

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TRANSITIONS HEALTHCARE WASHINGTON PA LLC

LEGAL ENTITY

To operate TRANSITIONS HEALTHCARE WASHINGTON PA

NAME OF FACILITY OR AGENCY

Located at 90 HUMBERT LANE, WASHINGTON, PA 15301

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 48
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 September 1, 2014 until March 1, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 445991

Robert E. Robinson

ISSUING OFFICER

Matthew J. [Signature]

ACTING DIRECTOR

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.

PW 628 - 10/13



AUG 26 2014

Ms. Terri Sherman, Principal
Transitions Healthcare Washington PA, LLC
2 Locust Lane, Suite 204
Westminster, Maryland 21157

RE: Transitions Healthcare Washington PA
90 Humbert Lane
Washington, Pennsylvania 15301
License #: 445991

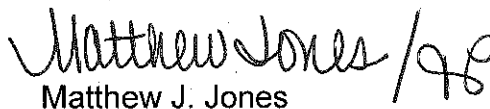
Dear Ms. Sherman:

As a result of the Department of Public Welfare's licensing inspection on April 14, 2014, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,


Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEEKLY REPORT

1. REGULATION 55 Pa.Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
Staff person A, hired 10/21/13, had a background check completed on 10/15/13 that revealed he/she had a prohibitive offense. Staff person A worked unsupervised in the home from 11/7/13-4/11/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Starting April 23, 2014,
On all new hires and all CRI background reports will be reviewed by the Administrator for prohibitive offenses. The Human Resource person of the Nursing and Rehab Center will review the same for prohibitive offenses. Once both are in agreement that the report is negative, the administrator will proceed with the hiring process.

This procedure will be on going
This will prevent any one to work with a prohibitive offense.

Staff person A no longer works for the home. SMD 8-19-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

ADMINISTRATOR

Date 22 July 2014

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-19-14
(Date)

Plan of correction implementation status as of 8-19-14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress SMD
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by SMD
(Initials)

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
 PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WISCONSIN
 TITLE: _____

1. REGULATION 55 Pa.Code §2600
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 Staff person A, hired 10/21/13, had a background check completed on 10/15/13 that revealed he/she had a prohibitive offense. Staff person A worked unsupervised in the home from 11/7/13-4/11/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

On April 22, 2014, all employees' CRIs were reviewed for accuracy. This was completed by the Administrator and the HR person in the Nursing and Rehab Center.

Starting April 23, 2014,

On all new hires and all CRI background reports will be reviewed by the Administrator for prohibitive offenses. The Human Resource person of the Nursing and Rehab Center will review the same for prohibitive offenses. Once both are in agreement that the report is negative, the administrator will proceed with the hiring process.

This procedure will be on going
 This will prevent any one to work with a prohibitive offense.

*Staff person A no longer works for the home.
 sup. 8-11-14*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 22 July 2014

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-19-14
 (Date)

The above plan of correction was approved by SW
 (Initials)

Plan of correction implementation status as of 8-19-14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *sup*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WISSE: (G)
Date of Violation: 04/14/2014

1. REGULATION 55 Pa.Code §2600
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff person D, administrator, completed only 7 hours of annual training in training year 2013.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Administrator has retired effective June 30. New administrator has been hired and has completed +24 hours continuous education.

Administrator will identify and participate in Quarterly events that satisfy CE credits working toward completed hours of education.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ADMINISTRATOR* Date *22 July 2014*

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The above plan of correction is approved as of 8-19-14 (Date)

Plan of correction implementation status as of 8-19-14 (Date)

The above plan of correction was approved by Swp (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *Swp*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WISCONSIN LIC#

1. REGULATION 55 Pa.Code §2600
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
(1) Medication self-administration training.
(2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
(3) Care for residents with dementia and cognitive impairments.
(4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
(5) Personal care service needs of the resident.
(6) Safe management techniques.
(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
Staff person B did not receive training in care for residents with dementia and cognitive impairments in training year 2013.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

All staff will attend all Continuous Education In-services as presented annually.
Administrator will continue to monitor attendance of the In-services monthly.
Those who have not attended an in-service will be held accountable to review the in-service material.
The lack of attendance will be documented and the employee will be counseled.
Attendance will be monitored and make up will be monitored in the POC monitoring book.

