

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

March 10, 2025

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

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/23/2025 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: *08/09/2025*
 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: [REDACTED]
 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 Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *52* Waking Staff: *39*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/23/2025*

Inspection Dates and Department Representative

01/23/2025 - 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: *47*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

01/23/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/23/2025*

03/07/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/07/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/11/2025*

Inspections / Reviews *(continued)*

03/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [redacted] assessment and support plan (RASP), dated [redacted], indicates the resident requires assistance with transferring, toileting, and ambulation to include supervision with [redacted] walker. On [redacted] the resident did not receive this assistance as required.

Plan of Correction

Accept [redacted] 03/07/2025)

On [redacted] resident [redacted] was non compliant with [redacted] care plan which included to call for assistance prior to ambulating, resulting in [redacted] fall. [redacted] care plan has been updated to increase supervision needs to every 30 minutes to help prevent future falls. [redacted] non compliance and change in support plan to increase supervision needs have been discussed with him and [redacted] power of attorney on [redacted] by administrator Tina Loughry.

Direct care staff have been educated on updated care plan and change in supervision level by facility administrator [redacted] on [redacted]

Staff have also been educated to notify administrator with any falls for any resident at the time of incident. Care plans will be reviewed by administrator at that time and changes will be made as needed. Administrator [redacted] [redacted] will also review staff communication logs weekly on Fridays beginning on [redacted] to ensure that any and all falls have been addressed and care plans updated appropriately.

Licensee's Proposed Overall Completion Date: 02/25/2025

Implemented [redacted] - 03/10/2025)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] was admitted on [redacted] with diagnoses to include [redacted] and [redacted]. Resident [redacted] RASP, dated [redacted], indicates [redacted] requires assistance with transferring, toileting, and ambulation to include supervision with [redacted] walker. To meet these needs, supervision and assistance will be available for all transfers for optimal safety, the resident will be accompanied to bathroom to assist with toileting needs, and the resident will be monitored of ambulation with hands on assistance for safety.

Resident [redacted] indicated that [redacted] will often attempt to ambulate without the assistance of staff or use of [redacted] walker. The home's communication notes along with staff and resident interviews indicate resident [redacted] fell 6 times from [redacted] - [redacted].

On [redacted] at approximately 7:00 p.m., resident [redacted] had an unwitnessed fall while attempting to ambulate to the

42b Abuse (continued)

bathroom unassisted and without [REDACTED] walker; however, [REDACTED] refused to go to the hospital. The next morning, the resident indicated [REDACTED] had a headache and neck pain and was sent out to the hospital at approximately 1:30 p.m., where [REDACTED] was diagnosed with a fracture of the second cervical vertebrae. On [REDACTED], the resident was discharged back to the home with an order to wear a soft collar brace at all times and follow up with a neurosurgeon.

Plan of Correction**Accept [REDACTED] 03/07/2025)**

On [REDACTED] resident [REDACTED] was non compliant with [REDACTED] care plan which included to call for assistance prior to ambulating, resulting in [REDACTED] fall. [REDACTED] care plan has been updated to increase supervision needs to every 30 minutes to help prevent future falls. [REDACTED] non compliance and change in support plan to increase supervision needs have been discussed with him and [REDACTED] power of attorney on 02/25/25 by administrator [REDACTED].

Direct care staff have been educated on updated care plan and change in supervision level by facility administrator [REDACTED] on [REDACTED].

Staff have also been educated to notify administrator with any falls for any resident at the time of incident.

Care plans will be reviewed by administrator at that time and changes will be made as needed.

Administrator [REDACTED] will also review staff communication logs weekly on Fridays beginning on 02/28/25 to ensure that any and all falls have been addressed and care plans updated appropriately.

Licensee's Proposed Overall Completion Date: 02/25/2025

Implemented [REDACTED] - 03/10/2025)