



JUL 03 2018

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's Bureau of Human Services Licensing annual inspection on April 27, 2018, 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", is written over a faint, larger version of the same signature.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



JUN 11 2018

Violation Report: 42765 - 04/27/2018 - Park, Beth

PCH Name: CRYSTAL WATERS

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

There were approximately 54 residents in the home on the following dates and times; however, there was only one person present trained in first aid and certified in obstructed airway techniques and CPR:

- \* 4/1/2018 10:00 PM - 6:00 AM
- \* 4/2/2018 10:00 PM - 6:00 AM
- \* 4/3/2018 2:00 PM - 10:00 PM
- \* 4/5/2018 2:00 PM - 10:00 PM
- \* 4/6/2018 2:00 PM - 6:00 AM
- \* 4/7/2018 2:00 PM - 6:00 AM
- \* 4/9/2018 2:00 PM - 6:00 AM
- \* 4/12/2018 2:00 PM - 10:00 PM
- \* 4/13/2018 2:00 PM - 6:00 AM
- \* 4/14/2018 2:00 PM - 10:00 PM
- \* 4/15/2018 10:00 PM - 6:00 AM

There were approximately 54 residents in the home on the following dates. However, there was no staff persons present trained in first aid and certified in obstructed airway techniques and CPR:

- \* 4/11/2018 2:00 PM - 10:00 PM
- \* 4/15/2018 2:00 PM - 10:00 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 CPR class was conducted and all staff are now current with CPR training.

CPR certification will be added to Tabula Pro program. Facility nurse will be notified of any certifications that will expire within 6 months of their expiration date.

Immediately: The administrator or designee will check the schedule at least weekly to ensure at least one staff person for every 50 residents who is certified in accordance with 2600.63c, is present in the home. PL 6/27/18.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/26/2017
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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 Admin.* Date *6-2-18*

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

The above plan of correction is approved as of <u>6/27/18</u> (Date)	Plan of correction implementation status as of <u>6/27/18</u> (Date)
The above plan of correction was approved by <u>PL</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>PL</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42765 - 04/27/2018 - Park, Beth  
PCH Name: CRYSTAL WATERS

NEOTOMA COUNTY  
WISCONSIN DEPARTMENT OF  
HEALTH SERVICES

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

A 4 oz. tube of Zim's Max Freeze spray, with a manufacturer's label indicating "If accidentally ingested, get medical help or call a poison control center immediately", was unlocked and accessible to residents in a basket in resident #3's room. Not all residents of the home, including resident #4 and resident #7, has been assessed capable to safely use or avoid poisonous materials.

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's doctor was contacted and has deemed [redacted] competent of self administering medications. Resident #3's Freeze Spray and Glucometer have been placed in a locked storage container in [redacted] room. Resident #3 also deemed capable of safely using or avoiding poisonous materials.

If the physician of a resident who wishes to self administer medication deems them capable of doing so, the resident will be given a lockable container in which to store the medications.

Included Please find DME's of resident #4 and resident #7 which state that both residents are capable of safely using or avoiding poisonous materials.

Immediately: A designated staff person will check the home at least weekly to ensure poisonous materials are kept locked and inaccessible to residents unless all residents have been assessed capable to use or avoid poisonous materials. 04/26/18

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 Admin. Date 6-2-18

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

The above plan of correction is approved as of 6/27/18 (Date)

Plan of correction implementation status as of 6/27/18 (Date)

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

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

\* materials are kept locked and inaccessible to residents unless all residents have been assessed capable to use or avoid poisonous materials 04/26/18

JUN 11 2018

Violation Report: 42765 - 04/27/2018 - Park, Beth  
PCH Name: CRYSTAL WATERS

WEST REGIONAL PLANNING OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

At approximately 1:30 PM, there were no screens in the 3 dining room windows.

At approximately 1:30 PM, the right door of the middle set of double doors leading from the dining room to the second floor porch was open with no screen present.

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.

*Screens were immediately retrieved from storage and placed in windows.*

*Maintenance Supervisor will check<sup>^</sup> monthly to insure screens have remained in place.* *all operable windows 9/15. 6/27/18*

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 Admin.* Date *6-2-18*

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

Violation Report: 42765 - 04/27/2018 - Park, Beth  
PCH Name: CRYSTAL WATERS

JUN 11 2018

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

Resident #2 does not have a source of lighting that can be turned on/off from bedside.

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.