June 16, 2014 monitoring was begun and will be on going. It will be ongoing.

Staff person B received training on the topics cited on 6/2/14.
See 8/19/14

Repeat Violation: No Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date 22 July 2014

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(Date)

Plan of correction implementation status as of 8-19-14
(Date)

The above plan of correction was approved by Sve
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress Sve
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WISS...
...

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person C did not receive training in emergency preparedness procedures in training year 2013.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All staff will attend all Continuous Education In-services as presented annually.
 Administrator will continue to monitor attendance of the In-services monthly.
 Those who have not attended an in-service will be held accountable to review the in-service material.
 The lack of attendance will be documented and the employee will be counseled.
 Attendance will be monitored and make up will be monitored in the POC monitoring book.

June 16, 2014 monitoring was begun and will be on going. It will be ongoing.

Staff person C received training on the topics cited on 4/2/14. ^{SNP} 8/19/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Administrator			22 July 2014

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8-19-14</u> (Date)	Plan of correction implementation status as of <u>8-19-14</u> (Date)
The above plan of correction was approved by <u>SNP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ^{SNP} <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
At 10:10 a.m., a 18 oz. can of "Do it All" foaming germicidal cleaner, with a manufacture's label indicating "harmful if swallowed, call poison control center or doctor immediately for treatment advice", was unlocked and accessible to residents under the sink in the dining room
Residents of the home, including resident #1, have not been assessed capable of recognizing and using poisons safely.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

April 15, 2014 the poisonous materials are kept locked and inaccessible to residents.

A meeting was held with all of the staff to review the regulation 2600.65(e) 82(c) 7/22/2014
Monitoring is being conducted by Housekeeping Staff on a daily basis for 1 week.
Then weekly for 4 weeks. Then monthly for 4 months by the Administrator.

By 9-18-14

All staff persons will be educated concerning the safe storage of poisonous materials and the risks to residents. see 8-17-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/15/2013

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date 22 July 2014

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-19-14
(Date)

The above plan of correction was approved by SMP
(Initials)

Plan of correction implementation status as of 8-19-14
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress SMP
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
The first aid kit in the nurse's station does not include adhesive tape.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The first aid kit did not contain adhesive tape. Adhesive was immediately placed in the kit. April 14, 2014

The presence of adhesive tape in the ER kite will be monitored monthly for 4 months.

Monitoring began April 15, 2014.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Administrator

Date 22 July 2014

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(Date)

Plan of correction implementation status as of 8-19-14
(Date)

The above plan of correction was approved by Sme
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress SW
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
 PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 Resident #1 had a source of light that can be turned on/off from bedside; however, it was not operable.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date my attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

An operable lamp or other source of lighting that can be turned on at the bedside will be available to the residents.

Lights will be available by June ~~30~~²⁰, 2014. 7/22/2014 WTK
 Lights will be monitored by Housekeeping to assure they are functioning.
 This will be monitored weekly for 4 weeks.

Monthly monitoring will continue for 4 months.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *ADMINISTRATOR* Date *22 July 2014*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-19-14
 (Date)

The above plan of correction was approved by SMP
 (Initials)

Plan of correction implementation status as of 8-19-14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *SMP*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
The fire drill record does not indicate whether the fire alarm or smoke detector was operable during the drills conducted on the following dates:
* 11/19/13 at 2:25 p.m.
* 12/11/13 at 6 00 a.m.
* 3/31/14 at 4:30 p.m.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

All items on the fire drill record will be documented.
All identified sheets were corrected to indicate the fire alarm and smoke detector were operational at the time of the drills.
The Administrator will assure this is done at the time of the drill.

