

Department of Human Services
Bureau of Human Service Licensing

July 21, 2021

[REDACTED] PRESIDENT
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/09/2021, 06/10/2021, 06/11/2021 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 **Licen e #:** 42765 **Licen e Expiration Date:** 09/18/2021
Addr e : 4639 ROUTE 119,HWY NORTH, HOME, PA 15747
County: INDIANA **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7244656454 **Email:** [REDACTED]

Legal Entity

Name: CRYSTAL WATERS, INC.
Address: 4639 ROUTE 119,HWY NORTH, HOME, PA, 15747
Phone: 7244656454 **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 58 **Waking Staff:** 44

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal,Complaint **Exit Conference Date:** 06/11/2021

Inspection Dates and Department Representative

06/09/2021 - On-Site: [REDACTED]
 06/10/2021 - On-Site: [REDACTED]
 06/11/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 **Residents Served:** 50

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Re ident Served:**

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 50
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 8 **Have Physical Disability:** 0

Inspections / Reviews

06/09/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *07/12/2021*

7/13/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/15/2021*

7/21/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/26/2021*

7/21/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

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

Description of Repeat Violation

On 6/9/21, the home did not have a copy of the 55 Pa. Code Chapter 2600 posted or the most current license inspection summary, dated 8/20/2020 posted in the home. The license inspection summary posted was dated 5/1/19.

Repeat Violation 5/1/19

Plan of Correction

Accept

The last full inspection report was posted and was dated 05/01/2019. A partial inspection on 08/20/2020 was immediately posted after discovery.

Administrator [REDACTED] will review the 1st Monday of every Month to ensure that the most current license inspection summary is posted.

Completion Date: 07/06/2021

Document Submission

Implemented

see attached

17 Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

17 - Record Confidentiality (continued)

Description of Violation

On 6/9/21, the licensing inspection summary, dated 5/1/19, was posted with the resident privacy coding document identifying the following resident's: #1, #2, #3, #4, #5, and #6 on the cork board in front lobby.

On 6/9/21, the three medication carts in the dining room are color coded, (blue, pink and purple). Each cart has a metal box attached on the right side with a door. However, the doors did not have locks to secure the resident information being stored. The following resident information was unlocked, unattended and accessible, on top of the medication carts and/or inside the metal box attached to the medication carts, to include:

- On top of the blue med cart was a fax to a physician regarding medication for resident #1. The metal box contained a blue binder with multiple assorted documents with medical information of current residents, to include resident #7.
- On top of the purple med cart was a handwritten note indicating: "change resident #8's Eliquis to Xarelto 20mg one time a day @ supper. Fax will be coming from them to FAX [REDACTED] and labs." The metal box contained a red binder labeled Resident #9 and documents. (Preadmission screening, Medical evaluation, assessment, and support plan).
- The metal box on the pink med cart contained a binder with "Shift Reports" that indicated residents toileting, and personal care provided, with dates from 11/20/2020 to 6/9/21, Night Shift Report indicating residents #4, #10, #11 and #12.

On 6/9/21 at approximately 3:15 p.m., there were multiple binders on a bookcase in hallway off the dining room directly across from the med room door with multiple binders containing resident confidential information was unlocked, accessible and unsecured, to include:

- Penn Home Health Progress notes for residents #12, #13, #14 and #15.
- Binder labeled "Weekly Med Cart Audit" with Controlled drug sheets of current residents.
- Green Binder labeled "Fall Report" indicating residents recorded falls to include residents #16 and #25.
- A binder labeled Via Quest Report Book
- Multiple notebooks with staff shift notes starting April, 2021 on.

On 6/10/21, the home's Emergency Procedure Plan posted on the cork board by front entrance included a list of all resident's names, names of their contact person's and telephone numbers to include, resident's #1, #10 and #11.

Plan of Correction**Accept**

All resident information was immediately removed and stored in locked medication room.

Locks have been placed on the side of the medication carts.

Resident names and contact information has been removed from the emergency procedure plan.

Staff have been re-educated at staff meeting regarding protected health information.

Medication technicians are to ensure that all orders/ protected health information are locked in medication room when not in direct use.

Binders for home health agencies are also stored in medication room. Medication technicians will assist home health agencies with their report books and then lock them back in medication room when not in use.

Discussed at staff meeting held on 07/05/2021

Completion Date: 07/05/2021

17 - Record Confidentiality (continued)

Document Submission

Implemented

see attached

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Repeat Violation

Resident #17's resident-home contract, dated [REDACTED], does not specify a fee schedule that lists the allowable resident charges for each of the home's available services.

