pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **CRYSTAL WATERS, INC.**
LEGAL ENTITY

To operate **CRYSTAL WATERS**
NAME OF FACILITY OR AGENCY

Located at **4639 ROUTE 119,HWY NORTH, HOME, PA 15747**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **66**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **August 9,** **2024** until **August 9,** **2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **427650**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: August 8, 2024

[redacted]
Crystal Waters, Inc.
4639 Route 119 Highway North
Home, Pennsylvania 15747

RE: Crystal Waters
License #: 42765

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on May 20, 2024, and July 15, 2024, and the corrections you have made after our inspections, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *CRYSTAL WATERS* **License #:** *42765* **License Expiration:** *08/09/2024*

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]

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:** *54* **Waking Staff:** *41*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal, Provisional* **Exit Conference Date:** *05/20/2024*

Inspection Dates and Department Representative

05/20/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* **Residents Served:** *47*

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:** *46*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *7* **Have Physical Disability:** *1*

Inspections / Reviews

05/20/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/17/2024*

06/18/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *06/21/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *07/07/2024*

07/25/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *06/21/2024*

Reviewer: [redacted] **Follow-Up Type:** *Exception*

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 were three missing ceiling tiles in the common bathroom across from the kitchen entrance.

Plan of Correction ***Accept [redacted] - 06/18/2024)***

On 05/20/2024 the three ceiling tiles were replaced upon discovery by maintenance department [redacted] prior to inspection being completed. This was shown to the inspectors prior to completing inspection on 05/20/2024.

On 05/21/2024 all staff were educated at staff meeting by [redacted] that they were to inform head of maintenance immediately for any ceiling tiles that were missing or in need of repair.

On 05/21/24 new plan was developed and implemented by head of maintenance [redacted] add review of ceiling tiles to monthly building inspection check list. Head of maintenance, [redacted], will complete monthly building inspection, to include ceiling tile, on the first Friday of every month. The first monthly check began on 06/07/2024.

Licensee's Proposed Overall Completion Date: *06/11/2024*

Implemented ([redacted] - 07/25/2024)

185a - Implement Storage Procedures

2. 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

Resident #1 is prescribed Acetaminophen 650mg ER – Take 1 tablet orally in the evening. However, the medication was not available in the home.

Resident #2's narcotic count sheet for the Tramadol 50mg -take one tablet by mouth twice daily indicates 34 tablets. However there were 35 tablets in the resident's bottle.

Repeat Violation: 6/28/23

Plan of Correction ***Accept [redacted] - 06/18/2024)***

On 05/20/2024 resident #1, [redacted] ordering provider [redacted], and the department of human services were notified that [redacted] Acetaminophen 650 mg ER was not available in the home by administrator [redacted].

On 05/21/2024 all medication technicians were educated by [redacted] (head of medication administration) that a new policy was developed to ensure all residents have prescribed medication available at all times.

On 05/21/2024 a new policy was developed and implemented by [redacted] that all medication technicians will request refill of medication from pharmacy when 7 day supply of medication remains. If

185a - Implement Storage Procedures (continued)

medication has not been delivered, medication technicians will alert Administrator [redacted] when 3 days supply is left. Administrator will then contact pharmacy and provider at that time to ensure medication is available to resident as prescribed or to obtain a new order from prescriber.

[redacted] head of medication administration, will review medication supplies on all residents weekly on Mondays beginning on 05/27/2024 .

On 05/20/2024 resident #2's narcotic count discrepancy was corrected by [redacted].

05/21/2024 Medication technicians were educated by [redacted] that a new policy regarding narcotic counts.

New policy developed and implemented by [redacted] on 05/21/2024:
All narcotics are to be signed out immediately upon administration. Narcotic count sheets will be updated at the time of administration by medication technician.
Narcotic counts will be completed at the end of each shift by two medication technicians to maintain an accurate count. Any discrepancies will be reported immediately to Administrator by medication technician.
[redacted], head of medication administration, will review all narcotic counts weekly on Mondays beginning on 05/27/2024.

Medication technicians were educated on this policy on 05/21/2024 by [redacted], head of medication administration.

Licensee's Proposed Overall Completion Date: *06/11/2024*

Implemented [redacted] 07/25/2024)

187b - Date/Time of Medication Admin.

3. 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 #1 is prescribed Acetaminophen 650mg ER – Take 1 tablet orally in the evening. However, the medication was not available in the home. However, according to staff interviews, the medication was not available in the home on 5/20/24 and direct care staff instead administered two acetaminophen 325mg tablets at 8:30 a.m. and initialed the resident's May 2024 Medication Administration Record (MAR) as having administered the acetaminophen 650mg ER tablet.

Repeat Violation: 6/28/23

Plan of Correction ***Accept [redacted] - 06/18/2024)***

*On 05/20/2024 resident #1, [redacted] ordering provider [redacted], and the department of human services were notified **by administrator** [redacted], that [redacted] Acetaminophen 650 mg ER was not available in the home and that [redacted] was instead administered 2 tablets of Acetaminophen 325mg.*

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

On 05/20/2024 ordering provider [redacted] advised to [redacted], Administrator that no changes were needed via telephone call and would send written documentation via fax when available.

On 05/20/2024 original order was reviewed by [redacted] and time of administration was changed to PM as ordered. Resident was notified change in time on 05/20/2024 by [redacted]

On 05/20/2024 medication technician that administered the medication was notified by [redacted] of error and was re-educated on the rights of administration. Right person, right medication, right dose, right route, right time, right indication and right documentation.

