

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

March 23, 2026

[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 11/06/2025, 11/12/2025 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: 08/09/2026  
 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 Twp.

**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: 11/21/2025

**Inspection Dates and Department Representative**

11/06/2025 - On-Site: [REDACTED]  
 11/12/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 66 Residents Served: 46  
 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: 46  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 6 Have Physical Disability: 0

**Inspections / Reviews**

11/06/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/13/2026

Inspections / Reviews *(continued)*

03/03/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/17/2026

03/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 15a - Resident Abuse Report

### 1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

#### Description of Violation

Resident ■■■ is a person who is incontinent of bowel and bladder. ■■■ requires physical assistance with transfer, toileting, bladder and bowel management, and personal hygiene. On or about ■■■ at 2:30 PM, resident ■■■ rang the call bell for assistance with incontinence care. Staff person A responded to the call bell and said, "You better not do that again. I will not change you.". ■■■ left the room without changing ■■■ incontinence brief. Resident ■■■ told the staff member B, the administrator, that staff person A spoke to ■■■ rudely.

The home did not report this incident to the Area Agency on Aging as required by the Older Adult Protective Services Act.

#### Plan of Correction

Accept ■■■ - 03/03/2026)

On 10/05/2025, Resident ■■■ reported to Staff Member B that Staff Member A stated, "I just changed you 5 minutes ago, I am not changing you again," when the resident requested assistance with incontinent care.

#### Immediate Action and Investigation:

Upon discovery on 10/05/2025, Staff Member B immediately addressed the allegation with Staff Member A. Staff Member A stated that ■■■ had been in Resident ■■■'s room and provided incontinent care approximately five minutes prior to the resident's request. Staff Member A acknowledged that ■■■ checked the resident a second time and made the statement, "I just changed you 5 minutes ago, I am not changing you again."

#### Corrective Action Taken:

On 10/05/2025, Staff Member B provided immediate re-education to Staff Member A regarding resident rights and appropriate treatment of residents.

On 11/01/2025, Staff Member A's employment was terminated from the facility.

#### Staff Training:

On 02/04/2025, all staff members of Crystal Waters Personal Care Home completed abuse and abuse reporting training conducted by the facility's Registered Nurse.

The facility will continue to provide annual abuse and abuse reporting training each September, in conjunction with resident rights training.

#### Plan to Prevent Reoccurrence:

On 02/04/2026, the Facility Administrator developed and implemented a plan to ensure that all allegations or

**15a Resident Abuse Report (continued)**

reports of abuse and/or neglect are immediately investigated and reported to the Area Agency on Aging upon discovery. Compliance with this plan will be overseen and monitored by the Facility Administrator.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented (████ - 03/23/2026)

**15b - Supervisor Plan****2. Requirements**

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

**Description of Violation**

Resident █████ is a person who is incontinent of bowel and bladder. █████ requires physical assistance with transfer, toileting, bladder and bowel management, and personal hygiene. On or about █████ at 2:30 PM, resident █████ rang the call bell for assistance with incontinence care. Staff person A responded to the call bell and said, "You better not do that again. I will not change you." █████ left the room without changing █████ incontinence brief. Resident █████ told the staff member B, the administrator, that staff person A spoke to █████ rudely.

The home did not suspend staff person █████ or develop and implement a plan of supervision for █████

**Plan of Correction**

Accept (████ 03/03/2026)

On 10/05/2025, Resident █████ reported to Staff Member B that Staff Member A stated, "I just changed you 5 minutes ago, I am not changing you again," when the resident requested assistance with incontinent care.

**Immediate Action and Investigation**

Upon discovery on 10/05/2025, Staff Member B immediately addressed the allegation with Staff Member A. Staff Member A stated that █████ had been in Resident █████'s room and provided incontinent care approximately five minutes prior to the resident's request. Staff Member A acknowledged that █████ checked the resident a second time and made the statement, "I just changed you 5 minutes ago, I am not changing you again."

**Corrective Action Taken:**

On 10/05/2025, Staff Member B provided immediate re education to Staff Member A regarding resident rights and appropriate treatment of residents.

On 11/01/2025, Staff Member A's employment was terminated from the facility.

