



MAILING DATE: January 22, 2019

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 inspection on November 16, 2018, of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig", written in a cursive style.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Violation Report

**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		RECEIVED
Certificate(s) of Occupancy C-2 LP 07/07/1998 L & I		JAN 07 2019 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 60	Waking Staff: 45
Type of inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
11/16/2018: McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 66 Number of Residents Served: 54 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 54 Have Mental Illness: 7 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 0	

Violation Report: 42765 - 11/16/2018 - McConnell, Deb
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION
A portable space heater was in use in the bathroom in bedroom #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.

The small plastic heater that was being used temporarily was removed. Furnace repair was completed. Normal heating was again supplied to bathroom in bedroom #16.

In the future, a resident who is having a heat problem will be transferred to a room with adequate heat until repair work is completed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tina Rae Loughry

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

Tina Rae Loughry

Date 12-24-18

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

The above plan of correction is approved as of 1/8/19
(Date)

Plan of correction implementation status as of 1/8/19
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 42765 - 11/16/2018 - McConnell, Deb
PCH Name: CRYSTAL WATERS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

On 10/18/18, at 8:00p.m. and 8:30p.m., multiple residents were administered their prescribed medications. However, the staff person who administered the medication did not initial the medication administration record (MAR) after the medications were administered.

- Resident #1 - Carbamazepine and Levetiracetam at 8:30 p.m.
- Resident #2 - Warfarin at 8:00 p.m. and Metoprolol at 8:30 p.m.
- Resident #3 - Clonazepam at 8:00 p.m. and Atorvastatin 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.

Staff meeting was held on Monday Nov. 19, 2018.
 All med techs were present. Meeting was conducted by [redacted] Staff RN.
 The Crystal Waters medication policy was reviewed. The importance of proper documentation was reiterated. The complications of improper documentation was reviewed and discussed.
 Upon training of med techs, much emphasis will be placed on proper documentation as well as potential problems that could occur from medications not being properly documented.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Tina Rae Loughry

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

Tina Rae Loughry

Date

12-24-2018

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

The above plan of correction is approved as of 1/8/19
(Date)

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

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