



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 24 2017

Mr. Matthew Maurano,
Member
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. Maurano:

As a result of the Department of Human Services' annual licensing inspections on August 15, 2016, August 16, 2016 and November 28, 2016 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

RECEIVED

OCT 24 2016

Violation Report: 44599 - 08/15/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure

2a. DESCRIPTION OF VIOLATION

On 8/15/16 at 10:40 a.m., a blue binder containing resident #1 and resident #2's activities therapy assessment form with dates of birth, marital status, and children's names, was unlocked, unattended, and accessible on the top of the desk in the activities storage room.

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

Activities binder is now stored in locked cabinet in activities/storage room when not in use, either while planning activity or during activity. Administrator or designee will audit binder storage daily for 1 week, 3x weekly for 1 month. Education will be provided to all staff by administrator or designee. Audits will be performed weekly for 1 month, then monthly x3 months.

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 10-24-2016

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

The above plan of correction is approved as of 1/4/17
(Date)

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

Plan of correction implementation status as of 1/4/17
(Date)

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

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OCT 24 2016

Page 3 of 22

Violation Report: 44599 - 08/15/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted on [redacted] 15 and a written resident-home contract was not completed.

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

Resident #3 responsible party signature was obtained on original home contract. Administrator or designee will audit all new admission paperwork weekly times 4, then monthly times 3 within 24 hours of admission to ensure necessary documents are signed.

On 12/6/16, the administrator submitted documentation indicating that resident #3 signed the resident-home contract on 12/1/16.

BB 1/4/17

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

10-24-2016

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OCT 24 2016

WEST REGION FIELD OFFICE Page 4 of 22
Human Services Licensing

Violation Report: 44599 - 08/15/2016 - Summers, Vicky
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

From 8/9/16 through 8/12/16 during the 11:00 p.m. to 6:00 a.m. shifts, there were 35 residents in the home and there was no staff person trained in first aid and certified in obstructed airway techniques and CPR 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.

CPR certification has been scheduled to ensure at least one staff member, PT or FT, are certified CPR to be present in home at all times. As new hire process, CPR certification is mandatory for all non-licensed staff during 90 day probationary period. Education will be provided to all staff by administrator or designee. Human Resources will audit all current employees' personnel files for compliance. Administrator or designee will audit HR monthly new hire report and schedule CPR classes as needed.

Immediately - The administrator will implement monitoring procedures to ensure compliance with Chapter 2600.63(a). The procedures will include, at a minimum, previewing staff schedules at least weekly to ensure there is at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR present in the home at all times. The administrator will take action to ensure coverage by substitute personnel when regularly scheduled direct care staff persons are absent complies with this regulation. BB 1/4/17

Repeat Violation: Yes

Date(s) of Previous Violation(s): 03/03/2015 Et al

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 10-24-2016

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PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE:
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired on [redacted] 16, did not receive orientation in general fire safety and emergency preparedness that includes the following:

- Evacuation procedures
- Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location
- The designated meeting place outside outside the building or within the fire-safe area in the event of an actual fire
- Smoking safety procedures, the home's smoking policy and location of smoking areas
- The location and use of fire extinguishers

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

Orientation in general fire safety and emergency preparedness is part of 1st day new hire orientation in PCH. Orientation has been provided to staff person A with copy added to personnel file. HR will audit all current personnel files for compliance. Administrator or designee will audit HR monthly new hire report monthly for 12 months to ensure facility has proper documentation of new hire orientation.

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

10-24-2016

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Violation Report: 44599 - 08/15/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600 65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired on [redacted] 16, did not complete orientation in any of the following required areas:

- Resident rights
- Emergency medical plan
- Mandatory reporting of abuse and neglect under OAPSA
- Reporting of reportable incidents and conditions

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

New hire orientation includes Residents Rights, Emergency Medical Plan, Mandatory Reporting of Abuse, and Reportable Incidents. Orientation will now occur first work day. Orientation has been provided to staff person A with copy added to personnel file. HR will audit personnel files for compliance. Administrator or designee will audit HR monthly new hire report monthly for 12 months to ensure faculty has proper documentation of new hire orientation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Wesley Robinson</i>
--	------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Wesley Robinson - Administrator</i>	<i>10-24-2016</i>

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(Initials)

Plan of correction implementation status as of 1/4/17
(Date)

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

OCT 24 2016

Violation Report: 44689 - 08/15/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

The home's training year is 1/1-12/31.