**Staff Training:**

On 02/04/2025, all staff members of Crystal Waters Personal Care Home completed abuse and abuse reporting training conducted by the facility's Registered Nurse.

The facility will continue to provide annual abuse and abuse reporting training each September, in conjunction with resident rights training.

## 15b - Supervisor Plan (continued)

*Plan to Prevent Reoccurrence:*

On 02/04/2026, the Facility Administrator developed and implemented a plan to ensure that all allegations or reports of abuse and/or neglect are immediately investigated and reported to the Area Agency on Aging upon discovery. Any staff member that is under allegation of abuse will immediately be suspended until the investigation is completed. Compliance with this plan will be overseen and monitored by the Facility Administrator.

Licensee's Proposed Overall Completion Date: 02/08/2026

Implemented ( ) - 03/23/2026

## 16c - Written Incident Report

## 3. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

Resident [ ] is a person who is incontinent of bowel and bladder. [ ] requires physical assistance with transfer, toileting, bladder and bowel management, and personal hygiene. On or about 10/3/25 at 2:30 PM, resident [ ] rang the call bell for assistance with incontinence care. Staff person A responded to the call bell and said, "You better not do that again. I will not change you." [ ] left the room without changing [ ] incontinence brief. Resident [ ] told the staff member B, the administrator, that staff person A spoke to [ ] rudely.

The home did not report this incident to the Department.

**Plan of Correction**

Accept ( ) - 03/03/2026

On 10/05/2025, Resident [ ] reported to Staff Member B that Staff Member A stated, "I just changed you 5 minutes ago, I am not changing you again," when the resident requested assistance with incontinent care.

*Immediate Action and Investigation:*

Upon discovery on 10/05/2025, Staff Member B immediately addressed the allegation with Staff Member A. Staff Member A stated that [ ] had been in Resident [ ]'s room and provided incontinent care approximately five minutes prior to the resident's request. Staff Member A acknowledged that [ ] checked the resident a second time and made the statement, "I just changed you 5 minutes ago, I am not changing you again."

*Corrective Action Taken:*

On 10/05/2025, Staff Member B provided immediate re-education to Staff Member A regarding resident rights and appropriate treatment of residents.

On 11/01/2025, Staff Member A's employment was terminated from the facility.

*Staff Training:*

**16c Written Incident Report (continued)**

On 02/04/2025, all staff members of Crystal Waters Personal Care Home completed abuse and abuse reporting training conducted by the facility's Registered Nurse.

The facility will continue to provide annual abuse and abuse reporting training each September, in conjunction with resident rights training.

Plan to Prevent Reoccurrence:

On 02/04/2026, the Facility Administrator developed and implemented a plan to ensure that all allegations or reports of abuse and/or neglect are immediately investigated and reported to the Area Agency on Aging and the Department upon discovery. Compliance with this plan will be overseen and monitored by the Facility Administrator.

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented ( ) 03/23/2026

**42c - Treatment of Residents****4. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

Resident ( ) is a person who is incontinent of bowel and bladder. ( ) requires physical assistance with transfer, toileting, bladder and bowel management, and personal hygiene. On or about ( ) at 2:30 PM, resident ( ) rang the call bell for assistance with incontinence care. Staff person A responded to the call bell and said, "You better not do that again. I will not change you." ( ) left the room without changing ( ) incontinence brief. Resident ( ) told the staff member B, the administrator, that staff person A spoke to ( ) rudely.

**Plan of Correction**

Accept ( ) - 03/03/2026

On 10/05/2025, Resident ( ) reported to Staff Member B that Staff Member A stated, "I just changed you 5 minutes ago, I am not changing you again," when the resident requested assistance with incontinent care.

**Immediate Action and Investigation**

Upon discovery on 10/05/2025, Staff Member B immediately addressed the allegation with Staff Member A. Staff Member A stated that ( ) had been in Resident ( )'s room and provided incontinent care approximately five minutes prior to the resident's request. Staff Member A acknowledged that ( ) checked the resident a second time and made the statement, "I just changed you 5 minutes ago, I am not changing you again."

**Corrective Action Taken:**

On 10/05/2025, Staff Member B provided immediate re education to Staff Member A regarding resident rights and appropriate treatment of residents.

