

Department of Human Services
Bureau of Human Service Licensing

July 12, 2021

██████████ 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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/09/2021, 06/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

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

Administrator

Name: [REDACTED] **Phone:** 7242285666 **Email:** [REDACTED]

Legal Entity

Name: TRANSITIONS HEALTHCARE WASHINGTON PA LLC
Address: 90 HUMBERT LANE, WASHINGTON, PA, 15301
Phone: 7242285666 **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 25 **Waking Staff:** 19

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 06/10/2021

Inspection Dates and Department Representative

06/09/2021 - On-Site: [REDACTED]
 06/10/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48 **Residents Served:** 21

Secured Dementia Care Unit

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

Hospice

Current Re ident : 1

Number of Residents Who:

Receive Supplemental Security Income: 3 **Are 60 Years of Age or Older:** 20
Diagnosed with Mental Illness: 6 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 0

Inspections / Reviews

06/09/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *06/25/2021*

6/24/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/29/2021*

7/12/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

In accordance with the Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, a carbon monoxide detector must be located in close proximity of, but not less than 15 feet from any fossil fuel burning device. However, on 6/9/21 at approximately 10:48 a.m., the carbon monoxide detector in the home s boiler room was mounted to the wall approximately 4 feet from a natural gas fired hot water tank

Plan of Correction

Accept

The CO detector was immediately relocated 20 feet from belier to adhere to the CO standards Act. The director of maintenance has been made aware of the requirement and will maintain alarm at least 15 feet from fuel burning devices in the future.

Completion Date: 06/09/2021

Document Submission

Implemented

CO DETECTOR WAS IMMEDIATLY RELOCATED 20 FEET FROM BOILER TO ADHERE TO co STANDARDS ACT. the DIRECTOR OF maintenance IS AWARE OF REGULATION AND WILL FOLLOW ACCORDINGLY.

65a - FS Orientation 1st Day

1. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

65a - FS Orientation 1st Day (continued)

Description of Violation

Direct care staff person A, whose first day of work was [REDACTED] did not complete orientation in general fire safety and emergency preparedness until [REDACTED] to include:

1. Evacuation procedures
2. Staff duties and responsibilities during fire drills as well as during emergency evacuation, transportation and at Emergency location if applicable.
3. The designated meeting place outside of the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas if applicable.
5. The location and use of fire extinguishers
6. Smoke detectors and fire alarms
7. Telephone use and notification of emergency services

Plan of Correction**Accept**

The PC Admin was made aware that all fire safety and emergency preparedness procedures are to be reviewed the first day of orientation. Staff person A has completed the training and proper documentation has been completed. The PC Admin and the DON are both aware of this standard and will monitor orientation classes in the future for compliance.

Completion Date: 06/10/2021

Document Submission**Implemented**

The PC Admin was made aware that all fire safety and emergency preparedness procedures are to be reviewed the first day of orientation. Staff person A has completed the training and proper documentation has been completed. The PC Admin and the DON are both aware of this standard and will monitor orientation classes in the future for compliance.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)**Description of Violation**

On 6/9/21 at approximately 11:48 a.m. in the home s common shower room, on top of the grey cabinet on the wall opposite the sink there was an unlabeled black Revlon hair brush matted with white hair.

On 6/9/21 at approximately 11:48 a.m. in the home s common shower room, on the edge of the bath tub there was an unlabeled 5 ounce squeeze bottle of Soothe & Cool Inzo Antifungal Cream (Miconazole Nitrate 2%) that was approximately one half full, and an unlabeled 18 fluid ounce bottle of Olay Moisture Ribbons Plus Body Wash that was approximately two thirds full.

On 6/9/21 at approximately 11:48 a.m. in home s common shower room, in the walk in shower on the shelving units there were 4 individual unlabeled 4 ounce bottles of Sooth&Cool Cleanse body wash and shampoo approximately one half full each, an unlabeled 12 fluid ounce bottle of Coast Essentials Pacific Force body wash approximately one quarter full, and an unlabeled 20.4 fluid ounce bottle of Dove Daily Moisture shampoo approximately one half full.

Plan of Correction**Accept**

The PC Admin conducted staff retraining to remind them of the labeling regulation stating that all items in common bathing areas shall be labeled with individuals name to maintain sanitary conditions and avoid cross contamination. The PC Admin and DON will monitor shower room daily for compliance.

Completion Date: 06/10/2021

Document Submission**Implemented**

The PC Admin conducted staff retraining to remind them of the labeling regulation stating that all items in common bathing areas shall be labeled with individuals name to maintain sanitary conditions and avoid cross contamination. The PC Admin and DON will monitor shower room daily for compliance.