Direct care staff person D, hired on [redacted] 2014, did not receive any hours of annual training in 2015.

Direct care staff person E, hired on [redacted] 2000, did not receive any hours of annual training in 2015.

Direct care staff person F, hired on [redacted] 1985, did not receive any hours of annual training in 2015.

Direct care staff person G, hired on [redacted] 2009, did not receive 12 hours of annual training in 2015. The staff person's 2015 annual training consisted of ethics and compliance training on 8/23/15; however, the record did not indicate the length of course.

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.

2015 Annual training course attendance records did not include length of each course provided. Staff member E is no longer employed at facility. Staff person's D, F, and G will participate in 12 hours of training that is separate and distinct from 2016 annual training before the January 31, 2017. Training hours will be administered by administrator or designee at a minimum of 2 hours per week beginning December 5, 2016. Documentation of courses provided will include staff person trained, date, source, content, length of each course, and copies of any certificates received shall be kept. Training will include but are not limited to topics required by 2600.65(f) and (g).

All staff will attend 12 hours of Mandatory training relative to job duties during 2016. Attendance records have been changed to include staff person trained, date, source, content, and length of each course. Education will be provided to all staff by administrator or designee. Administrator or designee will audit quarterly for 12 months to ensure all staff members participate in their annual training plan.

Wesley Robinson - Administrator 11-30-2016

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WEST REGION FIELD OFFICE
Human Services Licensing

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 10-24-2016

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(Date)

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(Initials)

- Fully implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 44599 - 08/15/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

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

Direct care staff persons D, E, F, and G did not receive annual training in 2015 in the following areas:

- Medication self-administration training
- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan
- Care for residents with dementia and cognitive impairments
- Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration

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.

SEE ATTACHED PAGE 8A

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

10-24-2016

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11/4/17
(Date)

Plan of correction implementation status as of

11/4/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *BB*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

BB
(Initials)

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OCT 24 2016

WEST REGION FIELD OFFICE
Human Services Licensing

2600.(65).(f)

2015 Annual training course attendance records did not include length of each course provided. Staff member E is no longer employed at facility. Staff person's D, F, and G will participate in 2016 training that includes:

Medication self-administration training

Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan.

Care for residents with dementia and cognitive impairments

Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

Annual training course attendance records have been changed to include length of each course to ensure training compliance. All staff members will be educated to satisfy 2016 requirements by administrator or designee. Administrator or designee will audit staff training records quarterly for 1 year to ensure 12 hours of annual training are provided.

Wesley Robinson

WESLEY ROBINSON - Administrator

10-24-2016

BS 11/4/17

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OCT 24 2016

Page 9 of 22

Violation Report: 44599 - 08/16/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA
WEST REGION FIELD OFFICE
Human Services Licensing

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
Direct care staff persons D, E, F, and G did not receive annual training in 2015 in the following areas:
• Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
• Emergency preparedness procedure and recognition and response to crisis and emergency situations
• Resident rights
• The Older Adult Protective Services Act
• Falls and accident prevention
• New population groups that are being served at the home that were not previously served

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

SEE ATTACHED PAGE 9A

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 *10-24-2016*

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(Date)

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

Plan of correction implementation status as of 1/4/17
(Date)

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

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OCT 24 2016

WEST REGION FIELD OFFICE
Human Services Licensing

2600.(65).(g)

2015 Annual training course attendance records did not include length of each course provided. Staff member E is no longer employed at facility. Staff person's D, F, and G will participate in 2016 training that includes:

Fire Safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

Emergency preparedness procedure and recognition and response to crisis and emergency situations

Resident's Rights

The Older Adult Protective Services Act

New population groups that are being served at the home that were not previously served.

