
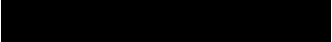


Department of Human Services
Bureau of Human Service Licensing

December 16, 2021


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 ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *CRYSTAL WATERS* License #: *42765* License Expiration:
Address: *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 Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *61* Waking Staff: *46*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *10/14/2021*

Inspection Dates and Department Representative

10/14/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* Residents Served: *54*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *54*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *7* Have Physical Disability: *1*

Inspections / Reviews

10/14/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/29/2021*

Inspection Dates and Department Representative (*continued*)

10/14/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/17/2021*

10/14/2021 - Document Submission

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

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 Violation

There was an approximate 1/8 inch of water covering the shared bathroom in resident bedroom# PL1, causing a possible slip-and-fall hazard.

Document Submission***Implemented****Agree.***Completion Date:** 12/13/2021