/3/16, was not posted in the home. The violation report posted was dated 8/7/14.

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.

The violation report was located and posted near front entrance.

Staff person will do monthly check when doing routine reviews to insure report remains in place.

The administrator will ensure the current licensing inspection summary is posted in the home at all times.

*3/10/17*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 06/03/2016

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 *9-13-17*

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

The above plan of correction is approved as of 10/18/17 (Date)

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

Plan of correction implementation status as of 10/18/17 (Date)

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

SEP 26 2017

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
 PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. On 4/26/17, no carbon monoxide detectors were present in accordance with The Care Facility Carbon Monoxide Alarms Standards Act. The home has 3 gas furnaces located in the basement.

The Influenza Awareness Act, enacted 11/21/16, requires influenza information to be posted in a public place in the facility year-round. On 4/26/17, there was no information posted in the home in accordance with The Influenza Awareness 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.

*Owner purchased carbon monoxide alarm and installed on 4-26-17. Flu posters were posted on 4-26-17 when brought to attention of administrator.  
 Both items added to monthly checklist.*

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 *9-13-17*

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 (Date)

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 (Date)

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- Partially Implemented - Inadequate Progress
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Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
 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 did not provide resident #1 a quarterly financial statement for the first quarter of 2017.

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 financial statement created and a copy was given to resident.*  
*Administrator purchased lock box and lock and supplied to resident who is capable of handling own petty cash.*

*The administrator will ensure quarterly statements are provided to each resident who receives financial management services from the home.*

*Jr*  
*10/18/17*

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 *9-13-17*

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Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
PCH Name: CRYSTAL WATERS

SEP 26 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

2a. DESCRIPTION OF VIOLATION

Resident #2's contract does not indicate the amount of personal needs allowance (PNA) the resident is allocated for his/her personal use. The resident is an SSI recipient and the current PNA is \$85.00 per month.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Resident #2 contract corrected to show PNA of \$85.00. Resident #2 no longer resides at facility. Administrator will include the PNA when completing SSI contracts.*

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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 Administrator*

Date *9-13-17*

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Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
PCH Name: CRYSTAL WATERS

SEP 26 2017

1. REGULATION 55 Pa.Code §2600  
2600.26(a) - The home shall establish and implement a quality management plan.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
The home has not conducted a quality management review within the last 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.

Quality management plan was completed after a meeting was held with owner, administrator, nurse and heads of departments.

A quality management review will be performed at least annually. Documentation will be kept.

*TR*  
10/15/17

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 9-13-17

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10/18/17  
(Date)

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*TR*  
(Initials)

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Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Multiple staff and resident interviews indicate direct care staff person A is regularly verbally abusive to residents, yelling and using profanity. For example, staff person A told a resident who needed incontinence care that "I don't clean up shit."

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.

*Employee terminated immediately.*

*Administrator will do monthly interviews with staff + competent residents to attempt to detect any misconduct or abuse.*

*Immediately - All staff will be reeducated on residents' rights and abuse reporting procedures. Documentation will be kept.*

*J  
10/18/17*

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 *9-13-17*

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(Date)

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(Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
PCH Name: CRYSTAL WATERS

SEP 26 2017

1. REGULATION 55 Pa.Code §2600  
2600.42(c) - A resident shall be treated with dignity and respect.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Multiple staff interviews and documentation indicate that resident #3 will lie down on the floor to sleep at night and he/she is left on the bedroom floor. On one occasion, the resident was left on the floor for approximately 20 minutes while the morning staff counted the narcotic medications.

There were fabric incontinence pads on several of the recliners and the sofa to the left in the lounge.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #3 had slid to the floor at night because [redacted] said [redacted] was more comfortable there. When [redacted] did not want to lie in [redacted] bed, [redacted] was placed on a cushioned mat, with a pillow under [redacted] head and covered with a blanket.

Resident was since transferred to a skilled nursing unit.

Staff reeducated on lifting and transferring of residents.

Immediately - incontinence pads will be removed from sofa/recliners or covered with fabric cover.

*[Signature]*  
10/18/17

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 *9-13-17*

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(Date)

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(Date)

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(Initials)

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SEP 26 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42765 - 04/26/2017 - Flinger-Alman, Lisa  
PCH Name: CRYSTAL WATERS

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  
On 6/22/17, the locking device was broken on the first bathroom stall located in the women's bathroom.