Annual training course attendance records have been changed to include length of each course to ensure training compliance. All staff members will be educated to satisfy 2016 requirements by administrator or designee. Administrator or designee will audit staff training records quarterly to ensure 12 hours of annual training are provided.

Wesley Robinson

WESLEY ROBINSON - Administrator

10-24-2016

BB 114117

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44599 - 08/15/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa. Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The training record for direct care staff person G's ethics and compliance training on 6/23/16 did not indicate the length of course.

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.

Annual training course attendance records have been changed to include length of each course to ensure training compliance. Staff person G will participate in 2016 Ethics and Compliance Training. All staff members will be educated to satisfy 2016 requirements by administrator or designee. Administrator or designee will audit staff training records quarterly for 1 year to ensure 12 hours of annual training are provided.

Immediately - The administrator or a designated staff person will review each newly completed record of training to ensure it includes the staff person trained, date, source, content, length of each course and copies of any certificates received prior to filing it. BB 1/4/17

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 *10-24-2016*

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(Initials)

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RCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600 81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The left and right vinyl arm rests on the wheelchair for resident #4 and resident #5 are cracked, torn, and exposing foam.

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.(81).(b) resident wheelchair arms cracked

Cracked arms rests for resident 4 and 5 have been ordered and replaced. Administrator or designee will inspect devices monthly for 1 year to ensure apparatus are clean and in good repair. When necessary, family, residents, and responsible parties will be informed of needed repairs. Facility will repair or replace where necessary. Education will be provided to all staff to inform the appropriate person when wheelchair or device is in need of repair.

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 10-24-2016

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(Date)

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(Date)

- Fully Implemented *BS*
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WEST REGION FIELD OFFICE
Human Services Licensing

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

Not all of the residents are able to safely use and avoid poisons. Resident #6, resident #7, and resident #8 are not able to safely use and avoid poisons.

On 8/15/16 at approximately 10:50 a.m., there was a 15 ounce can of Eliminator wasp and hornet killer with a label indicating to call poison control center or doctor, was unlocked and accessible in the cabinet above the desk in the activity storage room. A can of 15 1/2 ounce Clorox disinfectant spray with a label indicating to call poison control center or doctor, was unlocked and accessible in the top right drawer of the desk in the activity storage room.

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

Items are now kept in locked drawer. Monthly environmental rounds are performed to ensure all poisonous materials are kept in safe areas. Education will be provided to all staff by administrator or designee. In addition to environmental rounds, weekly audits will be completed times 4 and monthly times 3.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Wesley Robinson</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Wesley Robinson - Administrator</i>	<i>10-24-2016</i>

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

The above plan of correction is approved as of <u>1/4/17</u> (Date)	Plan of correction implementation status as of <u>1/4/17</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>BB</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 8/15/16 at approximately 9:45 a.m., there was dirt, cobwebs and dead bugs in the small alcove leading to the emergency exit in zone C next to room #118. There was a pink sticky substance on the bottom shelf and a dried yellowish substance on the bottom glass shelf of the break room refrigerator that contains resident food and snacks. On 8/15/16 at approximately 10:30 a.m., there was an orange and yellow splattered, dried substance on the 2nd shelf and the bottom shelf of the dining room kitchenette refrigerator.

Blood glucose testing is ordered for 7 residents served in the home and glucometers were shared amongst residents. There are multiple readings on the glucometers that do not correlate with the documented glucose readings on the medication administration records

The glucometer labeled for resident #9 was used to measure blood glucose levels for resident #3 as follows:

- 8/6/16: 7:53 a.m.
- 8/14/16: 2:35 p.m.
- 8/15/16: 6:33 a.m.