Repeat Violation 5/1/19

Plan of Correction

Accept

The contract that is in use by Crystal Waters Personal Care Home is the contract that is provided by the state. The contract is filled out and signed. There are no additional fees listed as there are no additional fees other than the monthly/daily rate.

The monthly/daily rate are listed on the contract.

f any additional fees are added, they will be reviewed with the payer/resident and added to the contract.

Administrator [REDACTED] will review any new contracts with resident/payer and additional fees will be outlined prior to moving in or on move in day. If no additional fees are indicated N/A will be placed on the contract.

Completion Date: 07/05/2021

Document Submission

Implemented

see attached

42q - Compensation

1. Requirements

2600.

- 42.q. A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.

Description of Violation

On 6/11/21 at approximately 1:14 p.m., resident #18 was observed emptying the med cart trash bins and disposing the trash in the dumpster outside. Staff interviews indicated the resident has been doing this daily for months. Resident #18 is not being compensated in accordance with the State and Federal labor laws for labor performed on behalf of the home.

42q - Compensation (continued)

Plan of Correction

Accept

Resident #18 enjoys emptying the med cart trash bins and disposing of them in the dumpster. ■ does this oluntarily without being asked to do so by the personal care home. This gives him a sense of worth and accomplishment.

■ has been asked to stop doing this due to the violation. ■ has agreed to no longer complete this.

See attachment resident #18

Completion Date: 07/07/2021

Document Submission

Implemented

see attached

42s - Privacy

1. Requirements

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.

Description of Violation

On 6/9/21, there was no lock on the door of the common single use bathroom with the sign indicating "Mens" on the main floor to ensure the residents privacy.

Bathrooms #1, #2, and #3 are common single use bathrooms. There are no locks on the doors to ensure resident privacy.

All the resident bedrooms in the home have a private bathroom. Several of the resident bedrooms have two residents residing in them. However, there are no locks on either the bedroom or private bathroom doors to ensure the residents privacy.

42s - Privacy (continued)

Plan of Correction**Do Not Accept**

Common "mens" bathroom now has locking door.

See attachment named bathroom for picture of lock.

Resident restrooms in each bedroom have a door going in to bedroom and a door on the bathroom.

Regarding restrooms in residents rooms, the regulation does not clearly outline that a lock needs to be in place. It states that a door or partitions ensure privacy :

"Regulation 102e 2600.102(e) - Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

Discussion: In a multi-occupant bathroom, curtains are not usually appropriate as privacy screen, as their use would constitute a violation of privacy pursuant to § 2600.42(s).

Inspection Procedures: Inspectors will examine bathrooms throughout the home to ensure that privacy is afforded to residents through the use of a door or partition.

Primary Benefit: Doors and partitions in bathrooms ensure privacy."

No monitoring needing, permanent lock has been placed on common bathrooms.

Locks have been ordered for the private restrooms to place on the existing doors, once they arrive at facility, they will be installed by maintenance.

Completion Date: 07/08/2021

42s - Privacy (continued)

Plan of Correction

Accept

Common "mens" bathroom now has locking door.
See attachment named bathroom for picture of lock.
Resident restrooms in each bedroom have a door going in to bedroom and a door on the bathroom.

Regarding restrooms in residents rooms, the regulation does not clearly outline that a lock needs to be in place. It states that a door or partitions ensure privacy :

"Regulation 102e 2600.102(e) - Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.
Discussion: In a multi-occupant bathroom, curtains are not usually appropriate as privacy screen, as their use would constitute a violation of privacy pursuant to § 2600.42(s).
Inspection Procedures: Inspectors will examine bathrooms throughout the home to ensure that privacy is afforded to residents through the use of a door or partition.
Primary Benefit: Doors and partitions in bathrooms ensure privacy."

Permanent lock has been placed on common bathrooms.

Locks have been ordered for the private restrooms to place on the existing doors, once they arrive at facility, they will be installed by maintenance.

Maintenance will monitor locks first Friday of every month to ensure locks are in place and functioning properly.

Staff have been re-educated to report any missing or damages to building to maintenance/administrator as soon as noticed so they can be repaired/replaced immediately.

