

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

April 4, 2023

[REDACTED], PRESIDENT  
CRYSTAL WATERS, INC.  
[REDACTED]  
[REDACTED]

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 05/24/2022, 05/25/2022, 05/26/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** CRYSTAL WATERS **License #:** 42765 **License Expiration:** 09/18/2022  
**Address:** 4639 ROUTE 119,HWY NORTH, HOME, PA 15747  
**County:** INDIANA **Region:** WESTERN

**Administrator**

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

**Legal Entity**

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

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

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal, Complaint **Exit Conference Date:** 05/25/2022

**Inspection Dates and Department Representative**

05/24/2022 On Site: [REDACTED]  
05/25/2022 On Site: [REDACTED]  
05/26/2022 Off Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 66 **Residents Served:** 51

**Secured Dementia Care Unit**  
**In Home:** No **Area:** **Capacity:** **Residents Served:**

**Hospice**  
**Current Residents:** 2

**Number of Residents Who:**  
**Receive Supplemental Security Income:** 1 **Are 60 Years of Age or Older:** 51  
**Diagnosed with Mental Illness:** 10 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 10 **Have Physical Disability:** 2

**Inspections / Reviews**

05/24/2022 - Full  
**Lead Inspector:** [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 06/27/2022

**07/07/2022 POC Submission**

Submitted By: [REDACTED]

Date Submitted: 12/10/2022

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/11/2022

**08/23/2022 POC Submission**

Submitted By: [REDACTED]

Date Submitted: 12/10/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 08/30/2022

**12/08/2022 Document Submission**

Submitted By: [REDACTED]

Date Submitted: 12/10/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 12/09/2022

**04/04/2023 Document Submission**

Submitted By: [REDACTED]

Date Submitted: 12/10/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

29a SOPb1- Hospice Care: Doctor Certification

1. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

- 1. A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

Description of Violation

Residents #1 and #2, who are receiving hospice services, were not evacuated during the fire drill conducted on 5/17/22. The home does not have a written certification from a physician that the residents are actively dying and may be injured or suffer a hastened death as the result of participating in a fire drill.

POC Submission

Accept

Residents #1 and #2 hospice physicians were notified and written certification was obtained from respective physician(s) that residents are able to remain in place during fire drills as they may be injured or suffer a hastened death as a result of participating in fire drill.

Administrator will ensure that residents on hospice care that are actively dying, may be injured or suffer a hastened death as a result of participating in fire drill will have physicians orders to remain in place on the 1st of every month.

Licensee's Proposed Overall Completion Date: 07/01/2022

Implemented [redacted] - 03/31/2023)

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 5/24/22, there was an uncovered, unattended trash can in the shared bathroom in bedroom 107.

POC Submission

Accept

Trash can was lid was replaced on the bathroom trash can in bedroom 107.

Housekeeping will ensure that lids are on all trashcans while removing trash at the end of each shift.

Discussed at staff meeting 07/02/22

Licensee's Proposed Overall Completion Date: 07/05/2022

Implemented [redacted] - 12/08/2022)

91 - Telephone Numbers

3. 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 5/24/22 there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in bedroom #7.

REPEAT VIOLATION ON 6/9/21

POC Submission

Accept

Emergency telephone number list was replaced by the telephone in bedroom #7.

housekeeping will ensure that all emergency telephone numbers are listed on each phone weekly on Fridays.

Discussed at staff meeting on 07/02/22

Licensee's Proposed Overall Completion Date: 07/02/2022

Implemented ( ) - 12/08/2022)

102i Soap Dispenser

4. 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 5/24/22, there was an unlabeled used bar of soap on the sink counter in the shared bathroom in bedroom #7.

REPEAT VIOLATION ON 6/9/22

POC Submission

Accept

Unlabeled used bar of soap was removed from bathroom in bedroom #7.

Housekeeping will ensure that all bars of soap are removed or labeled clearly during bathroom cleanings daily.