The administrator will audit the reports quarterly and ongoing.

By 9-18-14 -
All staff persons completing the fire drill record will be educated regarding the required information needed when documenting a fire drill on the fire drill record. SW 8-19-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/15/2013

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator Date 22 July 2014

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-19-14 (Date)

Plan of correction implementation status as of 8-19-14 (Date)

The above plan of correction was approved by SW (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress SW
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44600 - 04/14/2014 - Rosol, Jennifer
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a medical evaluation completed on 3/1/12; however, the next medical evaluation was not completed until 5/9/13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

Medical Evaluations completed on Resident #1 were completed on 3/1/12, 5/9/13.
The annual Medical Evaluation was completed two months later than it should have been scheduled.
The tickler file used to track when Medical Evaluations were due was incorrect. The LPN tracking the dates will document the date when the evaluation is completed.
Medical Evaluations will be monitored monthly, monitoring 10 charts a month for 3 months, until all charts will have been reviewed for correct dates.
Resident #1 had a completed Medical Evaluation on 5/12/12 and then on 5/9/13. See Attachment 1.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

ADMINISTRATOR

Date 22 July 2014

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-19-14
(Date)

Plan of correction implementation status as of 8-19-14
(Date)

The above plan of correction was approved by SMP
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *SMP*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600
2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

The April 2014 medication administration record (MAR) for resident #1 includes Alphagan 0.15% eye drops. The medication bottle expired on 1/2014; however, it was still present in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

Medications to be administered, when expired, should be discarded according to the Department of Environment Protection and Federal and State regulations.
Pharmacy will perform an audit of Medication cart. During pharmacy audit, medication inventory and reconciliation of Medication cart with MAR.
All medications in the Medication Cart will be monitored for expiration. Drugs that are outdated will be discarded according to the regulations.
The LPN will monitor the medications on a daily basis. When a drug is expired it will be removed from the medication cart and discarded following environmental protection and federal and state regulations.

Then monitoring will be conducted weekly for 4 weeks, monthly for 4 months and then monthly and ongoing.

Pharmacy performed medication cart audit. Audit was performed June 30-July 2. Inventory and reconciliation of medication carts was primary. All expired medications were disposed of.
Communication of expectations for LPN awareness has been given regarding expired or missing medication. Attached documents verify pharmacy audit visit and continued monitoring of medication carts.

Resident 1 is deceased.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Administrator

Date 22 July 2014

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(Date)

Plan of correction implementation status as of 8-19-14
(Date)

The above plan of correction was approved by Smp
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress Smp
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
 PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION

According to staff person D, on 4/7/14 the home's electronic medication administration record (E-MAR) computer system went down due to a battery malfunction. The E-MAR was fixed on 4/8/14; however, staff was unable to document medication administrations for all residents, including resident #1, #2, #3, and #4 during this time. According to staff person D, the home's policy is to document all medication administrations on a paper MAR if the E-MAR is not operating properly. On 4/7/14, staff failed to document medication administrations on the paper MAR.

The April 2014 MAR for resident #2 includes Acetaminophen 325 mg-take 2 tabs every 6 hours as needed for pain; however, the medication was not available in the home.

The April 2014 MAR for resident #2 includes Polyethylene Glycol 3350 powder-dissolve 1 capful in 8 oz. liquid & take daily as needed for constipation; however, the medication was not available in the home.

The April 2014 MAR for resident #3 includes Milk of Magnes a-take 30 mls daily as needed for constipation; however, the medication was not available in the home.

The April 2014 MAR for resident #1 includes Levalbuterol 1.25 mg/D.5 inhale 1 puff every 4 hours as needed for respiratory distress; however, the medication was not available in the home.

The April 2014 MAR for resident #1 includes Lopermide 2 mg-take 1 capsule every 6 hours as needed for diarrhea; however, the medication was not available in the home.

The April 2014 MAR for resident #1 includes Calcium Antacid 500 mg tab-one chewed every 4 hours as needed for heartburn; however, the medication was not available in the home.

