



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOVEMBER 21, 2022

[REDACTED]
90 Humbert Lane
Washington, Pennsylvania 15301

RE: Transitions Healthcare Washington PA
License/COC #: 445991

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on April 19, 2022, April 20, 2022, April 21, 2022, and September 15, 2022, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 445990) dated July 22, 2022 – July 22, 2023, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from November 21, 2022 to May 21, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

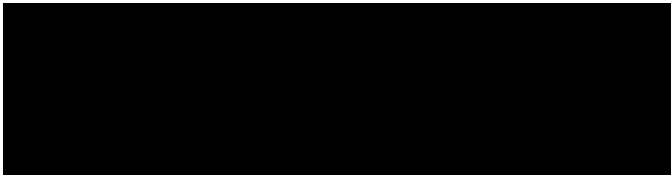
Sincerely,

Jamie F. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:



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

Facility Information

Name: *TRANSITIONS HEALTHCARE WASHINGTON PA* License #: *44599* License Expiration: *07/22/2023*
Address: *90 HUMBERT LANE, WASHINGTON, PA 15301*
County: *WASHINGTON* Region: *WESTERN*

Administrator

Name: *Joyce Reedy* Phone: *7242285666* 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: *Department of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *23* Waking Staff: *17*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *09/15/2022*

Inspection Dates and Department Representative

09/15/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *20*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *20*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

09/15/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/06/2022*

Inspections / Reviews (*continued*)

10/06/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/25/2022
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/12/2022

10/06/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/25/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/18/2022

10/28/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 10/25/2022
Reviewer: [REDACTED] Follow-Up Type: Enforcement

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 9/14/22, there were 19 residents in the home, including 3 residents with mobility needs. All 3 residents with mobility needs require the assistance of 2 staff persons to transfer in/out of bed/chair. However, on 9/14/22, there was only 1 direct care staff person present in the home from approximately 11:00pm through 7:00am, which is not adequate to safely evacuate all residents in the event of an emergency.

POC Submission

Directed [redacted] - 10/06/2022)

Staffing will be reviewed daily by the Administrator/Designee. Administrator and Clinical Coordinator will receive additional training on staffing for mobility needs. Training will include how to replace a call off and covering the shift to ensure there are 2 staff persons present on the 11p-7a shift. Training will be completed by the Regional Clinical Nurse on 10/11/22. (DIRECTED: Documentation of the education shall be kept. [redacted] 10/6/22). The home utilizes agency staff as needed to supplement staffing needs. Staff procedure for calling off requires calling the clinical coordinator or administrator at a minimum two hours before shift start. Record of training will be stored in the QAPI committee minute Abaqis system.

Licensee's Proposed Overall Completion Date 10/11/2022

Not Implemented [redacted] - 10/27/2022)

132d - Evacuation

2. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home did not evacuate all residents during the following fire drills:

- [redacted] at 5:00pm: 21 residents were in the home; however, only 17 residents were evacuated
- [redacted] at 11:45pm: 22 residents were in the home; however, only 4 residents were evacuated
- [redacted] at 10:05am: 22 residents were in the home; however, only 12 residents were evacuated
- [redacted] t 1:10pm: 22 residents were in the home; however, only 21 residents were evacuated
- [redacted] at 11:30pm: 21 residents were in the home; however, only 20 residents were evacuated

During the inspection, the home presented an agent of the Department the fire drill records for the fire drill conducted on 7/12/22 at 11:30pm, which indicate the residents were evacuated in 6 minutes, 28 seconds. However, a previous fire drill record was submitted to the Department which indicate the residents were evacuated in 6 minutes, 48 seconds during the 7/12/22 fire drill. Staff person A [redacted] confirmed the evacuation time for the fire drill conducted on 7/12/22 at 11:30pm was 6 minutes, 48 seconds. According to documentation from the fire safety expert, dated 6/2/22, the home's maximum evacuation time to the home's fire-safe areas is 6 minutes, 30 seconds.

132d - Evacuation (continued)

POC Submission

Directed [REDACTED] - 10/06/2022)

South Strabane Fire Chief is the facilities Fire Safety Expert. The maximum evacuation time for the home's fire safety areas is 6 minutes and 30 seconds. Training of staff persons and maintenance director will be completed by the Administrator to review regulation 2600.132d requirements. The training with maintenance manager shall include ensuring accurate information is placed on the home's fire drill records and that fire drill records should not be altered after completion. Training will be completed by 10/13/22. Record of training will be kept in the QAPI committee minutes located in the Abaqis system. Drill will be scheduled with the fire safety expert for the 11:00pm to 7:00am shift. Evacuation time will be documented on the drill record. Drill record will be kept in the Fire Drill Binder. The Administrator will review the home's fire drill records monthly to ensure all residents evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert. (DIRECTED: The administrator's monthly reviews of the home's fire drill records shall begin within 72 hours of receipt of the plan of correction. [REDACTED] 10/6/22). Review will be taken to the monthly Quality Assurance meeting. The Administrator will be present during the next 3 months of fire drills as the designated person who is not participating in the evacuation during the drill to ensure monthly fire drills are completed, all residents were evacuated, and that accurate documentation is present on the home's fire drill record. The Administrator will sign the fire drill record and document she is an observer on the record. Fire Drills will be kept in the Fire Drill binder.

Licensee's Proposed Overall Completion Date 11/02/2022

Not Implemented ([REDACTED] - 10/27/2022)

132g - Fire Drills Days/Times

3. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely schedules 2 staff persons during the 11:00pm through 7:00am shift ; however, the home has not conducted a fire drill with only 2 staff persons within the past year.

POC Submission

Directed [REDACTED] - 10/06/2022)

Education on the 2600. 132.g requirement will be completed by the Administrator. Attendees will include staff persons and the maintenance director. Training will be completed on 10/13/22. Record of education and attendance will be kept in the Fire Drill Binder. Fire drill during the 11:00pm through 7:00am shift will be scheduled for 10/18/22. The Maintenance Director will conduct the drill and the Administrator will observe. Drill will be completed by the 2 staff members scheduled. (DIRECTED: The monthly fire drill scheduled for the 1100pm-700am shift on 10/18/22 shall be unannounced to both staff persons who will be participating in the fire drill. [REDACTED] 10/6/22). The Administrator is the designated person (other than the person completing the fire drills) that will review the home's fire drill records monthly to ensure all residents evacuate during each monthly fire drill and that a fire drill with minimum staffing is completed at least once every 6 months. (DIRECTED: The administrator's monthly reviews of the home's fire drill records shall begin within 72 hours of receipt of the plan of correction. [REDACTED] 10/6/22). The Administrator will be present for the next 3 monthly drills but not participate. The Administrator will ensure

132g - Fire Drills Days/Times (continued)

monthly fire drills are completed, all residents were evacuated, and that accurate documentation is present on the home's fire drill records. Completed fire drill records will be kept in the fire drill binder. Monthly drills will be take to the Quality Assurance meetings for review.

Licensee's Proposed Overall Completion Date 10/18/2022

Not Implemented ([REDACTED] - 10/27/2022)