The glucometer labeled for resident #10 was used to measure blood glucose levels for multiple residents as follows:

- 8/11/16: 6:39 a.m. resident #3
- 8/13/16: 6:25 a.m. resident #9
- 8/13/16: 6:28 a.m. resident #3

The glucometer labeled for resident #11 was used to measure blood glucose levels for multiple residents as follows:

- 8/14/16: 6:07 a.m. resident #12
- 8/14/16: 6:14 a.m. resident #13
- 8/14/16: 6:21 a.m. resident #14
- 8/14/16: 10:19 a.m. resident #14
- 8/14/16: 10:23 a.m. resident #10
- 8/15/16: 6:04 a.m. resident #13
- 8/15/16: 6:13 a.m. resident #12
- 8/16/16: 6:00 a.m. resident #13

The glucometer labeled for resident #12 was used to measure blood glucose levels for resident #13 on 8/10/16 at 10:23 p.m. and the glucometer labeled for resident #14 was used to measure blood glucose levels for resident #11 on 8/12/16 at 3:42 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.

SEE ATTACHED PAGE 13A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Wesley Robinson</i>
--	------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Wesley Robinson - Administrator</i>	<i>10-24-2016</i>

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

The above plan of correction is approved as of 1/4/17
(Date)

Plan of correction implementation status as of 1/4/17
(Date)

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

The above plan of correction was approved by *BB*
(Initials)

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OCT 24 2016

WEST REGION FIELD OFFICE
Human Services Licensing

2600.(85).(a)

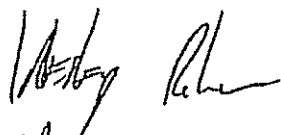
Alcove leading to emergency exit was immediately cleaned of debris. Education to House Keeping staff with review of weekly cleaning routine has changed to ensure area is not overlooked. Area has been added to monthly environmental rounds.

Refrigerators were cleaned, including shelves, racks, and drawers. Refrigerator cleaning is assigned to night shift. Staff has been educated to report unsanitary conditions to Administrator or Clinical Coordinator. Audits will be completed monthly times 3 by administrator or designee to ensure compliance.

Environmental rounds are also performed monthly to ensure sanitary conditions are maintained.

Glucometers are ordered per individual resident and are resident specific. Staff has been educated to proper use of glucometer supplies to ensure sanitary conditions are maintained.

Clinical Coordinator or designee will audit daily usage times 7 for 1 week, weekly times 4, and monthly times 3 to ensure staff compliance.



WESLEY ROBINSON - ADMINISTRATOR

10-24-16

BS 11/4/17

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OCT 24 2016 Page 14 of 22

Violation Report: 44599 - 08/15/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents

2a. DESCRIPTION OF VIOLATION
In the unlocked visitor's common bathroom, there was an uncovered garbage can with trash in it.

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

Garbage cans in kitchens and bathrooms have been replaced where needed to include covered lids. Unlocked visitor bathroom has covered trash receptacle. Designated employee bathroom has added trash receptacle cover and keyed lock mechanism to allow only staff access. Education has been provided to all staff by administrator. Audits will be performed to ensure compliance weekly time 4, monthly times 3.

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 *10-24-2016*

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

The above plan of correction is approved as of 1/4/17 (Date)

Plan of correction implementation status as of 1/4/17 (Date)

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

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

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OCT 24 2016

Violation Report: 44599 - 08/15/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION

There are no grab bars, hand rails or assist bars in the vislor's common bathroom.

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 unmediately include dates by which the steps will be completed

PCH had 2 common bathrooms, 1 visitor and 1 employee. Employee bathroom does not have grab bars, hand rails, or assist bars. Keyed locking mechanism has been added to ensure visitors or residents do not have access. Only staff has access to key for entry. Education has been provided to all staff by administrator. Audits will be performed to ensure compliance weekly time 4, monthly times 3.

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 *10-24-2016*

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

The above plan of correction is approved as of 11/4/17
(Date)

Plan of correction implementation status as of 11/4/17
(Date)

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

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

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OCT 24 2016

Violation Report: 44599 - 08/15/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600 103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 8/15/16 at 10:29 a.m., the temperature in the dining room kitchenette refrigerator measured 58 degrees

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 refrigerators and freezers now have working thermometers present. Education will provided to all staff by administrator or designee that all refrigerators should contain a thermometer and all food requiring refrigeration should be stored at or below 40 degrees Fahrenheit, and that all freezers should contain a thermometer and all frozen food should be kept at or below 0 degrees Fahrenheit. Audits by administrator or designee to ensure compliance will be conducted daily times 7, weekly times 3, and monthly times 3.