Discussed at staff meeting on 07/02/22

Licensee's Proposed Overall Completion Date: 07/02/2022

Implemented ( ) - 12/08/2022)

103c Food Protected

5. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 5/24/22, the home's outside walk-in freezer was not working properly, causing the food in the freezer to start thawing, including a 5 quart container of ice cream and the freezer having a smell of spoilage. Staff interviews indicated the freezer stopped working properly on 5/23/22 and some food items were removed and disposed of.

103c - Food Protected (continued)

**POC Submission**

**Accept**

*The freezer stopped working properly the day prior to inspection on 05/23/22. Maintenance was notified as soon as discovered and new freezers were bought the same day. Food was moved into newly bought freezers on 05/24/22 as soon as they were delivered from the store.*

*Kitchen staff will monitor freezer temperatures daily and report any problems or food spoilage to maintenance and administrator as soon as discovered.*

*Discussed at staff meeting on 07/02/22.*

**Licensee's Proposed Overall Completion Date: 07/02/2022**

**Implemented (█ - 04/03/2023)**

103f - Refrigerator/Freezer Temps

**6. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

*On 5/24/22, at 12:54 pm., the temperature in the walk-in refrigerator was 42 degrees Fahrenheit and on 5/25/22, at 3:51pm., it was 41 degrees Fahrenheit.*

*On 5/24/22, at 12:56 pm., the temperature in the walk-in freezer was 38 degrees Fahrenheit and on 5/25/22, at 3:53pm., it was 34 degrees Fahrenheit.*

**POC Submission**

**Accept**

*Repair technician was notified on 05/24/22 at discovery and more freon was added to the walk in refrigerator which improved the temperature between normal limits.*

*5 new freezers were purchased on 05/23/22 and were delivered on 05/24/22. Food was immediately transferred into new freezers once proper temperature was reached. Currently waiting on new parts for walk in freezer to be delivered and will be installed as soon as delivered.*

*Kitchen staff will monitor the temperature of freezer and refrigerator daily and will report any temperatures out of normal limits to maintenance upon discovery.*

*Discussed at staff meeting on 07/02/22.*

**Licensee's Proposed Overall Completion Date: 07/04/2022**

**Implemented (█ - 04/03/2023)**

132a - Monthly Fire Drill

**7. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

132a - Monthly Fire Drill (continued)

**Description of Violation**

An unannounced fire drill was not held during the month of January 2022. The home did not notify the Department that a fire drill was not completed due to a COVID outbreak.

**POC Submission**

**Accept**

Fire drill was not conducted due to a COVID outbreak.

Administrator will notify the Department of any fire drills not being conducted due to COVID outbreaks monthly if occurs.

Discussed at staff meeting on 07/02/22

Licensee's Proposed Overall Completion Date: 07/02/2022

Implemented (█) - 12/08/2022)

132h - Designated Meeting Place

**8. Requirements**

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**Description of Violation**

During the fire drill on 12/17/22, at 12:35 pm., residents #1 and #2 did not evacuate to a designated meeting place away from the building or within the fire-safe area.

**POC Submission**

**Accept**

Resident #1 and #2 are hospice residents. They may have may be injured or suffer a hastened death as a result of participating in fire drill.

Administrator will ensure that any resident with these needs/circumstances will have physicians orders to remain in place on the 1st of every month.

Discussed at staff meeting on 07/02/22

Licensee's Proposed Overall Completion Date: 07/02/2022

Implemented (█) - 03/31/2023)

133.1 - Exit Signs

**9. Requirements**

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

**Description of Violation**

On 5/24/22, there was no exit sign over the double door leading from the second floor down the steps to the lounge/dining area and the three double doors leading from the first floor dining room to the rear patio. The home

**133.1 - Exit Signs (continued)**

currently serves 51 residents.

**POC Submission****Accept**

Exit signs were placed over all exits.

