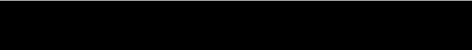


Department of Human Services  
Bureau of Human Service Licensing


May 6, 2021

  
TRANSITIONS HEALTHCARE WASHINGTON PA LLC  
90 HUMBERT LANE  
WASHINGTON, PA 15301

RE: TRANSITIONS HEALTHCARE  
WASHINGTON PA  
90 HUMBERT LANE  
WASHINGTON, PA, 15301  
LICENSE/COC#: 44599

Dear 

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

  
Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing

May 5, 2021

[REDACTED], ADMINISTRATOR  
TRANSITIONS HEALTHCARE WASHINGTON PA LLC  
90 HUMBERT LANE  
WASHINGTON, PA 15301

RE: TRANSITIONS HEALTHCARE  
WASHINGTON PA  
90 HUMBERT LANE  
WASHINGTON, PA, 15301  
LICENSE/COC#: 44599

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/12/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

**Name:** TRANSITIONS HEALTHCARE WASHINGTON PA      **License #:** 44599      **License Expiration Date:** 07/22/2021  
**Address:** 90 HUMBERT LANE, WASHINGTON, PA 15301  
**County:** WASHINGTON      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** [REDACTED]      **Email:** [REDACTED]

**Legal Entity**

**Name:** TRANSITIONS HEALTHCARE WASHINGTON PA LLC  
**Address:** 90 HUMBERT LANE, WASHINGTON, PA, 15301  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-1      **Date:** 01/31/1985      **Issued By:** PA Dept of Health

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 30      **Waking Staff:** 23

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 04/12/2021

**Inspection Dates and Department Representative**

04/12/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 48      **Residents Served:** 24

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** NA

**Number of Residents Who:**

**Receive Supplemental Security Income:** 3      **Are 60 Year of Age or Older:** 24  
**Diagnosed with Mental Illness:** 8      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 6      **Have Physical Disability:** 1

**Inspections / Reviews**

04/12/2021 - Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 05/08/2021

Inspections / Reviews *(continued)*

## 5/5/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/10/2021*

## 5/6/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 23a - Activities of Daily Living Assistance

### 1. Requirements

2600.

- 23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

### Description of Violation

*Resident #1's medical evaluation and support plan, dated 7/2/2020, indicate that the resident is to receive toileting assistance every 2-hours due to urinary incontinence. However, prior to 4/2/2021, resident #1 was considered independent with both bowel and bladder management and did not receive toileting assistance at the frequency indicated.*

### Plan of Correction

Accept

*Violation: 2600.23.a. POC*

- 1. Staff will Prompt and/or assist resident #1 with hygiene and toileting upon arising in morning, after each meal & at bedtime.*
- 2. Staff will check resident#1 for wetness/soiling at least once a shift. Praise resident for no soiling.*
- 3. Staff will ask resident at least once a shift if she would like to use toilet-If "Yes" take her- If no response, encourage her to use toilet.*
- 4. Staff will be educated on toileting regimen. Residents Care Plan Updated (Current and ongoing Plan)*

*Completion Date: 05/06/2021*

### Document Submission

Implemented

*This correction is current and ongoing. Every week a new toileting schedule log will be submitted for staff to sign off, indicating task is being completed.*

## 60a - Staff/Support Plan

### 1. Requirements

2600.

- 60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

### Description of Violation

*On 4/12/2021 the home served 24 residents, 6 of whom have mobility needs, with 1 who requires a 2-person assist for transferring. However, the home's staffing schedule indicates that between 4/4/2021 and 4/11/2021 only one staff person was present in the home between the hours of 11:00p.m. and 7:00a.m. This level of staffing is insufficient to meet the needs of the residents in the event of an emergency.*

60a - Staff/Support Plan *(continued)***Plan of Correction****Accept***iolation 2600.60.a POC*

1. Administrator discussed mobility needs of resident requiring 2 assist transfers, with PCP, POA, & Area Agency on Aging. Determined that resident required higher level of care and was approved for Long Term Care Services. This resident was transferred to LTC unit within building on 4/28/2021
2. Administrator will assess 5 residents a week x 4 weeks Beginning 5/3/2021, 5/10/2021, 5/17/2021 and 5/24/2021 using Attachment "A" Level of care Assessment Tool- Notify PCP, Family if decline in mobility.
3. Administrator or designee will assess staffing Ratio with Census & mobility needs every 2 weeks x 2 months starting (5/3/201, 5/17, 5/31 & 6/14/2021 then once monthly.
4. Administrator will work with Human Resources to hire staff. Current and ongoing

**Completion Date:** 07/12/2021**Document Submission****Implemented**

Level of care assessment tools are currently being updated according to residents present mobility needs. Five assessments will be completed per week x 4 weeks until all 19 residents have been re-evaluated for there mobilities. This task will be ongoing with any new admits, yearly and/ or change in mobility needs.

## 85a - Sanitary Conditions

**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

There was a layering of food crumbs and other detritus on the floor surrounding resident #1's bed and in the bathroom shared by resident #1 and resident #2.

**Plan of Correction****Accept***iolation 2600.85.a. POC*

1. Administrator and/or staff will check resident #1 & #2 room after meals and vacuum room at least daily.
2. Staff will encourage resident #1 and #2 to use bedside table trays while eating food/snacks daily and ongoing
3. Staff will encourage resident #1 & #2 to attend communal dining 1-2 x's a day

**Completion Date:** 05/03/2021**Document Submission****Implemented**

Administrator/Housekeeper or a designated staff member will vacuum resident #1 & #2 room daily. All residents rooms will be assessed daily & vacuumed/mopped to maintain cleanliness.

## 85d - Trash Receptacles

**1. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

85d - Trash Receptacles (*continued*)**Description of Violation**

*The trash can in the bathroom for residents #1 and #2 was uncovered and was approximately half-full of trash. Also, there was a full, open, medium sized bag of trash on the floor near the shower.*

**Plan of Correction****Accept**

*iolation 2600.85.d POC*

- 1. Administrator immediately placed trash receptacle with lid in resident #1 and #2 bathroom.*
- 2. Staff/housekeeper will monitor each residents BR/ rooms for bags of garbage and remove daily.*
- 3. Administrator will check each residents Bathrooms for trash receptacles without lids and replacements will be ordered.*
- 4. Administrator checked trash receptacles in kitchen without lids and order placed.*

**Completion Date:** 05/14/2021

**Document Submission****Implemented**

*A Trash receptacle was placed in Resident #1 & # 2 bathroom. Currently looking for trash receptacles with lids for all residents bathrooms and trash receptacle in kitchen. Determining need to replace all trash receptacles or just Lids.*