

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

November 3, 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 09/17/2025 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: Dept. of Labor & Industry  
 Type: I-1 Date: 12/21/2010 Issued By: Rayne Township

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 56 Waking Staff: 42

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 09/17/2025

**Inspection Dates and Department Representative**

09/17/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 66 Residents Served: 48  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 5  
 Number of Residents Who:  
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 48  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 8 Have Physical Disability: 0

**Inspections / Reviews**

09/17/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/18/2025

10/28/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 11/01/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/04/2025

Inspections / Reviews (*continued*)

## 10/31/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/01/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/04/2025

## 11/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/01/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:25a.m. there was a used washcloth hanging on the grab bar in the ground floor common bathroom.

Plan of Correction

Accept [REDACTED] - 10/28/2025)

The washcloth was used by a resident that showers independently. The washcloth was removed immediately upon discovery by direct care staff on 09/17/2025. On 09/17/2025 the resident was reminded by administrator, [REDACTED] to take all personal care items back to room after showering and to place all used linen in laundry hamper.

During staff meeting held on 10/13/2025 by administrator [REDACTED], direct care staff were advised to clean and check the bathrooms after each resident showers. Administrator to continue to monitor this weekly on Fridays to ensure bathrooms are cleaned after each use.

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented [REDACTED] 11/03/2025)

141a - Medical Evaluation

2. Requirements

2600.  
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident [REDACTED] was admitted on [REDACTED] however, the resident's medical evaluation was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/31/2025)

Resident # [REDACTED] was admitted on [REDACTED] from another personal care home in Pennsylvania due to the closure of that facility. There were no alterations in the resident's health status since the annual medical evaluation conducted by the hospice PCP on 03/14/2025. The sole modification was the relocation to a different personal care home, which was documented in the pre-admission assessment.

On 10/14/2025, the administrator of [REDACTED] Personal Care Home informed the resident's hospice PCP that an updated medical evaluation was required. The form was faxed to their office on 10/14/2025 for completion. On 10/14/25, the resident's family was also notified by the administrator that an updated medical evaluation would be conducted.

Effective immediately, [REDACTED], the administrator of [REDACTED]s, will review each new admission to the home to guarantee that the medical documentation is finalized within the stipulated time frame.

On 10/29/2025 Administrator, [REDACTED] completed an audit of all resident files to ensure that all residents have a DME completed within specified time frame within 60 days prior or 30 days after admission to facility. All resident files are within the specified timeframe.

141a Medical Evaluation (continued)

The resident listed was on hospice and had an expected death on 10/20/2025, before a new DME was completed by [REDACTED] hospice physician. See attached incident report.

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented [REDACTED] - 11/03/2025)

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] take 1 tablet at bedtime as needed for insomnia. However, resident [REDACTED] was administered [REDACTED] tablets of [REDACTED] on the following dates:

[REDACTED]

Plan of Correction

Accept [REDACTED] 10/28/2025)

Resident [REDACTED]'s family requested that the resident continue taking melatonin, as [REDACTED] had prior to admission.

Administrator [REDACTED] contacted the resident's physician and obtained an order for melatonin. The administrator then informed the family that the order was received, and the family provided the over the counter medication from home.

On 09/10/2025, Administrator [REDACTED] submitted a request to the resident's primary care provider (PCP) for an increased dose of melatonin; however, the request had not been addressed.

Upon discovery on 09/17/2025, the administrator notified the resident's physician. A new order was subsequently received on 09/18/2025 for [REDACTED] take one tablet by mouth as needed for insomnia.

On 10/13/2025, all medication technicians were reeducated on the importance of following prescribers' orders by administrator, [REDACTED]

Beginning on 10/17/2025, Administrator [REDACTED], will perform weekly medication cart and record audits every Friday to ensure all medication orders are accurate and being followed as prescribed.

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented [REDACTED] - 11/03/2025)

190b - Insulin Injections

4. Requirements

2600.

190b Insulin Injections (continued)

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person A's diabetic training expired on [REDACTED] however, this staff person administered Insulin to resident [REDACTED] on the following dates:

[REDACTED]

Plan of Correction

Accept ([REDACTED] 10/28/2025)

A direct care staff member was scheduled for diabetic training on August 18, 2025, and again on August 29, 2025. Both training sessions were cancelled by the Diabetic Educator due to technical difficulties on [REDACTED] end.

The staff member successfully completed diabetic training on September 22, 2025. (See attached certificate for verification.)

On October 13, 2025, the Administrator reviewed all medication technician training records to ensure that all staff were current and compliant with required trainings.

Going forward, Administrator [REDACTED] will conduct monthly training compliance checks on the first Monday of each month, beginning November 3, 2025, to ensure all medication technicians remain up to date with their training requirements.

Licensee's Proposed Overall Completion Date: 10/13/2025

Implemented ([REDACTED] 11/03/2025)

221b - Activity Types

5. Requirements

2600.

221.b. The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

Description of Violation

The home's activities program does not include any physical activities.

Plan of Correction

Accept ([REDACTED] - 10/28/2025)

Activity Program Update 10/13/2025

On October 13, 2025, the activities calendar was updated to include a variety of physical activities.

Physical activities included: Chair exercises, volleyball and toss and talk.

On the same date, Administrator [REDACTED] met with several residents and staff members to discuss the types of

221b - Activity Types (continued)

*physical activities residents would most enjoy. Following this discussion, the activities calendar was updated to include social, physical, intellectual, and recreational activities in a planned, coordinated, and structured manner.*

*Going forward, Administrator [REDACTED] will review all activity calendars on the first Monday of each month to ensure that they continue to include social, physical, intellectual, and recreational activities in a planned and structured manner.*

*Additionally, the Administrator will obtain feedback from residents and direct care staff every Friday to confirm that scheduled activities were completed and enjoyed by residents.*

**Licensee's Proposed Overall Completion Date:** 10/13/2025

**Implemented** [REDACTED] - 11/03/2025)