



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 22 2015

Mr. 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 #: 445990

Dear Mr. Robinson:

As a result of the Department of Human Services' licensing inspection on March 3, 2015 and March 4, 2015 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

Matthew J. Jones
Director

SW

Enclosures
License
License Inspection Summary

RECEIVED

JUN 17 2015

Violation Report: 44599 - 03/03/2015 - Pfaff, Vicki
PCH Name: Transitions Healthcare Washington PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.3(o) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 3/3/15 the home's most recent license inspection summary, dated 4/14/14, was not posted in a conspicuous and public place in the home. The licensing inspection is kept in the administrator's office.

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.(3).(c)

This was corrected prior to exit conference. A Survey binder with most recent inspections is located on a table in the front lobby. Audits will be performed once a week for 4 weeks, then monthly for 3 consecutive months to achieve compliance. Audit results will be reported to QAPI committee.

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 6-12-15

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

The above plan of correction is approved as of 7/6/15
(Date)

Plan of correction implementation status as of 7/6/15
(Date)

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

The above plan of correction was approved by [Signature]
(Initials)

Violation Report: 44599 - 03/03/2015 - Pfaff, Vicki
 PCH Name: Transitions Healthcare Washington PA

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 2/21/15 and 3/1/15, there were 32 residents present in the home. There was no staff present in the home trained in first aid and certified in obstructed airway techniques and CPR during the 11:00 p.m. through 6:30 a.m. shift on both dates.

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.

2600.63.(a)

All staff will be trained on First-Aid and basic CPR. Instruction has been scheduled from local Hospital Training Center to offer Heartsaver CPR and First-Aid course to all PCH staff. Current staff will receive certification/ recertification before July 1, 2015. Once all staff has completed training, training will be scheduled and completed on an annual basis. All new hire staff will have 60 days to complete CPR certification as per hiring agreement. Clinical Coordinator will monitor certification classes June and July 2015. Annual certification will be scheduled and monitored by Clinical Coordinator as part of annual staff training. PC Schedule is rolling 2 week schedule posted bi-monthly. PC Administrator will review schedule to ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the facility at all times. During times of staff Call Off's our Clinical Coordinator will be responsible to verify effected shift is staffed with at least one staff person per 50 residents are trained and certified in first aid, obstructed airway techniques, and CPR.

6.26.15. Staff CPR training completed on 6-26-15. 7-17-15

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
WESLEY ROBINSON - Administrator			6-12-15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
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The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

JUN 17 2015

Violation Report: 44599 - D3/03/2015 - Pfaff, Vicki
PCH Name: Transitions Healthcare Washington PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION:

There were no emergency phone numbers posted on or by the telephone in resident bedroom #104.

The correct phone number for the personal care home complaint hotline was not posted on or by the telephone in resident bedroom #131.

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.

2600.91

All emergency telephone #'s verified, corrected if necessary, retyped, and posted prior to exit conference. List is currently located on the bulletin board at front entrance, each common area telephone (hall phones, dining room, nurse's station) and resident's rooms. Audits will be performed weekly (x4) then monthly until 3 consecutive months to ensure compliance is achieved. Administrator will monitor accuracy and placement of phone list. Results of audits are reported to QAPI committee.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mesley Robinson

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

MESLEY Robinson - Administrator

Date 6-12-2015

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(Date)

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Violation Report: 44599 - 03/03/2015 - Pfaff, Vicki
PCH Name: Transitions Healthcare Washington PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.97 - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa.Code Chapter 405 (relating to elevators and other lifting devices).

2a. DESCRIPTION OF VIOLATION

The home does not have a current certificate of operation from the Department of Labor and Industry or appropriate local building authority for the home's elevator used to transport residents to activities.

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.

2600.97

Inspection completed 3/25/2015 and sent to Department of Labor and Industry for certification renewal 4/28/2015. To date, Certification has not been received from Dept. Labor & Industry. Certificate of operation will be kept in file folder labeled Elevator in administrator's office. Administrator will monitor as Environmental rounds to verify compliance.

