



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 20, 2015

Wesley Robinson, Administrator
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 Mr. Robinson:

As a result of the Department of Human Services' licensing inspection on December 5, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Larry Mazza".

Larry Mazza
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 44599 - 12/05/2014 - Garrigan, Laurie
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 11/28/14 at approximately 8:45 PM, resident #1 reported to staff that staff person A bent resident #1 over his/her knee and "paddled" resident #1 five times. Staff person A then threatened the resident with further paddling, and scolded resident #1 for putting toilet tissue in his/her brief. Resident #1 stated he/she felt afraid and embarrassed. Staff person A was placed on administrative leave on 12/2/14, and was terminated from employment on 12/5/14.

This incident was not reported to the local Area Agency on Aging until 12/3/14.

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.

2600.15(a)

Initial allegation was reported by a staff member to the Activities Director on 12/02/2014. Activities Director then immediately reported resident #1's accusation to PCH Administrator who then began reporting events.

During investigation and interview of the staff member it was found there was confusion to reporting procedures. Verbal education of reporting process was initiated for all staff during and immediately following investigation. Mandatory formal education commenced within 1 week of occurrence.

Education included procedures for reporting suspected or observed abuse and the chain of command to be followed. Staff will immediately notify LPN/Charge Nurse of suspicion, who then will notify PCH Administrator and PCH Clinical Care Coordinator. At this time family will also be notified of allegation. Reporting to all necessary local agencies will be completed upon notification of suspected abuse. Initial investigation will be completed within 24 hours. Final investigation and reporting will conclude within 48 hours. All parties will be notified of results of investigation.

Record of education/testing is kept in employee files with annual training documentation. See attached education material.

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

Signature of Legal Entity Representative (Required on EVERY Page) Wesley Robinson

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Wesley Robinson - Administrator Date 3/18/2015

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

The above plan of correction is approved as of 3/19/15 (Date) Plan of correction implementation status as of 3/19/15 (Date)

The above plan of correction was approved by [Signature] (Initials)
 Fully Implemented
 Partially Implemented - Adequate Progress [Signature]
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44599 - 12/05/2014 - Garrigan, Laurie
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

On 11/28/14 at approximately 8:45 PM, resident #1 reported to staff that staff person A bent resident #1 over his/her knee and "paddled" resident #1 five times. Staff person A then threatened the resident with further paddling, and scolded resident #1 for putting toilet tissue in his/her brief. Resident #1 stated he/she felt afraid and embarrassed. Staff person A worked unsupervised in the home on 11/30/14 and 12/1/14 from approximately 11:00 PM to 7:00 AM.

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.

Staff person A was terminated on 12/5/14.

2600.15(b)

or
3/19/15

LPN/Charge Nurse's educated on proper procedures regarding reported abuse including immediately placing accused employee on administrative leave pending investigation and to notify PCH Administrator and PCH Clinical Care Coordinator immediately of alleged abuse and action taken to immediately suspend accused employee. No employee accused of alleged abuse will be permitted to remain on site until completion of investigation. Verbal education of reporting process was initiated for all staff during and immediately following investigation. Mandatory formal education commenced within 1 week of occurrence. Record of education/testing is kept in employee files with annual training documentation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wesley Robinson

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

WESLEY ROBINSON

Date 3/18/2015

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3/19/15
(Date)

Plan of correction implementation status as of

3/19/15
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by


(Initials)

Violation Report: 44599 - 12/05/2014 - Garrigan, Laurie
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
1000 Pennsylvania Building

1. REGULATION 55 Pa.Code §2600

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION

On 11/28/14 at approximately 8:45 PM, resident #1 reported to staff that staff person A bent resident #1 over his/her knee and "paddled" resident #1 five times. Staff person A then threatened the resident with further paddling, and scolded resident #1 for putting toilet tissue in his/her brief. Resident #1 stated he/she felt afraid and embarrassed.

The home did not report this incident to resident #1's designated person until 12/2/14 at approximately 6:45 PM.