On 11/01/2025, Staff Member A's employment was terminated from the facility.

Staff Training:

### 42c - Treatment of Residents (continued)

On 02/04/2025, all staff members of Crystal Waters Personal Care Home completed abuse and abuse reporting training conducted by the facility's Registered Nurse.

The facility will continue to provide annual abuse and abuse reporting training each September, in conjunction with resident rights training.

Plan to Prevent Reoccurrence:

On 02/04/2026, the Facility Administrator developed and implemented a plan to ensure that all trainings are completed annually for abuse, abuse reporting, and treatment of residents. Any staff member under allegation of abuse will be suspended immediately until investigation is completed, This will be overseen by facility administrator.

Licensee's Proposed Overall Completion Date: 02/08/2026

Implemented (██████) 03/23/2026)

### 60b - Additional Staffing

#### 5. Requirements

2600.

60.b. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

#### Description of Violation

On ██████ and ██████ there were 46 residents in the home including 6 residents with mobility needs, Staff also identified 5 residents who required the assistance of 2 staff members to transfer into and out of a bed or a chair. However, only 2 staff members were on duty from 2:00 PM on ██████ to 6:00 AM on ██████ and from 10:00 PM on ██████ to 6:00 AM on ██████

This level of staffing is not enough to meet the needs of the residents and to evacuate them in an emergency.

REPEAT VIOLATION: ██████

#### Plan of Correction

Accept (██████) 03/03/2026)

The facility respectfully requests reconsideration of the cited violation based on the following documentation:

#### Corrective Action Taken for the Specific Violation:

On 02/06/2026, the Registered Nurse (RN) and Administrator reviewed staff schedules and employee time sheets covering the period of 10/12/2025 through 10/15/2025. The review confirmed that multiple staff members were scheduled and present on duty during the cited timeframes and that resident care needs were able to be adequately met. Time sheets and staffing breakdowns are attached for departmental review. The facility respectfully requests reconsideration of the cited violation based on this documentation.

#### Corrective Action Taken to Prevent Recurrence:

On 02/05/2026, staff schedulers were re-educated by the Administrator on maintaining appropriate staffing levels at all times to meet the assessed needs of residents in accordance with Chapter 2600 regulations.

60b Additional Staffing (continued)

*Systemic Changes Implemented:*

*Effective 02/05/2026, the Administrator implemented a process to review all staff schedules prior to posting. Schedules will be reviewed monthly by the Administrator on or before the 25th of each month to ensure sufficient staffing coverage and compliance with regulatory requirements.*

*Monitoring Plan:*

*The Administrator will continue to monitor staffing schedules and time sheets monthly to ensure ongoing compliance with staffing requirements and to confirm resident care needs are consistently met.*

*Person Responsible:*

*Administrator*

**Licensee's Proposed Overall Completion Date: 02/09/2026**

**Implemented [REDACTED] - 03/23/2026)**

132g - Fire Drills Days/Times

6. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**Description of Violation**

*The home routinely holds fire drills with 4 or more staff members participating; however, the home routinely schedules 2 or 3 staff members on the night shift.*

**Plan of Correction**

**Accept [REDACTED] - 03/03/2026)**

*Corrective Action Taken for the Specific Violation:*

*On 02/04/2026 at 5:15 a.m., a fire drill was conducted with two direct care staff present. Documentation of the drill is attached for review.*

*Corrective Action Taken to Prevent Recurrence:*

*On 02/05/2026, all applicable staff were re educated on fire drill requirements, including frequency, documentation, staff participation, and compliance with Chapter 2600 regulations.*

*Systemic Changes Implemented:*

*Effective 02/05/2026, the Administrator implemented a plan to ensure ongoing compliance with §2600.132(g). This includes scheduled fire drills across all shifts and ongoing oversight of fire drill documentation to ensure accuracy and regulatory compliance.*

*Monitoring Plan:*

*The Administrator will review fire drill documentation on a monthly basis to verify drills are conducted as required and properly documented.*

*Person Responsible:*

*Administrator*

132g Fire Drills Days/Times *(continued)*

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented [REDACTED] 03/23/2026)