The three double doors leading from the first floor dining room to the rear deck are NOT exits. There is no way to exit from the 2nd story deck. Exit signs are not able to be placed over these doors, as there is no exit from them.

Maintenance will ensure that EXIT signs are in place on the 1st Monday of every month.

Staff to notify maintenance if any damages or missing signs at discovery.

Discussed at staff meeting 07/02/22

Licensee's Proposed Overall Completion Date: 07/05/2022

Implemented (████) - 03/31/2023)

**187a - Medication Record****10. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

Resident #3 is prescribed ██████████, 1 supp every three days as needed. However, On ██████████, the resident's May 2022 medication administration record (MAR) indicated 1 supp daily.

REPEAT VIOLATION ON 6/9/21

**POC Submission****Accept**

Med tech will review all orders for medications for each resident weekly on Fridays to ensure that all medication orders/MAR are correct. If discrepancies are noted, med tech will alert Diamond pharmacy to correct order/MAR and prescribing physician.

Discussed at staff meeting 07/02/22

\*Administrator to review with med techs on Fridays that all orders are correct.

\*On 05/25/22 upon discovery of incorrect EMAR documentation, Diamond pharmacy was notified by Administrator and order from prescriber was re-faxed to Diamond pharmacy to correct EMAR. EMAR was corrected with correct order and verified by med tech and administrator.

Licensee's Proposed Overall Completion Date: 07/07/2022

Implemented (████) - 04/03/2023)

**187b - Date/Time of Medication Admin.****11. Requirements**

187b - Date/Time of Medication Admin. (continued)

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 #4 is prescribed [redacted], 1 tab three times a day. On [redacted], resident #4's May 2022 MAR did not include the initials of the staff person who administered [redacted] or [redacted] at [redacted] pm.

Resident #4 is prescribed [redacted] twice a day. On [redacted], resident #4's May 2022 MAR did not include the initials of the staff person who administered [redacted] or [redacted] at [redacted] pm.

Resident #4 is prescribed [redacted], [redacted] 5 units before meals. On [redacted], resident #4's May 2022 MAR did not include the initials of the staff person who administered [redacted] on [redacted] at [redacted] am.

Resident #4 is prescribed accuchecks before meals and at bedtime. On [redacted] resident #4's May 2022 MAR did not include the initials of the staff person who did the accuchecks on [redacted] at [redacted].

REPEAT VIOLATION ON 6/9/21

POC Submission

Accept

Medications outlined above were administered by staff member, however, they were not documented on the MAR. Staff member was re-educated on correct documentation of medication.

Med technicians will verify at the end of each med pass that all medications are correctly documented. Discussed at staff meeting 07/02/22

Administrator will check MARS for completion of documentation on the last Friday of each month.

Licensee's Proposed Overall Completion Date: 07/07/2022

Implemented [redacted] - 03/31/2023)

187d - Follow Prescriber's Orders

12. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed [redacted], apply every shift and after each incontinent episode. However, this medication was not administered/applied to resident #3 on [redacted], at [redacted], because the medication was not available in the home. Staff signed the resident's May 2022 MAR indicating the medication was administered/applied in [redacted] at [redacted].

Resident #5 is prescribed [redacted], 1 tab three times a day. However, this medication was not administered to resident #5 on [redacted] at [redacted], and [redacted], because the medication was not available in the home.

POC Submission

Accept

Medication technicians were re-educated on proper medication administration/documentation/refill or renewal

**187d Follow Prescriber's Orders (continued)**

requests.

Med technicians are to notify correct pharmacy or prescriber when medication has 7 days supply left and are to call again when 3 days supply is left if medication has not arrived to home.

Staff educated at staff meeting on 07/02/22.

Administrator will check that all resident medications are available for administration weekly on Fridays.

Licensee's Proposed Overall Completion Date: 07/07/2022

Implemented [REDACTED] - 03/31/2023)