Completion Date: 07/13/2021

Document Submission

Implemented

see attached

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

81b - Resident Personal Equipment (*continued*)**Description of Violation**

On 6/9/21, resident #22's wheelchair in bedroom # [REDACTED] is in poor condition. Both arm pads are worn, had multiple cracks over entire top of arm pad and the black vinyl has peeled off exposing areas of the padding. The edges of the vinyl that is cracked or peeled off are raised and rough posing potential skin tears.

Plan of Correction**Accept**

Wheelchair was immediately removed and repaired.

All staff have been re-educated on the use/assessment of resident equipment. They will report any damages to equipment to administrator or head of maintenance as soon as discovered.

Administrator will either contact family/designated person to replace/ repair as soon as discovered.

Discussed at staff meeting on 07/05/2021

Completion Date: 07/05/2021

Document Submission**Implemented**

see attached

82c - Locking Poisonous Materials

1. Requirements

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.

Description of Violation

On 6/9/21 at approximately 11:58 a.m., the door indicating "Restricted Area" to a small storage room was unlocked by bedroom [REDACTED] on the patio level. The storage room contained multiple cleaning products with a manufactures label indicating, "If swallowed, call poison control center or a physician for advice", was unlocked, unattended and accessible, to include:

- A can of Comet 25 oz. can almost empty
- Antibacterial hand soap 27.0 fl oz. ¼ full Label indicates " If swallowed get medical help or contact PCC.
- A full 1-quart bottle of liquid Spic & Span.
- On the right wall were 12 containers containing various cleaners with a sign above identifying each cleaner and indicating "Hazard". They are dispensed by pushing the button and released through a tube into a bucket or container.

On 6/9/21 at approximately 11:16 a.m., there were the following unlocked, accessible and unattended poisonous materials with manufactures label indicating, "Contact Poison Control Center or a physician if swallowed or ingested", in multiple areas in the common bathroom by bedrooms [REDACTED] on the lower level, to include:

- A 4 FL oz. bottle of Hibiclens (Chlorhexidine Gluconate Solution) 4% w/v.
- A 4 FL oz. Medline Antifungal cream.
- A spray bottle of Spic & Span 3-in-1 All-Purpose Cleaner.
- A 16 FL oz. bottle of Hiblems Antiseptic Antimicrobial Skin Cleanser, approximately ¼ full.
- A 32 Fl oz bottle of Hillyard AFRC Acid Free Restroom Cleaner

Resident #19's assessment and support plan, dated 8/4/2020, indicates the resident has a moderate problem with safely using or avoiding poisonous materials.

82c - Locking Poisonous Materials (continued)

Plan of Correction

Accept

All hazards were immediately removed and secured from room and placed in locked medication room.
Cleaning cart/cleaning supplies were immediately locked.

Staff has been re-educated on use and storage of poisonous materials. Staff will ensure that at all times cleaning supplies/cart are locked when not being used/directly supervised by staff.

Head of cleaning ([REDACTED]) to monitor that at all times cleaning cart/supplies are locked/secured to prevent harm from any resident.

Discussed during staff meeting held on 7/05/2021

Completion Date: 07/05/2021

Document Submission

Implemented

see attached

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)

Description of Violation

On 6/9/21 at approximately 10:46 a.m., there was a dark brown substance that appeared to be feces over the toilet in multiple areas, to include; on the top and underneath of the toilet seat, on the outside of the toilet bowl and along the inside of the seat riser inside to toilet bowl in the private bathroom of bedroom [REDACTED] on the lower level.

On 6/9/21 at approximately 11:16 a.m., there were the following unsanitary conditions identified in the common bathroom by bedrooms [REDACTED] on the lower level, to include:

- An unlabeled brown hairbrush with grey hair in bristles.
- The large shower stall had a large clump of black hair stuck on the lower left side of the stall wall. The floor of the shower stall appeared dirty, with a blackish/brownish residue over the entire bottom, with the heaviest concentration along the front of shower stall and back approximately 12" and along the lower sides of shower stall.
- The ceiling exhaust fan had a heavy concentration of dirt/dust on and in between slats measuring approximately ¼" thick.

On 6/9/21, at approximately 1:57 p.m., there was a white unlabeled hairbrush with grey hair in bristles on top of the 3-shelf unit and an unlabeled pink razor on the paper towel dispenser in the Mens common bathroom on the main floor.

On 6/9/21, at approximately 2:02 p.m., there was a dark brown substance that appeared to be feces measuring approximately 3" in diameter on the toilet seat of the toilet in the last stall in the Women's common shared bathroom on the main floor.