*Touchlight was immediately mounted next to bed within easy access to resident.*

*Maintenance supervisor will conduct monthly checks to insure all residents bedside lighting is in good working order. - and can be turned on/off by the resident at bedside.*

*ML  
6/27/18*

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 Admin.*      Date *6-2-18*

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(Date)

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(Date)

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

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

Violation Report: 42765 - 04/27/2018 - Park, Beth  
PCH Name: CRYSTAL WATERS

EAST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 3/26/18, resident #5 was prescribed Bengay -apply topically to left hip twice daily x5 days; however, this medication was still being stored in the medication cart.

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.

*Bengay was immediately removed from cart.*

*Staff was re-educated on removing medications from cart when medication regimen is completed.*

*Immediately and monthly thereafter: A designated staff person who is qualified to administer medications will audit the medication cart to ensure only current medications are being kept in the home. pd  
6/27/18*

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 Admin*      Date *6-2-18*

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The above plan of correction is approved as of 6/27/18  
(Date)

Plan of correction implementation status as of 6/27/18  
(Date)

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

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

Violation Report: 42765 - 04/27/2018 - Park, Beth  
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Novolog insulin 70/30 Flexpen - inject 6 units subcutaneously in the morning with breakfast, with manufacturer's instructions to discard 28 days after opening. However, the resident's current insulin pen was not dated when it was opened.

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

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

Pen was discarded and replacement was ordered, delivered and placed in med cart with date opened sticker.

Staff was re-educated on medication policy of open date/expiration dating.

Immediately and monthly thereafter: A designated staff person qualified to administer medications will audit the medication cart to ensure all medications are stored in accordance with the manufacturer's instructions. per 6/27/18

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 Admin.

Date

6-2-18

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6/27/18  
(Date)

Plan of correction implementation status as of

6/27/18  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *plw*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*plw*  
(Initials)

Violation Report: 42765 - 04/27/2018 - Park, Beth  
PCH Name: CRYSTAL WATERS

WEST VIRGINIA FIELD OFFICE  
COMMERCIAL BUSINESS LICENSING

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #3's April 2018 medication administration record (MAR) indicates a blood sugar reading of 112 on 4/26/2018 at 12:00 PM; however, the resident's glucometer did not have a reading at that date and time.

Resident #3's April 2018 MAR indicates a blood sugar reading of 116 on 4/23/2018 at 12:00 PM, however, the resident's glucometer has a reading of 176 at that date and time.

The glucometers belonging to residents #1 and #6 are not set to the correct date and time.

None of the residents' glucometers, including those belonging to residents #1, #3 and #6, have the residents' name on the glucometer or the bag.

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.

*Glucometers have all been checked. Dates and times have been set correctly. Names have been written on glucometers and bags. Staff members were re-educated on glucometers and documentation of glucose readings.*

*All new glucometers will be set with dates/times and residents names upon admission, or if newly diagnosed.*

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 Admin*      Date *6-2-18*

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(Date)

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(Initials)

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(Date)

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

Violation Report: 42765 - 04/27/2018 - Park, Beth

PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.186(a) - Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

2a. DESCRIPTION OF VIOLATION

The home does not have a current written prescription for the following medications for resident #5:

- \* Amitiza 24mcg - give one capsule twice a day
- \* Ergocalciferol 2.25mg - give one capsule weekly

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 medication Amitiza and Ergocalciferol were immediately removed from the cart.*

*Med tech will review all orders on every shift and dispose of discontinued medications according to policy.*

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 Admin*

Date *6-2-18*

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*6/27/18*  
(Date)

Plan of correction implementation status as of

*6/27/18*  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *PL*

Partially Implemented - Inadequate Progress

Not Implemented

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*PL*  
(Initials)

Violation Report: 42765 - 04/27/2018 - 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 #7's assessment, dated 1/2/2018, does not include the diagnoses of gastroesophageal reflux disease, benign prostatic hyperplasia, hyperlipidemia, and overactive bladder as indicated on the resident's medical evaluation, dated 1/13/18.

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 #7's assessment was corrected. nu. 6/22/18*  
Resident was admitted emergently as requested by Agency on Aging for deplorable housing conditions. At that time, resident had not been evaluated by his previous physician in over 5 yrs. That physician refused to provide any documentation because he had not seen the resident for such a long time. We were able to get him scheduled to see a physician for their next available appointment, where an actual assessment was completed.  
All new admissions DME will be reviewed by facility nurse and RASP will be updated accordingly.

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 Admin*      Date *6-2-18*

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