



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [kwright@transitionshealthcarellc.com](mailto:kwright@transitionshealthcarellc.com)

MAILING DATE: May 18, 2020

Ms. Kelly Wright  
Administrator  
Transitions Healthcare Washington PA, LLC  
90 Humbert Lane  
Washington, Pennsylvania 15301

RE: Transitions Healthcare Washington PA  
License #: 445990

Dear Ms. Wright:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 12, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

**Name:** *TRANSITIONS HEALTHCARE WASHINGTON PA*  
**Address:** *90 HUMBERT LANE, WASHINGTON, PA 15301*  
**County:** *WASHINGTON*                      **Region:** *WESTERN*

**License Number:** *44599*

### Administrator

**Name:** *KELLY WRIGHT*                      **Phone:** *7242285666*                      **Email:** *kwright@transitionshealthcarellc.com*

### Legal Entity

**Name:** *TRANSITIONS HEALTHCARE WASHINGTON PA LLC*  
**Address:** *90 HUMBERT LANE, WASHINGTON, PA, 15301*

### Certificate(s) of Occupancy

**Type:** *C-1*                      **Date:**                      **Issued By:**

### Staffing Hours

**Resident Support Staff:** *0*                      **Total Daily Staff:** *42*                      **Waking Staff:** *32*

### Inspection

**Type:** *Partial*                      **BHA Docket #:**                      **Notice:** *Unannounced*  
**Reason:** *Complaint*

### Inspection Dates and Department Representative

*03/12/2020 - On-Site: Cindy Mulick*

### Resident Demographic Data as of Inspection Dates

#### General Information

**License Capacity:** *48*                      **Residents Served:** *33*

#### Secured Dementia Care Unit

**In Home:** *No*                      **Area:**                      **Capacity:**                      **Residents Served:**

#### Hospice

**Current Residents:** *3*

#### Number of Residents Who:

**Receive Supplemental Security Income:** *7*                      **Are 60 Years of Age or Older:** *32*  
**Diagnosed with Mental Illness:** *2*                      **Diagnosed with Intellectual Disability:** *7*  
**Have Mobility Need:** *9*                      **Have Physical Disability:** *7*

86b - Bathroom

Regulations

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The ventilation fan in resident bedroom 109 is inoperable and there is no window in this bathroom.

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.)

2600.86. B.

Ventilation fan in the resident room (109) bathroom not functioning due to needing a replacement part. Replacement part has been installed and ventilation fan is working properly in resident room 109. All rooms checked that ventilation fans are working properly.

Administrator and/or Designee educated Maintenance Director on the importance of having proper ventilation in the bathrooms that do not have a window. Ventilation fans are to work properly in all bathrooms that do not have a window at all times.

Administrator and/or Designee will do ongoing inspections of all ventilation fans to assure they are in proper working order. Maintenance director and/or designee will do monthly inspections to ascertain that all ventilation fans are in proper working order. Housekeeping staff will turn ventilation fans on daily to assure they are working properly. Reports will be made to Administrator and/or Designee if there are any ventilations fans not working properly.

Legal Entity Representative

  
Signature

Keith Wright, Administrator <sup>RCIT</sup>  
Printed Name and Title  
Date 4-16-2020

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The above plan of correction is approved as of 5/8/20  
(Date)

Plan of correction implementation status as of 5/8/20  
(Date)

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

Implemented  
 Not Implemented