



May 23, 2019

Ms. Tammy Hixenbaugh, LPN
Administrator
Transitions Healthcare Washington PA, LLC
90 Humbert Lane
Washington, Pennsylvania 15301

RE: Transitions Healthcare Washington PA
License #: 445990

Dear Ms. Hixenbaugh:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 5, 2018 and September 10, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

**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: JENNIFER WATSON		Region: WEST
Legal Entity Name: TRANSITIONS HEALTHCARE WASHINGTON PA LLC		
Legal Entity Address: 90 HUMBERT LANE, WASHINGTON, PA 15301		
Certificate(s) of Occupancy C-1 01/31/1985 Comm of PA		
Staffing Hours Resident Support: 0 Total Daily Staff: 38 Waking Staff: 29		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/05/2018: Winters, Lynn; Spagna, Lauren 09/10/2018: Winters, Lynn		
Off-Site Inspection Dates and Inspectors, if Applicable 09/17/2018: Winters, Lynn		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 48 Number of Residents Served: 31 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: 1 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 31 Have Mental Illness: 6 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 1	

Violation Report: 44599 - 09/05/2018 - Winters, Lynn
 PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

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 9/5/18 at approximately 10:30 AM, the 1st floor nursing/administration room where medication information and medical evaluations are stored for every resident of the home, to include resident #1, resident #2, and resident #3, was unlocked, unattended, and accessible.

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.

1. Violation 1 – 2600.17

1. Effective immediately the door to the nursing/ administration room shall be locked and closed at all times.
2. Administration will have educational in-service on keeping all resident files inaccessible as to maintain confidentiality.
3. The administrator or designee on each shift will monitor the door to be closed and locked each shift times seven days, then every shift once weekly times three weeks, for regulatory compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tommy Hixenbaugh

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

TAMMY HIXENBAUGH Administrator

Date

2-22-2019

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

The above plan of correction is approved as of 5/3/19
 (Date)

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

Plan of correction implementation status as of 5/3/19
 (Date)

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

Violation Report: 44599 - 09/05/2018 - Winters, Lynn
 PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated 2/21/15, was not signed by the resident.
 The contract for resident #2, dated 3/1/18, was not signed by the resident.
 The contract for resident #3, dated 11/17/14, was not signed by the resident.

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.

2. Violation 2 regulation 2600.25 (b)

1. The administrator will review contracts agreement with residents 1,2, and 3 obtain each residents signature on agreement.
2. The administrator will have all newly admitted residents sign PCH agreement prior to or with in 24 hours of admission
3. All current contracts were reviewed for compliance. Any contract not in compliance will have signatures obtained by 3/15/19.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tammy Hexenbaugh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TAMMY HEXENBAUGH Administrator</i>	Date <i>2-22-19</i>
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Violation Report: 44599 - 09/05/2018 - Winters, Lynn
 PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600

2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION

The record for ancillary staff person A, hired 6/24/18, did not contain documentation that staff person A received a general orientation to specific ancillary job functions.

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.

3. Violation 3 regulation 2600.65 (c)

1. The specific job function/description for ancillary person A hired 6/24/18 was located and placed in file. Housekeeping job description was signed and reviewed by person A on 6/26/18. Staff person A is no longer employed at the facility.
2. Administration will review all current employee job files for job description specific to job function for signature and dates.
 - i. Any employee noted to not have a signature will be obtained and reviewed by 3/15/19.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Tammy Hix

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

Tammy Hix, Administrator

Date: *2-22-19*

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Violation Report: 44599 - 09/05/2018 - Winters, Lynn
 PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

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 staff training year is 1/1 - 12/31. Staff person B, hired 12/1/09, and staff person C, hired 11/30/15, only received 1 hour of training during the 2017 annual training 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.

4. Violation 4 2600.65 (e)

1. Unable to retro 2018 education. 5/3/19
2. Administrator or designee will monitor employee files quarterly to ensure they are following the educational calendar for the required 12 hours of education. monthly 

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)

TAMMY HIXENBAUGH Administrator

Date

2-22-2019

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Violation Report: 44599 - 09/05/2018 - Winters, Lynn
 PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

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

2a. DESCRIPTION OF VIOLATION

The home's staff training year is 1/1 - 12/31. Staff person B, hired 12/1/09, and staff person C, hired 11/30/15, did not receive training on any of the topics required by § 2600.65(f)(1) - (7) during the 2017 annual training 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.

5. Violation 5 2600.65 (f)

- 1. Unable to retro 2018 education.
- 2. Administrator or designee will monitor employee files quarterly to ensure they are following the educational calendar for the required 12 hours of education
- 3. All required annual topics in-services will be kept in the annual training log book for staff to review current and moving forward.