The April 2014 MAR for resident #1 includes Acetaminophen 325 mg-take 2 tabs every 4 hours as needed for mild pain or temperature; however, the medication was not available in the home.

The April 2014 MAR for resident #1 includes Glucose oral gel 15 gm-give orally as directed for blood glucose 40-69; however, the medication was not available in the home.

The April 2014 MAR for resident #1 includes Hydrocortisone 2.5 % cream-apply topically to itchy scaly areas of legs four times daily as needed for dermatitis; however, the medication was not available in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/15/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Administrator Date 22 July 2014

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 (Date)

Plan of correction implementation status as of 8-19-14
 (Date)

The above plan of correction was approved by Sme
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *SMP*
- Partially Implemented - Inadequate Progress
- Not Implemented

JUL 27 2014

09:32

1000

Regulation 2600.185(a)

There nine residents without medications that the physician ordered.
An in-service will held with the LPN staff, it will be mandatory. All of the principles of medication administration, starting with the written order and through to administration will be presented.
Pharmacy will be consulted to review each LPN on a medication pass. All negative findings will be addressed.
The medication carts will be inventoried, starting the week of June 30th.
Medications that are not present will be ordered.

Monitoring will be conducted weekly for 2 weeks, then monthly for 4 monthly, then quarterly for one year.

Pharmacy performed medication cart audit. Audit was performed June 30-July 2. Inventory and reconciliation of medication carts was primary. Communication of expectations for LPN awareness has been given regarding medication administration. Attached documents verify LPN policy.
Medication orders for reorder or DC have been given.
Resident 1 is deceased.
Resident 2 currently has no missing medication.
Resident 2 currently has no missing medication.
Resident 4 no longer resides at Humber Lane.



22 July 2014

Susie Pollock (sup) 8/12/14
Regional Approval of Plan of Correction
Susie Pollock

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #3 is proscribed Ultram ER-take 1 tab every morning for pain; however, the pharmacy label indicates-take 3 tabs by mouth every morning.

The April 2014 MAR for resident #3 does not include the dose for Ultram ER.

Resident #3 is proscribed Senna-lax 86 mg-take 1 tab daily for constipation; however, the pharmacy label indicates Senna-lax 8.6 mg.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Physician orders have been clarified in cases and resident MAR's have been updated to reflect dose changes or DC order. Clinical Coordinator position has been filled to allow oversight in documentation details; medication transcription, physician orders, pharmacy POS, etc.

Medication Records shall be kept to include the necessary information.

Physician orders will be audited on an ongoing basis for, accuracy in transcription, ordering, implementation and documentation.

Beginning the week of June 30th, all new orders will be audited daily for 4 weeks, then monthly for 4 months and then quarterly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Administrator			22 July 2014

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The above plan of correction is approved as of <u>8-19-14</u> (Date)	Plan of correction implementation status as of <u>8-19-14</u> (Date)
The above plan of correction was approved by <u>SMP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>SMP</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

According to staff person D, on 4/7/14 the home's electronic medication administration record (E-MAR) computer system went down due to a battery malfunction. The E-MAR was fixed on 4/8/14; however, staff was unable to document medication administrations for all residents, including resident #1, #2, #3, and #4 during this time. According to staff person D, the home's policy is to document all medication administrations on a paper MAR if the E-MAR is not operating properly. On 4/7/14, staff failed to document medication administrations on the paper MAR.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Medication information shall be recorded at the time the medication is administered.
When the computerize Medication Administration is down and not available to document medication given, paper MARs are available for use to document medications.
The administrator will monitor when this occurs to assure medications are administered and document.
This will be done every time the computerized MAR is not available.

Staff in service training to review paper MAR and create new written Policy for event.
The Administrator will see that paper MARs are available.