On 6/9/21 at approximately 2:45 p.m., there was a dried brown substance that appeared to be feces on the back of the toilet seat, along the inside bowl and sides of the toilet bowl and seat riser inside the toilet bowl. There was a brown substance on the floor by the base of the toilet that appeared to be feces in the private bathroom of bedroom [REDACTED]

Plan of Correction

Accept

Toilets and shower were immediately cleaned by staff. Hairbrush and razor were immediately discarded.

All staff have been re-educated on sanitary practices and hygiene for residents. All staff will clean toilets after resident use after AM/PM care or after assisting resident with toileting in residents rooms or common restrooms.

Cleaning of all common use toilets will be completed daily by housekeeping.
Discussed during staff meeting on 07/05/2021

Completion Date: 07/05/2021

Document Submission

Implemented

see attached

86a - Ventilation

1. Requirements

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

86a - Ventilation (continued)

Description of Violation

On 6/9/21 at approximately 11:16 a.m., the ceiling exhaust fan was not operable in the common bathroom near bedrooms [redacted] and [redacted] on the lower level.

Plan of Correction

Accept

Exhaust fans have been repaired by maintenance.

Head of maintenance [redacted] will assess inside of building the first Friday of every month for any needed repairs/issues.

Staff educated to notify maintenance with any issues that are found with building as soon as discovered so problems can be immediately repaired.

Discussed at Staff meeting 07/05/2021

See attachment exhaust fan

Completion Date: 07/06/2021

Document Submission

Implemented

see attached

88a - Surfaces

1. Requirements

2600.

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

Description of Repeat Violation

On 6/11/21, there was a 5' by 7' brown area rug in the small dining room or "feeding room", covering the main carpet that is in disrepair. The throw rug is approximately a foot from the bedroom door of resident #25. The edges of the rug are lifted and rolled up along the long sides of the carpet and buckled posing a tripping hazard. Also, the main carpet underneath the area rug is in poor condition with multiple tears and is frayed.

Repeat Violation 5/1/19

Plan of Correction

Accept

Rug was discarded.

Carpet is being replaced in the dining room with linoleum flooring. This was previously ordered and arranged prior to inspection. Flooring to be replaced as soon as it arrives to facility.

No monitoring needed as it will be a permanent solution.

Completion Date: 07/06/2021

Document Submission

Implemented

see attached

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 6/9/21, the water temperature at the sink in the single use common bathroom by patio level bedrooms [redacted] and [redacted] measured 123.4 degrees Fahrenheit at 11:16 a.m.

On 6/9/21, the water temperature at the single sink in the Mens common bathroom on the main floor measured 123.4 degrees Fahrenheit at 1:57 p.m.

On 6/9/21, the water temperature at the single sink in the Women's common shared bathroom on the main floor measured 122.7 degrees Fahrenheit at 2:02 p.m.

Plan of Correction

Accept

Hot water temperature was immediately turned down and temperature has maintained below 120 degrees F.

Maintenance ([redacted]) will check temperatures of water every Friday to ensure it maintains temperature.

See attachment hot water.

Completion Date: 07/05/2021

Document Submission

Implemented

see attached

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - 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.

Description of Violation

On 6/9/21, none of the required emergency telephone numbers were posted on or by the telephone in the bedroom of resident #20 in bedroom [redacted]

On 6/9/21, the posting on the wall above the telephone at the station by bedroom [redacted] and [redacted] indicated the following, "In event of an emergency that we need to evacuate: Call 911" and the administrator's contact numbers." Not all the required emergency telephone numbers were posted by the telephone, to include: the nearest hospital, police department, fire department, ambulance, poison control center, local emergency management and personal care home complaint hotline.

On 6/9/21, none of the required emergency telephone numbers were posted on or next to resident's #13 and #17 cordless telephones on the snack tray between their reclining chairs in bedroom [redacted].

On 6/11/21, none of the required emergency telephone numbers were posted in the bedroom of resident #25.

91 - Telephone Numbers (continued)

Plan of Correction

Accept

Telephone numbers were immediately re-posted upon discovery.

Administrator [redacted] will monitor that telephone numbers are posted by every phone on the 1st Monday of every Month.

Staff have been re-educated at staff meeting on 07/05/2021 to assess for telephone numbers during AM/PM care daily and to replace if damaged/or missing.