5/3/19

monthly



Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Tammy Hixenbaugh Administrator</u>	Date <u>2-22-2019</u>
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Violation Report: 44599 - 09/05/2018 - Winters, Lynn
 PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

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

The home's staff training year is 1/1 - 12/31. Staff person B, hired 12/1/09, and staff person C, hired 11/30/15, did not receive training on the following topics during the 2017 annual training year:

- Fire Safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- Resident Rights
- The Older Adult Protective Services Act (OAPSA)

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.

6. Violation 6 2600.65 (g).

1. Staff person B hire 12/1/09 will receive annual trainings for fires safety by a fire safety expert or by a staff person trained by a fire safety expert, residents rights and the older adult protective services act.
2. Administrator will schedule trainings in the required annual topics This will be included in the direct care staff ,ancillary staff, substitute personal, and regularly scheduled volunteers annual 12 one hour training in-services. The required annual topics in-services will be kept in the annual training log book for staff to review current and moving forward in the calendar year 2019.

Immediately, then at least monthly: The Administrator shall audit all direct care staff training records to ensure all staff persons receive at least 12 hours of annual training during the 1/1/19 - 12/31/19 training year, in accordance with §2600.65(e).

 5/3/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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TAMMY HIXENBAUGH ADMINISTRATOR Date 2-22-2019

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Violation Report: 44599 - 09/05/2018 - Winters, Lynn
 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 2/9/17 training record for Accident Prevention/Workplace Safety did not indicate the length of the course.
 The 1/24/17 training record did not include the source, content, or length of the 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.

7. Violation 7 2600.65 (i)
1. Administrator or designee will record the source content and length of each training course on DHS record of training log sheet 2600.65 (i).
 2. Administrator will have each employee sign record of training sheet and keep in annual training log book for calendar year 2019 and moving forward.
 3. Administrator or designee will complete information specific to each training in-service at top of DHS record of training log sheet with each scheduled in-service.

Immediately, then at least monthly, the administrator shall audit all staff records to ensure they contain documentation of all required staff training in accordance with 2600.65. Training documentation shall include: The staff person trained, date, source, content, length of each course and copies of any certificates.

 5/3/19

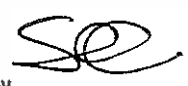
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) TAMMY HIX Administrator Date 2-22-2019

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- Not Implemented

Violation Report: 44599 - 09/05/2018 - Winters, Lynn
 PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

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

2a. DESCRIPTION OF VIOLATION
 The annual medical evaluation for resident #3, dated 4/24/18, does not contain the medical professional's name. This section of the form is blank.
 The annual medical evaluation for resident #4, dated 12/8/17, does not contain the medical professional's name. This section of the form is blank.

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.

8. Violation 8 2600.141 (b)(1)
1. Administrator will educate physicians to print name on the medical professional information section of the DME.
 2. Administrator will review each resident chart for printed physicians name on DME.
 3. Reviewing current resident charts at three charts a week for fifteen weeks beginning 2/25/2019.
 4. Administrator will place the DME for resident 3 and 4 in MD log file for printed name of physician to be completed.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tammy Hoxenbaugh IPN*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TAMMY HOXENBAUGH Administrator*, Date *2-22-2019*

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Violation Report: 44599 - 09/05/2018 - Winters, Lynn
 PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2e. DESCRIPTION OF VIOLATION

On 9/10/18, there were 4 weeks of menus posted, as the home cycles through the weeks. However, there was no means to determine which menu week in the rotation the home is currently using.

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.

10. Violation 10 2600.162 ©

1. Weekly dates have been added to the menu for clarification of usage.
2. Menus will be reviewed during resident counsel for education on usage.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Tammy Hixenbaugh*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tammy Hixenbaugh administrator* Date *2-22-2019*

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Violation Report: 44599 - 09/05/2018 - Winters, Lynn
 PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

The record for resident #1 did not contain documentation that the resident was educated regarding the right to question or refuse a medication if the resident believes there may be a medication error.

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.

9. Violation 9 2600.191

1. Administrator will review all current resident records for the Attachment D notice of Residents Rights, which includes the right to refuse or question medication, which will also be reviewed in monthly resident counsel meetings.
2. Admissions going forward will have this included in the admission contract and reviewed personally with each new resident and copies will be kept in each resident file.
3. Each current resident record will be reviewed for the residents rights notice at a rate of 5 contracts a week for 6 weeks.

Immediately, the home shall obtain documentation that resident #1 has been educated on the right to question or refuse a medication if the resident believes there may be a medication error.

 5/3/19


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tammy Hixenbaugh, Administrator Date 2-22-2019

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