Periodic Updated paper MAR have been printed. Pharmacy has informed facility of service times the electronic MAR system would not be available. Paper MAR forms were printed to address Pharmacy disposition. Paper MAR documentation was reviewed as part of audit of Pharmacy June 30-July 2, 2014. Administration kiosk and EZMAR laptops can print paper MAR when system is offline.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
ADMINISTRATOR			22 July 2014

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The above plan of correction was approved by <u>Sno</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>Sno</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
 PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

04 29 2014

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The April 2014 MAR for resident #2 includes Actos 45 mg-take 1 tab daily for diabetes; however, the medication was not available in the home on 4/1/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

Actos 45mg 1 tab daily – medication was not available in the medication cart.
 Medication was on order from pharmacy and had not been delivered yet.
 Nursing inservice to advise pharmacy fulfillment rates has been completed. Primary and local pharmacy fill rates are usually 48 hours. Policy to reorder medication at 5 day supply rather than when empty. VA reorder needs to be placed at 14 days remaining due to 10-14 day fill rate.

Resident 2's Actos 45 mg was delivered April 2, then again April 17. Attachments to support inventory supply.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Administrator		22 July 2014

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The above plan of correction was approved by <u>SMP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>SMP</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600
2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Monthly Activity calendar will be posted by Activity Coordinator to show residents daily activities.
Bulletin board shows current months activities ending June 30. July's activity calendar will be posted June 30.

Administrator will monitor weekly plan with Activity Coordinator monthly prior to posting of calendar.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

ADMINISTRATOR

Date 22 July 2014

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The above plan of correction is approved as of 8-19-14
(Date)

Plan of correction implementation status as of 8-19-14
(Date)

The above plan of correction was approved by SMP
(Initials)

- Fully Implemented *SMP*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 56 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #3's assessment for 2013 does not include a month and day in which the assessment was completed; therefore, it is unable to be determined if the assessment was completed within the required time frame.

Resident #3 has a diagnosis of anemia-GI blood loss, as indicated on the medical evaluation, dated 12/22/13. The resident's assessment does not include this diagnosis.

Resident #4's assessment for 2013 does not include a month and day in which the assessment was completed; therefore, it is unable to be determined if the assessment was completed within the required time frame.

Resident #4 has diagnoses of hypertension, hyperlipidemia, & hypothyroidism, as indicated on the medical evaluation, dated 10/4/13. The resident's assessment does not include these diagnoses.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

Please see page 18^A for Plan of Correction-

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *ADMINISTRATOR* Date *22 July 2014*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-19-14 (Date)

The above plan of correction was approved by SVP (Initials)

Plan of correction implementation status as of 8-19-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *SVP*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

JUL 22 2014

WEST VIRGINIA STATE OFFICE
Human Services Licensing

Regulation 2600.225(a)

A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission.

Resident #3 had a date signed on page 11 (1/5/14) but not on page 1.

The diagnosis of anemia- GI blood loss was not documented on the assessment.

Resident #4 had a date signed on page 11 (10/6/13) not on page 1.

The diagnosis hypertension, hyperlipidemia, & hypothyroidism, was not documented on the assessment.

An in-service will be presented on completion of RASP, July 7, 2014, it will be mandatory for all LPNs. Then monitoring will begin 5 charts every week, until all charts are completed. Then charts will be audited 5 charts monthly, until all charts are completed and found to be in compliance.

DPW regulations for documentation completion dates have been reviewed with LPN staff. Expectations have been expressed to LPN staff for corrections/update of RASP and DME. All charts have been audited and critical awareness to completion dates and annual requirements have been documented. Licensed staff has support of administrator and clinical coordinator to review and audit resident charts to ensure timely details are included in Support Plan and completion of annual assessments/DME's.

Attached documents support Resident 3 diagnosis addition to DME.

Resident 4 is no longer resident at our facility.



