



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 15 2017

Mr. Wesley Robinson
Administrator
Transitions Healthcare Washington PA, LLC
2 Locust Lane, Suite 204
Westminster, Maryland 21157

RE: Transitions Healthcare Washington PA
License #: 445990

Dear Mr. Robinson:

As a result of the Department of Human Services' annual licensing inspection on September 20, 2017 and September 21, 2017, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA		License Number: 44599
Address: 90 HUMBERT LANE, WASHINGTON, PA 15301		County: Washington
Administrator: Wes Robinson		Region: WEST
Legal Entity Name: TRANSITIONS HEALTHCARE WASHINGTON PA LLC		
Legal Entity Address: 2 LOCUST LANE SUITE 204, WESTMINSTER, MD 21157		RECEIVED
Certificate(s) of Occupancy C-1 01/31/1985 Commonwealth of PA		NOV 03 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 35	Total Daily Staff: 77	Waking Staff: 58
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/20/2017: Mulick, Cindy; Bartlett, Patricia 09/21/2017: Mulick, Cindy		
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 who:	
Number of Residents Served: 35	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 35	
Area:	Have Mental Illness: 6	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 7	
Number of Current Hospice Residents: 2	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 4		

NOV 03 2017

Violation Report: 44599 - 09/20/2017 - Mulick, Cindy
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The Influenza Awareness Act, enacted 11/21/16, requires influenza information to be posted in a public place in the facility year-round. On 9/20/17 at approximately 9:02 a.m., there was no information posted in the home in accordance with The Influenza Awareness Act.

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

2600.18

1. Upon identification the CDC Influenza information was posted in the facility on the public bulletin board as well as in the dining room and at the front entrance nurses station to comply with The Influenza Awareness Act.
2. There are no current residents in house with identified Influenza and residents and staff are currently in the vaccination process.
3. Licensed Staff will be educated by the Administrator or designee to ensure that Influenza information is posted annually at time of flu season per regulation.
4. Administrator or designee will audit weekly x 4, then monthly to April 2018, to ensure that posting are visibly posted during the influenza season. The audit results will be reviewed at our QAPI meeting to measure compliance and add interventions if warranted.
5. Completion date November 30, 2017

Wesley Roberson 11/1/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wesley Roberson Administrator* Date *November 1st 2017*

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

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

Violation Report: 44599 - 09/20/2017 - Mulick, Cindy
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The assessment, dated 1/24/2017, for resident #1 does not include the following: Resident #1 utilizes a wheeled walker for ambulation and wears eye glasses.

The assessment, dated 8/31/17, for resident #2, indicates the resident has no sensory needs under "hearing"; however, a physician report, dated 9/23/16, indicates the resident is "very hard of hearing." Also, the resident wears hearing aids which is not indicated on the assessment.

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.

2600.225.(a)

1. Upon discovery resident R1 had the use of a wheeled walker and glasses added to his RASP. Resident R2 had the utilization of left hearing aide added to his RASP.
2. A baseline audit will be conducted of current residents RASP's and compared to admission assessment and any current addendums that have been completed with regards to adaptive equipment to ensure all adaptive equipment needs have been identified and captured on the support plan.
3. Licensed staff will be educated by the administrator or designee on the importance of updating the RASP with any new or additional changes to adaptive equipment needs.
4. A monthly audit x 4 will be conducted by the administrator or designee to ensure that all adaptive needs of the residents have been addressed in the resident support plan.
5. Completion date November 30, 2017

Wesley Robinson 11/1/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wesley Robinson - Administrator* Date *November 1st 2017*

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The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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