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 locking device on the first bathroom stall was repaired on 6-22-17. It remains in good working order.

Housekeeping dept will check stall locks when cleaning to insure proper working order.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 06/03/2016 *et al*

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 *9-13-17*

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Plan of correction implementation status as of 7/6/18/17 (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 - 04/26/2017 - Flinner-Alman, Lisa  
 PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**2a. DESCRIPTION OF VIOLATION**

On 4/21/17, 4/22/17, 4/23/17 and 4/24/17 from 11:00 p.m. to 7:00 a.m., 53 residents were present in the home. During this time, only one staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

**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.

*CPR - First aid class is scheduled for Sept. 21, 9:00AM to be conducted by MediHome Health. All employees who are not current with training will attend.*

*Quarterly reviews will be conducted by staff nurse to insure staff current with training.*

*Immediately - The administrator or designee will review the staffing schedule weekly to ensure at least 1 staff person for every 50 residents are present in the home at all times.*

*[Signature]*  
 10/18/17

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 *9-13-17*

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Plan of correction implementation status as of 10/18/17  
 (Date)

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 (Initials)

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Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
 PCH Name: CRYSTAL WATERS

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

2a. DESCRIPTION OF VIOLATION  
 On 4/28/17, there was a puddle of dog urine approximately 12" by 4" behind the toilet in resident #4's bathroom. The resident's dog frequently urinates on the bathroom floor.  
 On 6/22/17 at 9:46 a.m., there were no paper towels, mechanical air blower, individual cloth towels or other means of safe hand drying in the women's bathroom.

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.

*Dog aparently had increased incontinence because of deteriorating health. Owner has since had dog put down.*

*Paper towels were supplied to women's bathroom immediately when brought to attention of staff.*

*Housekeeping dept will monitor when cleaning to insure paper towels are stocked.*

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 *9-13-17*

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SEP 26 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
PCH Name: CRYSTAL WATERS

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 4/26/17, there was an uncovered trash can in room #2's shared bathroom.

On 4/26/17, there was an uncovered trash can in room #3's shared bathroom.

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.

*Covered trash cans were supplied to Rooms 2 and 3 immediately when brought to attention of staff.*

*Staff checked all rooms to insure contained covered trash cans. Staff educated to inform administrator of any rooms without covered trash cans so that administrator can provide.*

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 *9-13-17*

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- Fully Implemented
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- Not Implemented

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
PCH Name: CRYSTAL WATERS

SEP 26 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION  
On 6/22/17 at 9:46 a.m., there was no hot water at the sink in the women's bathroom.

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.

*Owner made plumbing repair to provide hot tap water to sink in women's bathroom immediately when brought to his attention on 4-26-17.  
Housekeeping was instructed to notify owner of any plumbing issues.*

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 *9-13-17*

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SEP 20 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
PCH Name: CRYSTAL WATERS

1. REGULATION 55 Pa.Code §2600  
2600.102(h) - Toilet paper shall be provided for every toilet.

2a. DESCRIPTION OF VIOLATION

On 6/22/17 at 9:46 a.m., there was no toilet paper in the first and second bathroom stalls located in the women's bathroom.

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.

Toilet paper was supplied to the 1st & 2nd bathroom stalls in women's bathroom immediately when brought to staff's attention.

Housekeeping dept was informed to keep toilet paper stocked when doing nightly cleaning.

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 9-13-17

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(Date)

Plan of correction implementation status as of

10/18/17  
(Date)

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*[Signature]*  
(Initials)

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Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
PCH Name: CRYSTAL WATERS

SEP 26 2017

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 Division

2a. DESCRIPTION OF VIOLATION  
On 4/26/17, the temperature in the walk-in refrigerator in the kitchen was 46 degrees Fahrenheit.

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.

New thermometers were purchased for refrigerator and freezers. New thermometer read 36°F. placed near entrance of refrigerator. Chart was created. Kitchen staff reads and records thermometer readings daily to insure safe storage of foods in refrigerator and freezer.