22 July 2014

Susie Pollock (SVP) 8/12/14

Regional Approval of Plan of Correction
Susie Pollock

04/14/2014

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
 PCH Name: TRANSITIONS HFALTI ICARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) if the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 Resident #1's 2014 assessment indicates the resident is mobile; however, according to staff person D, the resident is immobile.
 Resident #1's 2014 assessment does not indicate the personal care needs for bladder management & bowel management.
 Resident #1's assessment for 2013 and 2014 do not include a month and day in which the assessment was completed; therefore, it is unable to be determined if the assessments were completed within the required time frame.
 Resident #2's assessment for 2013 and 2014 do not include a month and day in which the assessment was completed; therefore, it is unable to be determined if the assessments were completed within the required time frame.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

The residents shall have additional assessments.
 This will be in serviced at the same Assessment and Support Plan Completion.
 The RASPs will be monitored at the same time; July 7, 2014, in-service "Completion of Rasp" are completed and auditing begins.

DPW regulations for documentation completion dates have been reviewed with LPN staff. Expectations have been expressed to LPN staff for corrections/update of RASP and DME. All charts have been audited and critical awareness to completion dates and annual requirements have been documented. Licensed staff has support of administrator and clinical coordinator to review and audit resident charts to ensure timely details are included in Support Plan and completion of annual assessments/DME's.

Resident 1 is deceased.

Attached documents; Resident 2 dated assessment and LPN RASP and DME training.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Administrator			22 July 2014

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The above plan of correction is approved as of 8-19-14
 (Date)

The above plan of correction was approved by SW
 (Initials)

Plan of correction implementation status as of 8-19-14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress SW
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
 PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's 2014 support plan does not indicate the description of services needed or the plan to meet the needs for bladder management & bowel management.

Resident #3 has a diagnosis of anemia GI blood loss, as indicated on the medical evaluation, dated 12/22/13. The resident's support plan does not address how the home will assist the resident in meeting this need.

Resident #4 has diagnoses of hypertension, hyperlipidemia, & hypothyroidism, as indicated on the medical evaluation, dated 10/4/13. The resident's support plan does not address how the home will assist the resident in meeting these needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

DPW regulations for documentation completion dates have been reviewed with LPN staff. Expectations have been expressed to LPN staff for corrections/update of RASP and DME. All charts have been audited and critical awareness to completion dates and annual requirements have been documented. Licensed staff has support of administrator and clinical coordinator to review and audit resident charts to ensure timely details are included in Support Plan and completion of annual assessments/DME's.

Resident 1 is deceased.

Attached documents support Resident 3 diagnosis addition to DME.

Resident 4 is no longer resident at our facility.

The Support Plan should address the needs of the resident.

The in-service on July 7, 2014 will include the information necessary to identify the needs of the Resident medically, dental, vision, hearing, mental health, and other needs.

Monitoring will be combined with regulation 2600.225(a)

Repeat Violation: No	Date(s) of Previous Violation(s):
----------------------	-----------------------------------

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Administrator

Date 22 July 2014

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Violation Report: 44590 - 04/14/2014 - Rosol, Jennifer
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600
2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
Resident #1's medical evaluation, dated 5/9/13, was completed on a "Assisted Living Residence- Documentation of Medical Evaluation (ADME)" form.
The 2013 assessment for resident #2 is completed on an "Assistive Living Residence- Assessment & Support Plan (ASP)" form.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

Home shall use standardized form to record information in the resident's record.
Two Medical Evaluations were completed of an "Assisted Living Residence Documentation of Medical Evaluation forms.

The proper forms are available to staff to use. There are no "Assisted Living forms" available.
DPW forms have been printed from department website.

Chart audits are ongoing and continue to be updated. Assisted living(ADME) have been replaced with DME forms for Medical Evaluations. Resident charts that have passed away or transferred to another facility have been closed. Resident 1 did have completed DME completed. Completion dates are 5/12/2012 and 5/9/2013. Resident 1 is deceased.

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ADMINISTRATOR		22 July 2014

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(Date)

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(Initials)

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- Partially Implemented - Adequate Progress SMP
- Partially Implemented - Inadequate Progress
- Not Implemented