



MAILING DATE: December 6, 2018

Mr. Wesley Robinson
Administrator
Transitions Healthcare Washington PA, LLC
90 Humbert Lane
Washington, Pennsylvania 15301

RE: Transitions Healthcare Washington PA
License #: 445990

Dear Mr. Robinson:

As a result of the Department's Bureau of Human Services Licensing inspection on November 6, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

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

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing 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: Tammy Hixenbaugh		Region: WEST
Legal Entity Name: TRANSITIONS HEALTHCARE WASHINGTON PA LLC		
Legal Entity Address: 90 HUMBERT LANE, WASHINGTON, PA 15301		RECEIVED
Certificate(s) of Occupancy C-1 01/31/1985 L&I		11/30/2018 Western Region Field Office Bureau of Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 42	Waking Staff: 32
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 11/06/2018: Marini, Michael		
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: 30 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: 3	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 30 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 2	

Violation Report: 44599 - 11/06/2018 - Marini, Michael
PCH Name: TRANSITIONS HEALTHCARE WASHINGTON PA

Western Region Field Office
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 10-30-18 at approximately 10:30 PM, staff person A was assisting resident #1 with a shower. After staff person A finished resident #1's shower, and while he was putting resident #1's clothes on, resident #1 was incontinent of bowel. Staff person A became angry and yelled, "I just fucking showered [him/her]! I'm not fucking doing it again!". Staff person A started slamming things around the room, including resident #1's wheelchair. Resident #1 became tearful and started shaking and flinching.

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.

Steps to correct violation: Allegations of Abuse was reported to DHS Hot Line, Area agency meeting on 10/31/18. Resident was interviewed and assessed for need of medical intervention.

Family member (POA) notified on 10/31/18 of allegation and residents condition.

Employee "A" was immediately suspended on 10/31/18 and terminated on 11/3/18 after witness statements, interviews conducted.

Initiated staff education regarding identifying, reporting abuse/neglect of residents on 11/5/18

ACT 13 form completed and forwarded to AAA - DHS

Interviewed residents who received direct care by Employee "A"

Administrator met with representatives from DHS/AAA releasing information of allegations and Employee phone numbers related to incident.

Administrator spoke with Employee "A" on 10/31/18 via phone at which time he denied allegations

Steps to prevent a similar violation: (A) Educate staff regarding PCH Policy & Procedures of identifying abuse and steps to reporting abuse

(B) Provide education upon hire of all employees and yearly regarding identifying/reporting neglect/abuse of residents

(C) Conduct criminal background checks (FBI checks & new hires if out of state within the year of hire) of all employees. Conduct employee reference checks prior to hire

(D) Have discussion during monthly resident council meeting of staff/resident interactions. Allow residents to voice concerns regarding resident care.

(E) Provide in each residents room phone # to ombudsman, personal care hot line, police, administrator. Make residents aware of complaint book, location of book, offer assistance with lodging complaint.

(F) Review/educate staff regarding residents rights.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Tammy Hixenbaugh LPN / administrator

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

TAMMY HIXENBAUGH LPN / ADMINISTRATOR

Date

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

The above plan of correction is approved as of

11/30/18

(Date)

Plan of correction implementation status as of

11/30/18

(Date)

The above plan of correction was approved by

TH

(Initials)

Fully Implemented

Partially Implemented - Adequate Progress TH

Partially Implemented - Inadequate Progress

Not Implemented