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 *10-24-2016*

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

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(Date)

Plan of correction implementation status as of 11/4/17
(Date)

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

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

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OCT 24 2016

WEST REGIONAL FIELD OFFICE
Human Services Licensing

Violation Report: 44599 - 08/15/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home has no documentation of the last time the furnace was inspected.

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

Moving forward annual professional furnace inspections will be conducted. Documentation of the inspections will be kept. Education will be provided to maintenance director that a professional furnace cleaning company should inspect furnaces at least annually and documentation of the inspection should be kept. Audits by administrator or designee to ensure compliance will be conducted annually times / two.

The home has documentation dated 11/28/16 indicating furnace inspections occurred on 11/18/16 by a professional furnace cleaning company. BB 1/4/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wesley RL

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

WESLEY ROBINSON - Administrator

Date 10-24-2016

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The above plan of correction is approved as of

1/4/17
(Date)

Plan of correction implementation status as of

1/4/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress BB

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

BB
(Initials)

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Violation Report: 44599 - 08/15/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

A fire safety inspection and fire drill conducted by a fire safety expert has not been completed within the past year.

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

For the year 2016 and moving forward a Fire safety inspection and fire drill conducted by a fire safety expert will be completed. Documentation of this fire drill and fire safety inspection will be kept. Education will be provided to maintenance director by administrator or designee. A Fire safety inspection and fire drill conducted by a fire safety expert should be completed annually and documentation of this fire drill and fire safety inspection will be kept. Audits by administrator or designee to ensure compliance will be conducted yearly times two.

On 12/6/16, the administrator submitted documentation indicating that a fire safety expert supervised a fire drill and conducted a fire safety inspection on 11/30/16. *BS 11/4/17*

By 11/30/17 - A fire safety inspection and fire drill conducted by a fire safety expert will be completed. *BS 11/4/17*

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 *10-24-2016*

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

The above plan of correction is approved as of <u>11/4/17</u> (Date)	Plan of correction implementation status as of <u>11/4/17</u> (Date)
The above plan of correction was approved by <u>BS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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OCT 24 2016

Violation Report: 44599 - 08/15/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

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

On 9/23/15 at 12 43 a.m and 5/31/16 at 9.45 p.m., the home simulated fire drills by using empty wheelchairs so residents were not disturbed, however, the fire drill record indicated that all of the residents were evacuated.

The home's fire drill record indicates a drill occurred on 4/31/16 which is not a calendar day

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 in October a written fire drill record will 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. Education will be provided to maintenance director by administrator or designee that a written fire drill record will 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. Audits by administrator or designee to ensure compliance will be conducted monthly times twelve.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Wesley Robinson</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>WESLEY ROBINSON - Administrator</i>			Date <i>10-24-2016</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>1/4/17</u> (Date)		Plan of correction implementation status as of <u>1/4/17</u> (Date)	
The above plan of correction was approved by <u>BB</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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OCT 24 2016

Violation Report: 44599 - 08/15/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600 132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert

2a. DESCRIPTION OF VIOLATION

The home does not have an evacuation time specified in writing within the past year from a fire safety expert and the home's evacuation times exceeded 2 minutes and 30 seconds for the following drills:

- 5 minutes 18 seconds on 6/2/16 at 11:20 p.m.
- 4 minutes 43 seconds on 5/31/16 at 9:45 p.m.
- 3 minutes 10 seconds on 3/18/16 at 2:16 p.m.
- 5 minutes 45 seconds on 2/12/16 at 4:35 a.m.
- 4 minutes 10 seconds on 1/12/16 at 8:30 a.m.
- 3 minutes 44 seconds on 12/29/15 at 11:07 a.m.
- 3 minutes 57 seconds on 12/24/15 at 8:39 a.m.
- 3 minutes 30 seconds on 12/18/15 at 3:10 p.m.
- 4 minutes 38 seconds on 11/8/15 at 4:35 p.m.
- 3 minutes 15 seconds on 10/27/15 at 7:45 a.m.
- 4 minutes 43 seconds on 9/23/15 at 12:43 a.m.
- 3 minutes 25 seconds on 8/31/15 at 3:48 p.m.
- 2 minutes 55 seconds on 8/7/15 at 1:58 p.m.