On 05/21/2024 [redacted] educated all medication technicians on the following education and new policies:
Rights of administration to include: Right person, right medication, right dose, right route, right time, right indication and right documentation.
They were also educated on new policy that [redacted], head of medication, will review all medication orders/MARS the first Monday of every month to ensure that all orders are entered correctly on MAR, and documentation is correct to begin on 06/03/2024.

[redacted] head of medication administration, will also review and approve all new orders to ensure that they are correctly placed on MAR upon new order entry beginning on 05/21/2024..

These new policies were developed and implemented on 05/21/2024 by [redacted], head of medication administration

Licensee's Proposed Overall Completion Date: *06/11/2024*

Implemented ([redacted] - 07/25/2024)

187d - Follow Prescriber's Orders

4. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Acetaminophen 650mg ER – Take 1 tablet orally in the evening. However, the medication was not available in the home. However, according to staff interviews, the medication was not available in the home on 5/20/24 and direct care staff instead administered two acetaminophen 325mg tablets at 8:30 a.m. and initialed the resident's May 2024 Medication Administration Record (MAR) as having administered the acetaminophen 650mg ER tablet.

Plan of Correction ***Accept [redacted] - 06/18/2024)***

On 05/20/2024 resident #1, his ordering provider [redacted], and the department of human services were notified by administrator [redacted] that [redacted] Acetaminophen 650 mg ER was not available in the home and that [redacted] was instead administered 2 tablets of Acetaminophen 325mg.

On 05/20/2024 ordering provider [redacted] advised to [redacted], Administrator that no changes were needed via telephone call and would send written documentation via fax when available.

187d - Follow Prescriber's Orders (continued)

On 05/20/2024 original order was reviewed by [redacted] and time of administration was changed to PM as ordered. Resident was notified change in time on 05/20/2024 by [redacted].

On 05/20/2024 medication technician that administered the medication was notified by [redacted], RN head of medication administration, of error and was re-educated on the rights of administration. Right person, right medication, right dose, right route, right time, right indication and right documentation.

On 05/21/2024 [redacted] educated all medication technicians on the following education and new policies:
Rights of administration to include: Right person, right medication, right dose, right route, right time, right indication and right documentation.
They were also educated on new policy that [redacted], head of medication, will review all medication orders/MARS the first Monday of every month to ensure that all orders are entered correctly on MAR, and documentation is correct beginning 06/03/2024.

[redacted] head of medication administration, will also review and approve all new orders to ensure that they are correctly placed on MAR upon new order entry beginning 05/21/2024.

These new policies were developed and implemented on 05/21/2024 by [redacted], head of medication administration

Licensee's Proposed Overall Completion Date: *06/11/2024*

Implemented ([redacted] 07/25/2024)

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

Facility Information

Name: *CRYSTAL WATERS* **License #:** *42765* **License Expiration:** *08/09/2024*

Address: *4639 ROUTE 119,HWY NORTH, HOME, PA 15747*

County: *INDIANA* **Region:** *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *CRYSTAL WATERS, INC.*

Address: *4639 ROUTE 119,HWY NORTH, HOME, PA, 15747*

Phone: [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:** *55* **Waking Staff:** *41*

Inspection Information

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Monitoring* **Exit Conference Date:** *07/15/2024*

Inspection Dates and Department Representative

07/15/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* **Residents Served:** *49*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older:** *49*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *6* **Have Physical Disability:** *0*

Inspections / Reviews

07/15/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/26/2024*

07/18/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/18/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/16/2024*

07/25/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *07/18/2024*

Reviewer: [redacted] **Follow-Up Type:** *Exception*

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed potassium 595 mg take one tab orally every 48 hours. However, resident #1 was not administered the medication on 7/6/24.

REPEAT: 5/20/2024

Plan of Correction ***Accept ([redacted] - 07/18/2024)***

Medication technician on 07/06/24 immediately notified prescriber and residents pharmacy that medication was not given/available on 07/06/2024. Refill of medication was requested by technician on 07/06/24.

No additional orders were obtained from prescriber at that time. Medication was available in the home, however, was overlooked by technician. Upon discovery on 07/15/24 technician was notified and re-educated on medication policy by [redacted]

On 05/21/2024 [redacted] educated all medication technicians on the following education and new policies: Rights of administration to include: Right person, right medication, right dose, right route, right time, right indication and right documentation. They were also educated on new policy that [redacted], head of medication, will review all medication orders/MARS the first Monday of every month to ensure that all orders are entered correctly on MAR, and documentation is correct beginning 06/03/2024. [redacted] head of medication administration, will also review and approve all new orders to ensure that they are correctly placed on MAR upon new order entry beginning 05/21/2024. These new policies were developed and implemented on 05/21/2024 by [redacted], head of medication administration.

On 07/16/2024 [redacted], Re-educated the medication technicians on the above policy and also developed and implemented an addendum to the policy.

New addendum: Medication technicians will immediately notify the administrator if medication is not available in the home after the above attempts have been made. Administrator, [redacted] will review medication cart and order. If medication is still not available, administrator will immediately contact the prescriber for additional orders.

[redacted] head of medication administration, will continue review all medication orders/MARS the first Monday of every month to ensure that all orders are entered correctly on MAR, documentation is correct, and medication is available in the home.
This addition to medication policy was implemented on 07/16/2024 by [redacted] of medication administration.

Licensee's Proposed Overall Completion Date: *07/17/2024*

Implemented ([redacted] - 07/25/2024)