Completion Date: 07/06/2021

Document Submission

Implemented

see attached

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Repeat Violation

On 6/9/21, at approximately 10:46 a.m., the bedside lamp on a small stand next to the reclining chair in bedroom [redacted] was in poor condition. The lamp post was not secured into the base or the top of the lamp. The lamp was very loose and wobbled.

Repeat Violation 5/1/19

Plan of Correction

Accept

The lamp/stand has been replaced by maintenance.

Staff have been re-educated at staff meeting on 07/05/2021 to report any damages to furniture so they can be immediately replaced or repaired by the maintenance department. Staff to assess surroundings daily during AM/PM care.

Maintenance [redacted] to assess interior rooms monthly for any repairs/damages first Friday of every month. See attachment room [redacted]

Completion Date: 07/05/2021

Document Submission

Implemented

see attached

100a - Exterior - Free of Hazards

1. Requirements

2600.

100a - Exterior - Free of Hazards (continued)

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 6/9/21, there is no cover on the rain drainpipe in the concrete walkway on the exterior of the home. The drainpipe is approximately 45" from the wooden fire escape leading from the 2nd floor to the ground and is in the path of the emergency egress route posing a trip/fall hazard.

Plan of Correction

Accept

Maintenance replaced the drain pipe as soon as discovered.

Head of Maintenance ([REDACTED]) will complete monthly checks on all exterior of building to ensure no hazards. First Friday of every month.

See attachment "drain" for picture of repair.

Completion Date: 07/05/2021

Document Submission

Implemented

see attached

101j5 - Bedside Table/Shelf

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 5. A bedside table or a shelf.

Description of Violation

On 6/9/21, there was no bedside table or shelf for the bed in bedroom [REDACTED]. There was a snack table next to the reclining chair across the room.

On 6/9/21, there was no bedside table or shelf at resident #23's bedside in bedroom [REDACTED]

On 6/9/21, there was no bedside table or shelf at resident #24's bedside in bedroom [REDACTED]. The bedside table is set back behind the bed in a small alcove approximately 40" from the bedside in bedroom [REDACTED].

Plan of Correction

Accept

These residents have re-arranged their rooms to suit their needs.

The bedside tables have been moved back to their bedsides due to violation.

Staff to ensure that each resident has a bedside table in the appropriate location after assisting with PM care each night.

Discussed at staff meeting 07/05/2021

See attachment room [REDACTED]

see attachment room [REDACTED]

see attachment room [REDACTED]

Completion Date: 07/05/2021

101j5 - Bedside Table/Shelf (continued)

Document Submission

Implemented

see attached

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 6/9/21, there was no bedside lamp or source of light that could be turned on/off from bedside in bedroom [redacted]. The closest lamp was on the snack table next to the recliner.

On 6/9/21, there was no bedside lamp or source of light that could be turned on/off from bedside in bedroom [redacted]. The closest lamp is behind the bed in a small alcove approximately 40" from bedside.

Plan of Correction

Accept

Resident prefers not to have a lamp at their bedside, however, a lamp was provided to resident at bedside to satisfy isolation.

All staff are to ensure that lamps/light source is beside bed after completing PM Care nightly.

Staff-reeducated at staff meeting on 07/05/2021

see attachments room [redacted] and room [redacted]

Completion Date: 07/05/2021

Document Submission

Implemented

see attached

101o - Walls, Floors, Ceilings

1. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 6/9/21, there are brownish/rust colored water stains in the upper right corner of the wall in the private bathroom in bedroom [redacted], from an overflowing toilet in the bathroom above. The water stains measure approximately 2' down wall from the ceiling with a blackish substance that appears to be mold on the right wall at the ceiling.

On 6/9/21, there was a hole in the wall on the right side of the closet in bedroom [redacted]. The hole measured approximately 4" by 4 1/2" and approximately 5' high.

On 6/11/21, the mantel around the fireplace in resident #25's bedroom is not secured to the wall. The mantel moves easily when any pressure is applied to push or pull and is being used to hold the residents flat screen television.

101o - Walls, Floors, Ceilings (continued)

Plan of Correction

Accept

Wall in room [redacted] has ben repaired.

Wall in room [redacted] has been repaired.

Fireplace and tv have been mounted to the wall in room [redacted]

Staff re-educated to alert maintenance to any interior or exterior building issues as soon as discovered for immediate repairs. Discussed at staff meeting 07/05/2021.

Maintenance ([redacted]) to assess interior rooms monthly for any repairs/damages first Friday of every month.

see attachment room [redacted] and [redacted] for repairs.