Immediately - The administrator or designee will monitor refrigerator and freezer temperatures at least weekly to ensure food is stored at safe temperatures.

*JL*  
10/18/17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 06/03/2016 *et al*      10/14/2016 *et al*

Signature of Legal Entity Representative  
(Required on EVERY Page) *Tina Rae Loughry*

Printed Name and Title of Legal Entity Representative  
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The above plan of correction was approved by *JL*  
(Initials)

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

SEP 26 2017

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures were not reviewed in 2016.

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.

*Written emergency procedures were reviewed and submitted to emergency management agency.*

*Administrator will annually review and submit emergency procedures.*

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 *9-13-17*

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The above plan of correction is approved as of

*10/18/17*  
(Date)

Plan of correction implementation status as of

*10/18/17*  
(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 - 04/26/2017 - Flinner-Alman, Lisa  
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION  
The fire drill record for the drill conducted on 4/19/17 at 11:00 a.m. does not indicate the following:  
- The number of residents in the home at the time of the drill  
- The number of residents evacuated  
- The number of staff participating in the drill  
- Whether the alarm was activated  
- Whether the alarm was operative  
- Whether there were any problems and any planned corrective action

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.

*Corrections were made to fire drill record to include correct information. Owner, who conducts the fire drills will be diligent in supplying all necessary information concerning drills, and recording all information on the fire drill log monthly.*

*[Signature]*  
10/18/17

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 *9-13-17*

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
PCH Name: CRYSTAL WATERS

SEP 26 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
The last fire drill conducted during sleeping hours was on 9/21/16

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.

A fire drill was conducted during sleeping hours because drill held on 12-16-16 was conducted at 7:30 AM instead of 6:00 AM.  
Owner who conducts the fire drills will be sure to conduct the sleeping hours drill during sleeping hours every 6 months. 10/18/17

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 *9-13-17*

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

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 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented  
The above plan of correction was approved by (initials)

SEP 26 2017

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION  
Resident #5 was admitted [redacted] 16. However, the medical evaluation was completed on 8/31/16.  
The medical evaluation was undated for resident #6, admitted [redacted] 17.

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.

Medical evaluation was requested from doctor by staff nurse [redacted] Doctors office did not supply when requested.

Staff nurse will be diligent in following through with making sure doctors return necessary forms in a timely manner.

all residents will have a medical evaluation, documented on the required form within 60 days prior to admission or within 30 days after admission.

The administrator will develop and implement a tracking system to ensure medical evaluations are timely and the form is fully completed. D. [redacted]

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 9-13-17

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

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Plan of correction implementation status as of 10/18/17 (Date)

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

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

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
 PCH Name: CRYSTAL WATERS

SEP 26 2017

WEST REGION FIELD OFFICE  
 Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION  
 The medical evaluation, dated 8/31/16, for resident #5 is blank in the areas of weight, pulse rate, blood pressure and temperature.  
 The medical evaluation, undated, for resident #6 is blank in the area of immunization history.  
 The medical evaluation, dated 1/18/17, for resident #7 is blank in the areas of immunization history and ability to self administer medications.  
 The medical evaluation, undated, for resident #8 is blank in the areas of weight, pulse rate, blood pressure and temperature.

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 reviewed medical evaluations and completed necessary information. She will review evaluations when returned from physicians to insure they are completed correctly.*

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 *9-13-17*

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

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
 PCH Name: CRYSTAL WATERS

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

2a. DESCRIPTION OF VIOLATION

The annual medical evaluation for resident #8, signed by the physician on 4/12/17, does not include the date the in-person medical evaluation was completed.

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 contacted doctors office to get correct date of in-person medical evaluation. Staff nurse will review medical evaluations to insure physician has completed properly.*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 06/03/2016 *4.12*

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 *9-13-17*

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Plan of correction implementation status as of 10/18/17 (Date)

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

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
 PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.143(a) - The home shall have a written emergency medical plan that includes the following:

- (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
- (2) Emergency transportation to be used.
- (3) An emergency-staffing plan.

**2a. DESCRIPTION OF VIOLATION**

The home's emergency medical plan does not indicate the hospital to be used in an emergency will be the resident's choice, if possible.