On 9/23/15 at 12:43 a.m. and 5/31/16 at 9:45 p.m., the home simulated fire drills by using empty wheelchairs so residents were not disturbed and not all of the residents were evacuated.

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 Fire Chief of Township of South Strabane issued letter stating 6 minutes, 30 seconds total evacuation time is acceptable in case of emergency. Fire Chief will stipulate on DHS document rather than Township letterhead document to ensure compliance. An annual audit by administrator or designee will be performed to ensure compliance. Education will be provided to Maintenance Director by administrator.

On 12/6/16, the administrator submitted documentation indicating that a fire safety expert specified a 6 minute and 30 second safe evacuation time on 12/6/16 from an inspection on 8/5/16. BB 1/4/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wesley Roh

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

WESLEY ROBINSON - ADMINISTRATOR

Date

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

The above plan of correction is approved as of 1/4/17
(Date)

Plan of correction implementation status as of 1/4/17
(Date)

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

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

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OCT 24 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44599 - 08/15/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600
2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION

Neither a fire alarm nor smoke detector was set off during the following drills:

- 3/31/15 at 5:50 a.m.
- 7/27/15 at 5:50 a.m.
- 9/23/15 at 12:43 a.m.
- 11/6/15 at 4:35 p.m.
- 1/12/16 at 8:30 a.m.
- 2/12/16 at 4:35 a.m.
- 5/31/16 at 9:45 p.m.
- 8/2/16 at 11:20 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

Starting in October a fire alarm or smoke detector will be set off during each fire drill. Education will be provided by administrator or designee to maintenance director that a fire alarm or smoke detector should be set off during each fire drill. Audits by administrator or designee to ensure compliance will be conducted monthly times twelve.

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 10-24-2016

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1/4/17
(Date)

Plan of correction implementation status as of

1/4/17
(Date)

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

The above plan of correction was approved by

BB
(Initials)

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OCT 24 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44599 - 08/15/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2500
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 8/16/16 there were two 7 ounce tubes of Medline soothe & cool protect moisture barrier ointment unlocked and accessible in the bathroom of room #112.

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 Prescription medications, OTC medications, CAM and syringes, including ones present in resident room's, are now locked in a locked area or locked container. Education will be provided by administrator or designee to all staff that prescription medications, OTC Medications, CAM and syringes need to be locked in a locked area or locked container, including ones present in resident room's. Audits will be conducted by administrator or designee to ensure compliance, daily times 7, weekly times 4, and monthly times 3.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Wesley ROBINSON - Administrator* Date *10-24-2016*

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

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(Date)

Plan of correction implementation status as of 1/4/17
(Date)

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

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

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PGH Name: TRANSITIONS HEALTHCARE WASHINGTON PA		License Number: 44599
Address: 90 HUMBERT LANE, WASHINGTON, PA 15301		County: Washington
Administrator: Wesley Robinson		Region: WEST
Legal Entity Name: TRANSITIONS HEALTHCARE WASHINGTON PA LLC		RECEIVED JAN 03 2017
Legal Entity Address: 2 LOCUST LANE SUITE 204, WESTMINSTER, MD 21157		
Certificate(s) of Occupancy C-1 01/31/1985 PA Dept of Health		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 51	Waking Staff: 38
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 11/28/2016: Summers, Vicky; Hultquist, Cliff		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 48 Number of Residents Served: 36 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents In past year: 4		Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 36 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 15 Have a Physical Disability: 1

Wesley Robinson 29 DEC 2016

JAN 03 2017

Violation Report: 44599 - 11/28/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's fire drill records indicate that only 7 of 35 residents evacuated during the drill on 9/30/16 at 6:26 a.m. and that only 9 of 35 residents evacuated during the drill on 10/31/16 at 2:37 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.

