

Department of Human Services
Bureau of Human Service Licensing

September 17, 2020

TIM LOUGHRY, ADMINISTRATOR
CRYSTAL WATERS, INC.
4639 ROUTE 119, HWY NORTH
HOME, PA 15747

RE: CRYSTAL WATERS
4639 ROUTE 119, HWY NORTH
HOME, PA, 15747
LICENSE/COC#: 42765

Dear Ms. Loughry,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/06/2020, 08/07/2020, 08/10/2020, 08/11/2020, 08/12/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *CRYSTAL WATERS* License #: *42765* License Expiration Date: *09/18/2020*
 Address: *4639 ROUTE 119, HWY NORTH, HOME, PA 15747*
 County: *INDIANA* Region: *WESTERN*

Administrator

Name: *Tina Loughry* Phone: *7244656454* Email: *crystalwaterspch@gmail.com*

Legal Entity

Name: *CRYSTAL WATERS, INC.*
 Address: *4639 ROUTE 119, HWY NORTH, HOME, PA, 15747*
 Phone: *7244656454* Email: *TOMLOUGHRY@MAIL.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/07/1998* Issued By: *Dept of L&I*
 Type: *I-1* Date: *12/21/2010* Issued By: *Rayne Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *59* Waking Staff: *44*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *08/12/2020*

Inspection Dates and Department Representative

08/06/2020 - Off-Site: Scott Klein
08/07/2020 - Off-Site: Scott Klein
08/10/2020 - Off-Site: Scott Klein
08/11/2020 - Off-Site: Scott Klein
08/12/2020 - Off-Site: Scott Klein

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* Residents Served: *52*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Resident Demographic Data as of Inspection Dates (*continued*)

Number of Residents Who:

Receive Supplemental Security Income: 2

Are 60 Years of Age or Older: 52

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 7

Have Physical Disability: 1

Inspections / Reviews

08/06/2020 - Partial

Lead Inspector: *Scott Klein*Follow-Up Type: *POC Submission*Follow-Up Date: *08/28/2020*

8/27/2020 - POC Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *POC Submission*Follow-Up Date: *08/31/2020*

9/1/2020 - POC Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Document Submission*Follow-Up Date: *09/04/2020*

9/17/2020 - Document Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Beginning the month of May 2020, direct care staff entered each resident's bedroom between 10:00 p.m. and 1:00 a.m. to measure resident's temperatures, this process disturbed residents during sleeping hours.

Plan of Correction

Do Not Accept

The reason that we implemented temperature checks on every shift was an effort to early identify any resident showing symptoms of covid-19. As studies have shown many cases of covid -19 were asymptomatic for a period of time, and fever was an early indication of the virus.

We did this in an attempt to identify and make early interventions, such as moving to private room, and taking all precautions to prevent the spread of the virus to other residents, until the resident could be evaluated by their physician and have testing completed to clear them.

Our registered nurse has been on weekly conference calls with the local hospital, Indiana Regional Medical Center, along with several other personal care homes and nursing homes that are also doing the same temperature monitoring that we are. During the conference calls we share ideas amongst each other and this was one of the recommendations that was suggested. I cant recall who/what facility made the recommendations, but We certainly didn't think that it would be harmful to our residents, but would help ensure their safety from this deadly virus. Having the most vulnerable population with highest mortality rate, we implemented this to try to protect our residents.

The Temperature checks were discontinued on 08/12/20.

Completion Date: 08/12/2020

Plan of Correction

Accept

Temperature checks during sleep hours (10pm-6Am shift) were discontinued on 08/12/20. Staff were notified during staff meeting on 08/12/20, and were given written documentation to discontinue these temperature checks.

Staff will be re-educated on dignity and respect of residents by completing a study guide regarding dignity and respect of our residents. This training will be completed by each staff member by 09/30/20.

Administrator will complete private interviews of 3 residents per week/x 3 months to assess and monitor their dignity and respect. Administrator will privately ask questions related to their dignity and respect to assess any additional training that may be needed for staff.

Completion Date: 09/30/2020

Document Submission

Implemented

Temperature checks discontinued, staff re-educated, private interviews conducted

225a - Assessment 15 Days

1. Requirements

225a - Assessment 15 Days *(continued)*

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.

Description of Violation

Resident #1's assessment and support plan, dated 7/18/2020, does not include the resident's use of a Wanderguard pendant bracelet and the care and services the home will provide related to that need.

Plan of Correction

Do Not Accept

Assessments and support plans will be updated immediately with any changes to residents care or needs. Registered nurse will review the care plans and assessments with all direct care staff.

Completion Date: 08/20/2020

Plan of Correction

Accept

Resident #1 RASP was updated with correct assessment and care plan to include the use of wandergard and risk for elopement on 08/04/20.

Registered Nurse will review all current residents assessments and support plan to assess for accuracy and completeness. This will be completed by 09/15/20.

Administrator will complete all assessments and support plans on new admissions and registered nurse will then review for completeness and accuracy.

Completion Date: 09/15/2020

Document Submission

Implemented

Rasps reviewed and updated if indicated.