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.

2600.15(d)

Activities Director reported accusation immediately to PCH Administrator on 12/02/2014. PCH Administrator then notified resident #1's son of allegation and pending investigation.

Verbal education of reporting process was initiated for all staff during and immediately following investigation. Mandatory formal education commenced within 1 week of occurrence. Education included procedures for reporting suspected or observed abuse and the chain of command to be followed. Staff will immediately notify LPN/Charge Nurse of suspicion, who then will notify PCH Administrator and PCH Clinical Care Coordinator. At this time family will also be notified of allegation. Reporting to all necessary local agencies will be completed upon notification of suspected abuse. Initial investigation will be completed within 24 hours. Final investigation and reporting will conclude within 48 hours. All parties will be notified of results of investigation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wesley Robinson

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

Wesley Robinson - Administrator

Date

3/18/15

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3/19/15
(Date)

Plan of correction implementation status as of

3/19/15
(Date)

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- Not Implemented

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(Initials)

MAR 19 2015

Violation Report: 44599 - 12/05/2014 - Garrigan, Laurie
PCH Name: TRANSITIONS HEALTHCARE, WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services / Coaching

1. REGULATION 55 Pa.Code §2600

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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 11/28/14 at approximately 8:45 PM, resident #1 reported to staff that staff person A bent resident #1 over his/her knee and "paddled" resident #1 five times. Staff person A then threatened the resident with further paddling, and scolded resident #1 for putting toilet tissue in his/her brief. Resident #1 stated he/she felt afraid and embarrassed. Staff person A was placed on administrative leave on 12/2/14, and was terminated from employment on 12/5/14.

The home did not report this incident to the Department until 12/3/14 at approximately 4:45 PM.

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.

2600.16(c)

Initial allegation was reported by a staff member to the Activities Director on 12/02/2014. Activities Director then immediately reported resident #1's accusation to PCH Administrator who then began reporting events.

Verbal education of reporting process was initiated for all staff during and immediately following investigation. Mandatory formal education commenced within 1 week of occurrence. Education included procedures for reporting suspected or observed abuse and the chain of command to be followed. Staff will immediately notify LPN/Charge Nurse of suspicion, who then will notify PCH Administrator and PCH Clinical Care Coordinator. At this time family will also be notified of allegation. Reporting to all necessary local agencies will be completed upon notification of suspected abuse. Initial investigation will be completed within 24 hours. Final investigation and reporting will conclude within 48 hours. All parties will be notified of results of investigation.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wesley Robinson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wesley Robinson* Date *3/18/15*

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Plan of correction implementation status as of 3/19/15 (Date)

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Violation Report: 44599 - 12/05/2014 - Garrigan, Laurie
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
HEALTH CARE SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 11/28/14 at approximately 8:45 PM, resident #1 reported to staff that staff person A bent resident #1 over his/her knee and "paddled" resident #1 five times. Staff person A then threatened the resident with further paddling, and scolded resident #1 for putting toilet tissue in his/her brief. Resident #1 stated he/she felt afraid and embarrassed.

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.

Staff person A was terminated on 12/5/14.

for
3/19/15

2600.42(b)

It should be noted the resident never had a clear timeline of occurrence, only that it happened at the time she had no roommate, which would be between 09/01/2014 to 11/20/2014.

Verbal education of reporting process was initiated for all staff during and immediately following investigation. Mandatory formal education commenced within 1 week of occurrence. Education included procedures for reporting suspected or observed abuse and the chain of command to be followed. Staff will immediately notify LPN/Charge Nurse of suspicion, who then will notify PCH Administrator and PCH Clinical Care Coordinator. At this time family will also be notified of allegation. Reporting to all necessary local agencies will be completed upon notification of suspected abuse. Initial investigation will be completed within 24 hours. Final investigation and reporting will conclude within 48 hours. All parties will be notified of results of investigation.

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) Wesley Robinson - Administrator Date 3/18/15

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