On 11/30/2016, A supervised Fire drill and safety inspection was completed by fire safety expert from South Stabane Fire Department. Education by administrator was provided to Maintenance Director as annual training record. Fire Safety Training in-service was held by Fire Safety Expert November 15 and 17, 2016, as annual staff training.

Documentation of fire drill by fire safety expert on 11/30 shows evacuation time period to be under what is recommended by Fire Expert based on annual inspection. Fire safe zones are documented and locations are designated from Fire Chief's inspection. Inspection report is kept in fire drill log book and survey binder. The Fire Drill record indicates residents evacuated to fire safe zones. Monthly audits times three months of Fire Drill records will be performed to ensure compliance, with quarterly audits in calendar 2017 performed. Audits will track number of residents evacuated during fire drills to fire safe zones and time taken to do so. Monthly audits by Administrator or Designee of Fire Drill log will be submitted for QAPI review.

If the evacuation time of any 2017 fire drill exceeds the period of time specified in writing within the past year by a fire safety expert, the home will conduct an additional drill on the same shift and all staff persons and residents will be educated on the home's evacuation procedures within 5 calendar days.

BS 1/4/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Wesley Robinson</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Wesley ROBINSON - Administrator</i>		<i>12-29-2016</i>	

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

The above plan of correction is approved as of <u>1/4/17</u> (Date)	Plan of correction implementation status as of <u>1/4/17</u> (Date)
The above plan of correction was approved by <u>BS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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JAN 03 2017

Page 3 of 3

Violation Report: 44599 - 11/28/2016 - Summers, Vicky
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed glucometer readings before meals and at bedtime for diabetes. The resident is prescribed humalog solution 100unit/ml Inject per sliding scale: If 151-200 = 2 units; 201-250=4 units; 251-300=6 units; 301-350= 8 units; 351-400=10 units; 401-500=12 units; subcutaneously before meals and at bedtime for diabetes.

On the following dates and times, resident #1 refused the prescribed glucometer readings which resulted in undetermined sliding scale dosage and the refusals were not reported to the prescriber:

- 11/2/16 4:30 p.m.
- 11/3/16 9:00 p.m.
- 11/7/16 4:30 p.m. and 9:00 p.m.
- 11/8/16 4:30 p.m. and 9:00 p.m.
- 11/11/16 4:30 p.m. and 9:00 p.m.
- 11/12/16 9:00 p.m.
- 11/13/16 9:00 p.m.
- 11/17/16 4:30 p.m.
- 11/18/16 4:30 p.m. and 9:00 p.m.
- 11/21/16 4:30 p.m.
- 11/25/16 9:00 p.m.
- 11/27/16 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.

SEE ATTACHED Page 3A

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 *12-29-2016*

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

The above plan of correction is approved as of 1/4/17 (Date)

Plan of correction implementation status as of 1/4/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *BB*
- Partially Implemented - inadequate Progress
- Not Implemented

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

2600.187.(c)

Resident #1 has refused glucose reading during November, the prescriber was notified 11/28 of medication refusal by resident #1. Prescriber wrote order, 11-28-2016, to notify prescriber after 3 refusals. Prescriber was notified 12/23/2016 that resident has refused 3 times since 12/16/2016. MD charted further instructions as note in chart. Nursing staff was educated by administrator or designee that any medication refusal must be communicated to prescriber. Nursing staff will communicate to Clinical Coordinator when refusal takes place. Clinical Coordinator has reviewed 24 Hour Nursing Summary Report for refusal notes, 12/24 to current, to identify any refusal of medication. EMAR for each resident are currently being reviewed to identify Resident medication refusal with noted documentation in Residents record. MD recommendation is also noted in resident record. Clinical Coordinator or designee will track and log as audit tool to ensure compliance, 5 EMAR records weekly for 4 weeks, 6 EMAR records monthly for 3 months. Clinical Coordinator or designee will audit quarterly and submit for QAPI review.

Wesley Robinson
WESLEY ROBINSON - Administrator
29 DEC 2016

BB 1/4/17