Elevator certificate of operation issued by the Department of Labor And Industry on 7/2/15. 716115

Immediately - The Administrator or designee will schedule the elevator inspections and obtain the certificate of operation prior to the expiration of the current certificate of operation. 716115

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

6-12-2015

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7/6/15
(Date)

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WR
(Initials)

Violation Report: 44599 - 03/03/2015 - Pfaff, Vicki
PCH Name: Transitions Healthcare Washington PA

WEST CHESTER FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Humalog 75/25 inject 4 units AC before breakfast and dinner. However, the label on the resident's Humalog indicates inject 8 units before breakfast and lunch.

The home maintains an emergency medication box which contains numerous prescription medications. The medications are stored by the home for future prescription orders and are dispensed from the emergency medication box by the home's staff. None of the medications are labeled as follows:

- * The name of the resident
- * Date the prescription was issued
- * Prescription dosage and instructions for administration
- * Name and title of the prescriber

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.

2600.184.(a)

Resident 1 is no longer a resident in Personal Care. Emergency medication box has been removed from facility and returned to pharmacy. When physician order's change, dose or administration times, Pharmacy provided sticker(Directions Changed Refer to Chart) needs to be applied for correction. Clinical coordinator will monitor medication changes and educate nursing staff how to properly utilize stickers provided when such medication orders change. Clinical coordinator will review Medication Administration Policy with nursing staff to ensure good nursing practices are followed. Clinical Coordinator will audit prescriptions and verify matching labels, 10 residents monthly to achieve compliance. Quarterly audits (5 random residents) will be performed by Clinical Coordinator. Audit results will be reported to QAPI committee.

Immediately - A designated staff person qualified to administer medications will complete an audit of all resident medications and MARs to ensure accuracy and all required information in accordance with regulation 2600.184(c) is present. 7/6/15

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 *6-12-2015*

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Plan of correction implementation status as of 7/6/15 (Date)

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JUN 17 2015

Violation Report: 44599 - 03/03/2015 - Pfaff, Vicki
 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.

WEST VIRGINIA FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 The home maintains an emergency medication box which contains numerous prescription medications. The medications are stored by the home for future prescription orders and are dispensed from the emergency medication box by the home's staff. None of the medications are labeled as follows:
 * The name of the resident
 * Date the prescription was issued
 * Prescription dosage and instructions for administration
 * Name and title of the prescriber

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.

2600.185.(a)

Emergency medication box has been removed from facility and returned to pharmacy. Medication order Policy and Procedure has been re-written to address medication changes for existing residents and ordering new resident medication. See attached.

Immediately - All state persons qualified to administer medications will be educated on the home's Medication order Policy and procedure. Documentation of education will be kept. 7/6/15

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 *6-12-2015*

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JUN 17 2015

Violation Report: 44599 - 03/03/2015 - Praft, Vicki
PCH Name: Transitions Healthcare Washington PA

REGISTRATION FIELD OFFICE
Services Licensing

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 medical evaluation, dated 4/25/14, and the resident's assessment, dated 4/27/14, indicate that the resident is to be on a "fluid restriction." However, the resident's support plan, dated 4/27/14, does not address how the home will meet this need.

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.

2600.227.(d)

All RASP's reviewed and corrections made to reflect resident care and services. Audits will be performed to ensure all RASP's, new and readmits, are current and updated. RASP's are updated yearly or as needed due to significant change in resident condition. Clinical Coordinator will perform quarterly audits of resident RASP's (random 5). Audits will be reported to QAPI committee.

By 7/30/15 - All staff persons completing or updating assessments and support plans will be educated regarding the completion and accuracy of assessments and support plans including special dietary needs and the care and services the home will provide. Documentation of education will be kept. 7/16/15

Immediately - If the home is aware of a special dietary need or a swallowing condition of a resident that the medical evaluation does not address, the home will contact the physician for clarification and to update the medical evaluation as needed. Until the discrepancy is resolved, the home will provide the special diet to ensure the life safety of the resident. 7/16/15

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 *6-12-2015*

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The above plan of correction is approved as of 7/16/15 (Date)

Plan of correction implementation status as of 7/16/15 (Date)

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

The above plan of correction was approved by [Signature] (Initials)