See attachment room [redacted] for repairs.

see attachment anchors and fireplace.

Completion Date: 07/08/2021

Document Submission

Implemented

see attached

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 6/9/21, at approximately 11:16 a.m., the wall soap dispenser was inoperable and there was no soap available to wash hands in the common bathroom by bedrooms [redacted] and [redacted]

Plan of Correction

Accept

Soap dispenser has been refilled.

Staff/cleaning personnel have been re-educated on cleaning/refilling of

Head of cleaning ([redacted]) will ensure that all soap dispensers are filled and will refill as needed. All staff have been re-educated on refilling of soap dispensers/paper towels.

Cleaning staff will assess soap dispensers weekly on Monday to ensure that are filled.

Completion Date: 07/05/2021

Document Submission

Implemented

see attached

103g - Storing Food

1. Requirements

103g - Storing Food (continued)

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 6/9/21 at approximately 1:27 p.m., there were multiple unlabeled/undated foods in the Montgomery Ward Deluxe upright freezer by the shelving unit in the kitchen, to include:

- 5 one-gallon Ziploc bags with cooked bacon.
- A brown bag French fried approximately ¼ full.
- 2 one-quart Ziploc bags with sliced pepperoni.
- A gallon size Ziploc bag of sausage patties with approximately 5 patties remaining.

On 6/9/21 at approximately 1:44 p.m., there were multiple unlabeled/undated food in the walk in Freezer, to include:

- A bag of chicken nuggets
- A bag of fish sticks.

Plan of Correction

Accept

All food that was found to not have date open or expiration date on it has been discarded.

Kitchen staff has been re-educated on labeling/dating food.

Head of kitchen (redacted) will complete weekly checks every Monday of food items to ensure labels/dates are on all opened packages.

Completion Date: 07/05/2021

Document Submission

Implemented

see attached

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 6/9/21 at approximately 1:27 p.m., there was an open, unsealed bag of French fries approximately ¼ full in the Montgomery Ward Deluxe upright freezer in the kitchen.

103i - Outdated Food (continued)

Plan of Correction

Accept

All food that was found to not have date open or expiration date on it has been discarded.

Kitchen staff has been re-educated on labeling/dating food.

Head of kitchen (redacted) will complete weekly checks every Monday of food items to ensure labels/dates are on all opened packages.

Completion Date: 07/05/2021

Document Submission

Implemented

see attached

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 6/9/21, there was an empty food cart, a soiled linen cart, and a trash bin in the main floor stairwell along the opposite wall of the steps leading to the second floor, obstructing the egress route.

On 6/9/21 at approximately 2:15 p.m., the exit door by the lounge from the lobby was locked. The lock is a turn knob lock and the home could not establish that all the residents could independently operate the lock.

Plan of Correction

Accept

Carts were immediately removed from the stairwell as soon as discovered. Door was unlocked.

Staff has been re-educated regarding keeping the stairwells and exits clear of any obstructions. Staff will assess this daily to make sure all exits and stair wells are clear at all times.

see attachment: Clear stairwell

Completion Date: 07/05/2021

Document Submission

Implemented

see attached

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b - Meds and Syringes Locked (continued)

Description of Repeat Violation

On 6/9/21, resident #20 is assessed to be able to self-administer some medications and keep at bedside. However, the following medications prescribed were unlocked and accessible in the resident's bedroom [REDACTED], to include:

Private bathroom sink counter:

- Three small bottles Nystatin 100000 Unit Gm/Top Powder. Apply small amount to skin every day for skin fold irritation.
- Calmoseptine Ointment with no label. use moisture barrier heal skin irritation.

and on the small snack tray by recliner in resident #20's bedroom unlocked and assessable:

- Three syringes rubber banded together 0.9% Sodium Chloride Injection. For flushing out catherator tubes and bag.
- A bottle of Equate Antacid Tablets 750mg 96 count.
- A 3 oz. container of Antifungal Powder with Miconazole Nitrate 2%.

Not all residents are assessed Resident #19 is assessed to have a minimal problem being safe around poisonous materials.

Repeat Violation 5/1/19

Plan of Correction

Accept

Medications were immediately removed from residents rooms. Lock bags have been purchased and placed in each resident room that has been assessed to be able to self-administer medications.

Staff have been re-educated at staff meeting regarding the importance of locking all medications/poisons to prevent any harm to any resident.