**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 residents choice of hospital has been added to the emergency medical plan.*

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

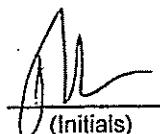
Signature of Legal Entity Representative  
 (Required on EVERY Page) *Tina Rae Longhry*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Tina Rae Longhry Administrator*      Date *9-13-17*

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

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 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
PCH Name: CRYSTAL WATERS

SEP 26 2017

1. REGULATION 55 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Multiple staff interviews indicate medications are pre-poured more than 2 hours prior to administration time when only one staff person trained in medication administration is scheduled to work.

Also, staff do not wait to ensure residents take their medications when they are given. Morning staff indicated they regularly find medications in cups in residents bedrooms.

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 complete review of medication administration was conducted by staff nurse [redacted]. An educational meeting was conducted with med staff on each shift. Rules, regulations, safe practices and procedures were reviewed and reiterated.*

*[redacted] will continue to monitor med staff to insure proper procedures are followed.*

*By 11/30/17 - A designated staff person will observe each staff person who administers medication complete 2 medication passes to ensure procedures are followed.*

*Proctor*

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 *9-13-17*

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

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Plan of correction implementation status as of 10/18/17 (Date)

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

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

RECEIVED

SEP 26 2017

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
PCH Name: CRYSTAL WATERS

WEST PLAINFIELD OFFICE  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

The April 2017 medication administration record (MAR) for resident #5 does not include a diagnosis or purpose for Sulfacetamide Sodium Ophthalmic Solution 10%.

The June 2017 MAR for resident #9 does not include a diagnosis or purpose for Acetaminophen (MPAP) 325mg, Aspirin-Low (ASA) 81mg and Biofreeze 4% Gel.

**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.*

*MARS were reviewed and corrected to include correct diagnosis or purpose.*

*MARS will be reviewed by appointed staff member to insure correctness, at least monthly.*

*J. Molis 10/18/17*

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 *9-13-17*

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The above plan of correction is approved as of <u>10/18/17</u> (Date)	Plan of correction implementation status as of <u>10/18/17</u> (Date)
The above plan of correction was approved by <u><i>OR</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
 PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
 Resident #4 is ordered the following medications, however, staff did not initial the MAR on 6/18/17 at 5:00 p.m.:  
 - Glipizide 5mg, 1 tablet  
 - Memantine 10mg, 1 tablet  
 - Pravastatin 40mg, 1 tablet  
  
 Resident #7 is ordered multiple medications including the following, and staff did not initial the MAR on 4/28/17 at 8:00 a.m.:  
 - Carvedilol 6.25mg, 1 tablet  
 - Escitalopram 20mg, 1 tablet  
 - Lisinopril 5mg, 1 tablet.  
  
 Resident #10 is ordered Alprazolam 0.25mg, 1 tablet four times daily. Staff did not initial the MAR on 6/19/17 at 8:30 p.m.

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.

*Med staff was reeducated by staff nurse [redacted] concerning the importance of initialing MAR.*

*Immediately - A designated staff person will renew the MAR at least weekly to ensure proper documentation of medication administration.*

*B. [redacted]*

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 *9-13-17*

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 (Date)

