



Emailing Date: March 7, 2023

[REDACTED]
Transitions Healthcare Washington PA LLC
90 Humbert Lane
Washington, Pennsylvania 15301

RE: Transitions Healthcare Washington PA
License #: 445990

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on February 10, 2023, and February 13, 2023, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Jamie F. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *TRANSITIONS HEALTHCARE WASHINGTON PA* License #: *44599* License Expiration: *05/21/2023*
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: *Dept. of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Provisional* Exit Conference Date: *02/13/2023*

Inspection Dates and Department Representative

02/10/2023 - On-Site: [REDACTED]
02/13/2023 - 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: *5* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

02/10/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/09/2023*

02/28/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/01/2023

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/03/2023

03/03/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 03/01/2023

Reviewer: [REDACTED] Follow-Up Type: Exception

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct Care Staff person A, date of hire [REDACTED] did not have a criminal background check completed by the Pennsylvania Sate Police.

Plan of Correction

Accept [REDACTED] - 02/28/2023)

The HR Director completed a Pennsylvania State Police background check on 2/13/23 for direct care staff person A, date of hire [REDACTED]. Background check record will be kept in the employee file.

The HR Director completed an employee file audit on 2/13/23 and all employees have a Pennsylvania State Police Request for Criminal Record Check background check in their employee files. Audit will be kept in the licensing summary plan of correction binder.

On 2/13/23, the Administrator provided education to the HR Director on only accepting the PA State Criminal Record Check Form for background checks. Education will be kept in the licensing summary plan of correction binder.

When the facility has a new hire, the Administrator will audit the employee file to ensure a Pennsylvania State Background check has been completed. This process began on 2/14/23. Audit form will be kept in the employee file. Licensing Survey preliminary plan of correction and audits were reviewed at the Quality Assurance Meeting on 2/24/23. Minutes are kept in the electronic Abaqis system used for Quality Assurance. The Administrator will continue to monitor and report plan of correction audit results at the recurring monthly Quality Assurance meeting. Next monthly meeting is 3/10/23.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented [REDACTED] - 03/03/2023)

103g - Storing Food

2. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There were multiple containers of unsealed food in the stand alone freezer, including:

- * two 4-quart containers of beef burgundy
- * one 4-quart container of cabbage casserole
- * one 4-quart container of bean soup

The lids on these containers were displaced by the food, therefore were not sealed and the food was exposed.

There were multiple containers of unsealed food in the commercial refrigerator, including:

- * one 4-quart container of chicken and dumplings
- * one 2-quart container of vanilla pudding
- * one 2-quart container of cooked sausage patties

The lids on these containers did not fit securely onto the container.

103g - Storing Food (continued)

Plan of Correction

Accept [REDACTED] 02/28/2023)

The Dietary Manager discarded the storage containers that had improper fitting lids on 2/10/23. The Administrator ordered new containers which were delivered and put into use on 2/16/23.

Dietary staff education was completed on proper use and storage of containers. Dietary manager conducted the training on 2/13/23 and 2/14/23. The record of training will be kept in the licensing summary plan of correction binder.

Storage container audit will be completed to ensure lids are sealed correctly. Audit will be completed weekly during the Administrative Weekly Walking rounds by the Administrator. Documentation of weekly check will be kept in the walking round binder located in the Administrator's office. Rounding audits began 2/21/23.

Licensing Survey preliminary plan of correction and audits were reviewed at the Quality Assurance Meeting on 2/24/23. Minutes are kept in the electronic Abaqis system used for Quality Assurance. The Administrator will continue to monitor and report plan of correction audit results at the recurring monthly Quality Assurance meeting. Next monthly meeting is 3/10/23.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented [REDACTED] - 03/03/2023)

103i - Outdated Food

3. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The following frozen food items were in an unsealed bag inside of a box in the commercial freezer:

- * beef patties
- * crispy cod filets
- * broccoli cuts
- * stew vegetables

Plan of Correction

Accept [REDACTED] - 02/28/2023)

Food items identified during survey tour were discarded on 2/10/23. The Dietary manager completed an audit of the refrigerator and freezers on 2/14/23. Any food items that were in unsealed bags were discarded. Audit will be kept in the licensing summary plan of correction binder. The Dietary manager completed dietary staff education on the proper storage of food. Education was completed on 2/13/23 and 2/14/23. Education record will be kept in the licensing summary plan of correction binder. The Dietary manager will begin weekly audits of refrigerators and freezers to ensure food items are resealed appropriately. Audits began 2/21/23. Completed audits will be kept in the licensing summary plan of correction binder.

Licensing Survey preliminary plan of correction and audits were reviewed at the Quality Assurance Meeting on 2/24/23. Minutes are kept in the electronic Abaqis system used for Quality Assurance. The Administrator will continue to monitor and report plan of correction audit results at the recurring monthly Quality Assurance meeting. Next monthly meeting is 3/10/23.

Licensee's Proposed Overall Completion Date: 02/28/2023

103i - Outdated Food (*continued*)*Implemented* [REDACTED] - 03/03/2023)

184a - Resident's Meds Labeled

4. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

According to the February 2023 medication administration record, resident #1 is prescribed [REDACTED] 2000 mg, take 2 by mouth once a day; however, the corresponding pharmacy label on the pill pack indicates Vitamin B 12, 2000 mg, take 2 by mouth once a day.

Resident #2 is prescribed [REDACTED] 150mg, take one tablet by mouth once daily with food; however, the pharmacy label indicates [REDACTED] 150 mg, take one tablet by mouth once daily with food (must drink at least 12 ounces of water immediately before tablet is given).

Plan of Correction*Accept* [REDACTED] - 02/28/2023)

The Clinical Coordinator placed "see medication record" stickers on the cards identified as not matching the order to the label. The Clinical Coordinator notified the pharmacy on 2/13/23 and the pharmacy delivered new medication cards with correct labels for Resident #1 [REDACTED] and Resident #2 [REDACTED] on 2/13/23.

The Clinical Coordinator completed Med Tech and LPN education completed on 2/16/23. Education included checking medication labels to medication administration record to ensure medication names match. Education will be kept in the licensing summary plan of correction binder.

The Clinical Coordinator completed a physician order to medication label audit on 2/17/23. Any medication identified with a discrepancy had "see medication record" stickers placed on medication card and clarification orders written. Audits will be kept in the licensing summary plan of correction binder.

The Clinical Coordinator will begin monthly physician order to medication label audit. Monthly Audits will be kept with the Quality Assurance Meeting minutes in the electronic Abaqis system. Monthly audits will begin March 3/6/23.

Licensing Survey preliminary plan of correction and audits were reviewed at the Quality Assurance Meeting on 2/24/23. Minutes are kept in the electronic Abaqis system used for Quality Assurance. The Administrator will continue to monitor and report plan of correction audit results at the recurring monthly Quality Assurance meeting. Next monthly meeting is 3/10/23.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented [REDACTED] - 03/03/2023)