Staff will report any changes in resident assessment daily to administrator if they feel resident has had a change in ability to self administer medication. Staff will check rooms daily for any medication/treatments to ensure they are ocked in locked box.

see attachment lock bag

Completion Date: 07/05/2021

Document Submission

Implemented

see attached

185a - Implement Storage Procedures

1. Requirements

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.

Description of Violation

On 6/11/21, resident #17's glucometer was not calibrated to the correct time. The glucometer indicated a time of 9:03 a.m., the actual time was 12:57 p.m.

Resident #17's glucometer indicated a blood glucose reading of 235 at 2:38 a.m. on 6/10/21. However, the reading was incorrectly recorded in the residents June 2021 MAR on 6/10/21 at 8:00 a.m. as 233.

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Accept**

Resident #17 glucometer has been calibrated to the correct time/date.

Medication technicians have been re-educated on glucometers use. They have also been re-educated on correct documentation.

Discussed at staff meeting held on 07/05/2021.

Glucometers and MARS will be checked for accuracy every Monday by medication technicians on PM shift.

Completion Date: 07/30/2021

Document Submission**Implemented**

see attached

187a - Medication Record

1. Requirements

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.

Description of Violation

The June 2021 MAR for resident #20 indicates the resident is ordered Amoxicillin 875MG/125MG - Take one tablet orally twice daily for 7 days (Infection). According to the pharmacy the resident finished the medication and was discontinued on 5/29/21.

187a - Medication Record (continued)

Plan of Correction

Accept

Medication was prescribed by the veterans affairs and was sent to Crystal Waters Personal Care Home via mail. The [redacted] was contacted by medication technician to send order via fax, however the veterans affairs failed to send order timely. They were contacted several times over the next several days to send orders. Once order was received it was faxed to [redacted] to profile on the E MAR.

Medication was administered correctly and timely. Once [redacted] finally received the order from the veterans administration the short term medication had finished.

The medication technicians have been re educated on proper documentation, contacting pharmacies/providers to obtain written orders and medications from outside pharmacies.

Any new medication that arrives without an order the medication technicians will immediately contact prescriber for orders and will follow up with [redacted] regarding profiling medication on E MAR. Medication technicians will review MARS every Friday AM for accuracy.

This was discussed at staff meeting held on 07/05/2021

Completion Date 07/05/2021

Document Submission

Implemented

see attached

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #25 is prescribed the following medication. However, the medication was not initialed as administered on 6/2/21 at 8:30 p.m. in the June 2021 MAR, to include:

- Carb/Levo 25mg/100mg tablet- take one tablet orally three times daily (8:30 a.m., 5:00 p.m. and 8:30 p.m.) (Parkinson's Disease).
- Carb/Levo/Enta 50/200/200 – Take one tablet orally four times daily (Parkinson's Disease).

Plan of Correction

Accept

Medication technicians were re-educated on correct documentation of medication administration.

Medication technicians will ensure that each medication is documented, either given, refused, omitted, etc. on each resident after each med pass during their shifts.

This was discussed at staff meeting held on 07/05/2021

Completion Date: 07/05/2021

Document Submission

Implemented

see attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #25 is prescribed Pramipexole Tablet 0.25mg – Take 1 & ½ tablet (0.375mg) orally four times daily (8:30 a.m., 12:00 p.m., 5:00 p.m. and 8:30 p.m.), (Parkinson’s Disease). However, on 6/2/21 at 8:30 p.m. the prescribed medication was not administered to the resident.

Plan of Correction

Do Not Accept

Medication technicians will ensure that each medication is documented, either given, refused, omitted, etc. on each resident after each med pass during their shifts.

This was discussed at staff meeting held on 07/05/2021

Completion Date: 07/05/2021

Plan of Correction

Accept

Medication technicians will ensure that each medication is administered and documented correctly. They will ensure that documentation is correct, either given, refused, omitted, etc. on each resident after each med pass during their shifts.

Medication errors will be reported to residents PCP, the resident will be notified of error, and incident report will be filed to the state.

Staff have been re-educated on proper medication administration and documentation.

Administrator to review MARS monthly last Monday of every month to ensure proper administration and documentation.

This was discussed at staff meeting held on 07/05/2021

Completion Date: 07/13/2021

Document Submission

Implemented

see attached

225a - Assessment 15 Days

1. Requirements

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.