Plan of correction implementation status as of 10/18/17  
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa PCH Name: CRYSTAL WATERS		SEP 26 2017	
1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.		WEST REGION FIELD OFFICE Human Services Licensing	
<p><b>2a. DESCRIPTION OF VIOLATION</b></p> <p>Resident #6 is ordered Timolol Maleate 0.5% Ophthalmic Solution, instill 1 drop into each eye daily. On 6/20/17, the medication was not available in the home.</p> <p>Resident #7 is ordered Humalog 100/ml, inject subcutaneously before meals and at bedtime if blood sugar is:</p> <ul style="list-style-type: none"> <li>0 - 69 = Follow hypoglycemia protocol</li> <li>70 - 149 = 0 units</li> <li>150 - 199 = 1 unit</li> <li>200 - 249 = 2 units</li> <li>250 - 299 = 3 units</li> <li>300 - 349 = 4 units</li> <li>350 - 399 = 5 units</li> <li>Greater than or equal to 400 = Call MD</li> </ul> <p>On the following dates and times, the sliding scale orders were not followed:</p> <ul style="list-style-type: none"> <li>- On 4/12/17 at 8:30 p.m., blood sugar reading of 269; the resident was given 2 units of insulin instead of 3 units.</li> <li>- On 4/13/17 at 12:00 p.m., a blood sugar was not taken and no insulin was given.</li> <li>- On 4/17/17 at 8:30 a.m., blood sugar reading of 179; the resident was given 2 units of insulin instead of 1 unit.</li> <li>- On 4/24/17 at 12:00 p.m., blood sugar reading of 293; the resident was given 2 units of insulin instead of 3 units.</li> <li>- On 4/25/17 at 12:00 p.m., blood sugar reading of 196; the resident was given 0 units of insulin instead of 1 unit.</li> <li>- On 4/28/17 at 8:30 a.m., blood sugar reading was not taken and no insulin was given.</li> <li>- On 6/6/17 at 12:00 p.m., blood sugar reading of 283; the resident was given 2 units of insulin instead of 3 units.</li> <li>- On 6/10/17 at 12:00 p.m., blood sugar reading of 252; the resident was given 2 units of insulin instead of 3 units.</li> </ul> <p>Resident #8 is ordered Zinc Oxide PST 25%, apply topically to red area on left buttocks twice daily. On 6/1/17, 6/2/17, 6/5/17 to 6/16/17 and 6/20/17 to 6/22/17 at 8:30 a.m., the medication administered, as it was not available in the home.</p> <p>Resident #11 is ordered Warfarin Sodium 10mg, 1 tablet daily. On 4/26/17, the medication was not administered as it was not available in the home.</p> <p>Resident #11 is ordered Novolog 100/ml, inject subcutaneously twice a day if blood sugar is:</p> <ul style="list-style-type: none"> <li>1 - 63 = N/A and call MD</li> <li>64 - 144 = 0 units</li> <li>145 - 200 = 2 units</li> <li>201 - 250 = 4 units</li> <li>251 - 300 = 6 units</li> <li>301 - 350 = 8 units</li> <li>351 - 400 = 10 units</li> <li>401 - 450 = 12 units</li> <li>451 - 500 = 14 units</li> <li>501 - 550 = 16 units</li> <li>550 or &gt; + Call MD</li> </ul> <p>On 4/13/17 at 8:30 p.m., blood sugar reading of 347; the resident was given 10 units of insulin instead of 8 units.</p> <p>Resident #12 is ordered Donepezil 10mg, 1 tablet at bedtime. From 6/18/17 to 6/21/17, the medication was not administered, as it was not available in the home.</p>			
<p><b>3. PLAN OF CORRECTION (POC)</b> (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.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa PCH Name: CRYSTAL WATERS		SEP 26 2017
1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.		WEST REGION FIELD OFFICE Human Services Licensing
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>9-13-17</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of <u>10/18/17</u> (Date)	Plan of correction implementation status as of <u>10/18/17</u> (Date)	
The above plan of correction was approved by <u><i>AL</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Immediately - All staff who administer insulin will be retrained on sliding scale procedures.

By 11/30/17 - A designated staff person will observe 2 medication passes which include insulin administration, by each staff person who administers medication.

Immediately - The administrator will ensure all prescribed medications are available in the home.

*[Signature]*  
10/18/17

Staff nurse reviewed medication administration with all staff who administer medications.

Violation Report: 42765 - 04/26/2017 - Flinner-Alman, Lisa  
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION  
The support plan, dated 2/20/17, for resident #8 does not address the frequency of the home's plan to address the following needs:  
- Turning and positioning in bed/chair  
- Shopping  
- Securing and using transportation  
- Using the telephone  
- Making and keeping appointments  
- Caring for personal possessions  
- Writing correspondence  
- Obtaining clean, season clothing  
  
The support plan, dated 2/20/17, for resident #8 does not address the responsible party relating to the resident's following needs:  
- Orientation to time, place and person  
- Irritability  
- Short term memory

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.  
  
*Support plans were reviewed by appointed staff member. Corrections were made.*  
  
*Support plans will be reviewed quarterly by appointed staff member to insure they are correct.*

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 *9-13-17*

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Plan of correction implementation status as of *10/18/17* (Date)

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

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