Completion Date: 06/10/2021

101o - Walls, Floors, Ceilings**1. Requirements**

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

101o - Walls, Floors, Ceilings (continued)

Description of Violation

On 6/9/21 at approximately 11:25 a.m. in resident room # [REDACTED] belonging to resident #1 there are 4 water damaged ceiling tiles stained a light brown color

On 6/9/21 at approximately 11:25 a.m. in resident room # [REDACTED], belonging to resident #1 the wall paper where the wall meets the ceiling is torn and peeling away and hanging in strips from 2 separate walls in the resident's bedroom with one measuring approximately 8 inches and the other measuring approximately 2 and 1/2 feet.

On 6/10/21 at approximately 4:20 p.m. in resident room # [REDACTED] belonging to resident #2 and resident #3, there are 4 water damaged drop ceiling tiles with circular brownish yellow stains varying in diameter from approximately 3 inches to 8 inches.

Repeat Violation; 10/10/19

Plan of Correction**Accept**

The PC Admin has notified the Director of Maintenance to order tiles and subsequently replace the ceiling tiles that are stained in rooms [REDACTED] and [REDACTED]. The maintenance dept. will add to the monthly PM checklist each room for stained ceiling tiles and peeling wallpaper or paint. PC Admin will monitor weekly as well.

Completion Date: 07/09/2021

Document Submission**Implemented**

The PC Admin has notified the Director of Maintenance to order tiles and subsequently replace the ceiling tiles that are stained in rooms [REDACTED] and [REDACTED]. The maintenance dept. will add to the monthly PM checklist each room for stained ceiling tiles and peeling wallpaper or paint. PC Admin will monitor weekly as well.

Completion Date: 07/09/2021

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 6/9/21 at approximately 10:42 a.m. there was no functional thermometer in the refrigerator portion of the Frigidaire combination freezer and refrigerator in the home's dining room.

On 6/9/21 at approximately 11 a.m. there was no functional thermometer in the walk-in freezer in the home's kitchen.

Plan of Correction**Accept**

Thermometers in main kitchen were immediately replaced with new functional ones which read the correct temperatures. Dining services Director and PC Admin will be alerted if thermometer does not read correct temperatures as stated in regulations for freezer and refrigerators.

Completion Date 06/09/2021

103f - Refrigerator/Freezer Temps (*continued*)**Document Submission****Implemented**

Thermometers in main kitchen were immediately replaced with new functional ones which read the correct temperatures. Dining services Director and PC Admin will be alerted if thermometer does not read correct temperatures as stated in regulations for freezer and refrigerators.

Completion Date: 06/09/2021

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The emergency procedures for the municipality are not posted in a conspicuous and public place in the home.

Plan of Correction**Accept**

A copy of the local emergency procedures for the county were placed with the company's emergency procedures book in the holder on the wall out side of the Admin office. PA Admin will monitor to make sure it remains in the public location.

Completion Date: 06/10/2021

Document Submission**Implemented**

A copy of the local emergency procedures for the county were placed with the company's emergency procedures book in the holder on the wall out side of the Admin office. PA Admin will monitor to make sure it remains in the public location.

Completion Date: 06/10/2021

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 6/10/21 at approximately 11:15 a.m. the home's medication cart has Loratadine 10 MG Tablet – Take 1 tablet by mouth daily for allergy for resident #4. However, this medication was discontinued on 6/1/21.

Plan of Correction**Accept**

The DON will monitor medication cart for any discontinued medications and remove as needed. The DON and LPN / Med tech will remove discontinued medication immediately upon receiving orders from MD.

Completion Date: 06/10/2021

Document Submission**Implemented**

The DON will monitor medication cart for any discontinued medications and remove as needed. The DON and LPN / Med tech will remove discontinued medication immediately upon receiving orders from MD.

Completion Date: 06/10/2021

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activity calendar that is posted is dated 05/21.

Plan of Correction**Accept**

Activities calendar has been placed in public resident area and in the Dining area so residents have ready access to the schedule. Care staff will also provide reminders daily to resident of upcoming activities . The PC Admin will monitor postings.

Completion Date: 06/10/2021

Document Submission**Implemented**

Picture of Activities calendar has been placed in public resident area and in the Dining area so residents have ready access to the schedule. Care staff will also provide reminders daily to resident of upcoming activities . The PC Admin will monitor postings.

Completion Date: 06/10/2021 e was taken of activity calendar completed on 6/9/21

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The significant change assessment for resident #5, dated 5/24/21, indicates the resident has a diagnosed need for management of constipation. The resident's support plan, dated 5/24/21 does not document the frequency or the responsible party for how this need will be met.

Plan of Correction**Accept**

The residents support plans has been updated to monitor frequency of bowel movements . DON will review 5 resident care plans per week to ensure care plans identify the frequency of service needed. The DON will also identify the designated responsible party who will identify the needs of the residents .

Completion Date: 07/30/2021

Document Submission**Implemented**

The residents support plans has been updated to monitor frequency of bowel movements . DON will review 5 resident care plans per week to ensure care plans identify the frequency of service needed. The DON will also identify the designated responsible party who will identify the needs of the residents .

Completion Date: 07/9/2021