225a - Assessment 15 Days (continued)

Description of Repeat Violation

Resident #25's assessment dated, 3/32/21, does not include the name and contact information of the neurologist treating the resident for Parkinson's or the agency providing services for PT/OT and contact information under the formal supports.

Repeat Violation 8/6/2020

Plan of Correction

Accept

The assessment completed on 03/23/21 was completed correctly. The name of the neurologist (redacted) was included on the residents diagnosis/treatment plan of Parkinsons Disease on page 6 of RASP. The current RASP was updated to add neurologist to the front page of the RASP under formal support.

At the time of assessment dated 03/23/2021 resident was not followed by PT/OT. (redacted) was also not followed by PT/OT on the date of the inspection.

Resident has since resumed PT/OT with home health agency on (redacted) this has been added to (redacted) current RASP with their name and contact information.

Each new order will be placed in new order binder found in locked medication room. New orders will be reviewed by administrator and added to residents RASP every Friday.

Staff were re-educated on orders where to place orders if received via fax or from providers at staff meeting dated 07/05/2021

See attachment resident 25 original rasp

Completion Date: 07/05/2021

Document Submission

Implemented

see attached

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

225c - Additional Assessment (continued)

Description of Violation

Resident #24's current assessment, dated 11/2/2020, indicates the resident's special dietary need requires a mechanical soft diet and requires cueing/reminders for eating. However, the assessment was not updated to reflect the resident's changes in dietary needs and eating. A physician's order, dated 5/11/21, prescribing a pureed diet and staff interviews indicated the resident requires to be fed at meals. On 6/9/21, resident #24 was observed eating lunch in the "feeding room", where staff were assisting with feeding the resident.

Resident #24's assessment, dated 11/2/2020, was not updated to reflect the special dietary need from mechanical soft to pureed diet as indicated in the physician's order dated 5/11/21. The assessment also indicates the resident only requires prompting/cueing for eating. However, staff interviews indicated the resident is now in the "feeding room" and requires to be fed meals. Observation of lunch on 6/10/21 at 11:15 a.m., observed resident #24 being fed by a staff person.

Resident #25's medical evaluation, dated 4/14/21, indicates a diagnosis of Parkinson's disease and the physical/medical addendum indicates falls, deconditioning and impaired ADL's. The resident's assessment, dated 3/23/21, indicates the care and service needs of the resident is prompting/ cueing for eating. However, the resident requires and is currently using adaptive equipment to aid in eating independently. Which is not indicated in the resident's assessment.

Plan of Correction

Accept

Resident #24s RASP has been updated to include new order for special dietary needs.
Resident #25 RASP has been updated to include use of adaptive equipment.

New orders will be reviewed and acted on immediately, then they will be placed in the "New order" binder found in locked medication room for administrator review. The administrator will then update RASP as indicated every Friday.

Staff re-educated during staff meeting dated 07/05/2021

See attachment resident 24 and resident 25

Completion Date: 07/05/2021

Document Submission

Implemented

see attached

227d - Support Plan Medical/Dental

1. Requirements

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

227d - Support Plan Medical/Dental (continued)

Description of Violation

Resident #25's support plan indicates the resident requires minimal supervision in the home with 2- hour wellness checks and minimal mobility, with the use of a wheeled walker and staff assist. However, the support plan does not reflect the residents desire to maintain his/her independence and refusal to utilize the pendant for staff assistance for transfers, and ambulating placing the resident at a higher risk for falls and injuries. The staff report book, dated [REDACTED] to [REDACTED], documented 28 falls, with multiple falls on one shift and of those falls three required the resident to be sent to the hospital for medical treatment for head injuries. The support plan does not indicate care and services on how the home will ensure the residents safety

Plan of Correction

Accept

Resident #25 RASP has been updated to include [REDACTED] desire to maintain [REDACTED] independence and [REDACTED] refusal to ut lize staff/call bell.

Resident has been reminded to call for assistance before transferring.

RASP has been updated to include all safety measures Crystal Waters has taken to help prevent injuries to resident. .E. Call bell, chair alarm, bed alarm, orders for PT/OT, reminders to resident (resident is alert and oriented x 3), moving resident to first floor room where he is easily accessible to staff/assistance.

Administrators will review report book every Friday and will update RASP as indicated. Also staff have been re-educated at staff meeting about the safety of all residents, ensuring call bells are within reach, bed alarms/chair alarms are on and working.

See attachment resident 25.

Completion Date: 07/05/2021

Document Submission

Implemented

see attached