

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

August 14, 2023

██████████ DIRECTOR OF OPERATIONS
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 08/03/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

██████████

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: TRANSITIONS HEALTHCARE WASHINGTON PA License #: 44599 License Expiration: 03/07/2024
 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: 27 Waking Staff: 20

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 08/03/2023

Inspection Dates and Department Representative

08/03/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48 Residents Served: 22

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 22
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 5 Have Physical Disability: 0

Inspections / Reviews

08/03/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/17/2023

08/09/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/14/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/16/2023

Inspections / Reviews *(continued)*

08/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/14/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

*At approximately 10:45 a.m. there were three one-gallon buckets of paint, primer, and spackling left unlocked and accessible in vacant resident room #102 which had no locking mechanism for the door. The gallon of BEHR paint and primer and the gallon of KILZ Premium 3 interior and exterior primer both had the same poison warning label that indicated "If you experience difficulty in breathing, leave the area to obtain fresh air. If continued difficulty is experience, get medical attention immediately. In case of eye contact, flush immediately with plenty of water for at least twenty-minutes and get medical attention; for skin, wash thoroughly with soap and water. If swallowed, get medical attention immediately." The gallon of DryDex spackling which was approximately one-third full had a poison warning label that indicated "SKIN: Wash thoroughly. EYE: Immediately flood with large quantities of water. INHALATION: Remove to fresh air. INGESTION: DO NOT INDUCE VOMITING. Get medical attention if complications arise from any exposure. **For emergencies**, call your poison control center at 1-800-222-1222." However, most residents of the personal care home are not able to safely use and avoid poisonous materials to include resident #1 and resident #2.*

Plan of Correction

Accept () - 08/09/2023)

The three one gallon cans of paint and spackling in room 102 was removed by the maintenance staff when it was identified during survey on 8/3/23. The Maintenance staff person secured the supplies in the maintenance shop behind a lock door. No other unsecured poisonous substances identified. The Regional Clinical Nurse provided the maintenance staff person education on securing poisonous substances on 8/3/23. Education will be kept in the maintenance staff employee file. The Administrator or designee will complete weekly walking rounds to identify to ensure poisonous substances are secured. The weekly walking round audits will begin on 8/9/23 and the completed audits will be kept in the plan of correction binder. The Administrator will review the plan of correction at the 8/11/23 Quality Management Monthly meeting. A copy of the minutes will be kept in the plan of correction binder.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented () - 08/14/2023)

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At approximately 10:50 a.m. the steel gate with chain-link fencing on the walkway that led to the home's lower level pavilion was rusted and broken on the bottom right corner with the vertical steel post no longer connected to the bottom horizontal bar which allowed the bar to drag on the concrete walkway and would not allow the gate to swing open freely.

Plan of Correction

Accept () - 08/09/2023)

The steel gate with chain-link fencing on the walkway was removed. No other gates identified as being broken. The Regional Clinical Nurse provided education to the Maintenance Staff person on identification and repair of

88a - Surfaces (continued)

environmental hazards on 8/3/23. Completed education will be kept in the Maintenance Staff employee file. The administrator/designee will complete weekly walking rounds and notify Maintenance of any environmental concerns identified for repair. The weekly audits will begin on 8/9/23. Completed audits will be kept in the plan of correction binder. The Administrator will review the plan of correction at the 8/11/23 Quality Management Monthly meeting. A copy of the minutes will be kept in the plan of correction binder.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented (█) - 08/14/2023)

100a - Exterior - Free of Hazards**3. Requirements**

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

At 10:50 a.m. the sidewalk leading to the home's pavilion was cracked and deteriorated in three separate areas, the first area measured approximately four-and-one-half feet long, was seven-inches at the widest point and measured approximately three-quarters of an inch deep. The second area measured approximately two feet long, was six inches at the widest point and measured approximately three-quarters of an inch deep. The third area measured approximately three-and-one-half feet long, was seven-inches at the widest point and measured approximately three-quarters of an inch deep. All three areas of deteriorated concrete presented a tripping hazard for any resident with a walker or unsteady gait.

Plan of Correction

(█) - 08/09/2023)

The sidewalk with the three cracked and deteriorated areas leading to the home's pavilion was repaired by the maintenance staff person on 8/7/23. The Regional Clinical Nurse provided the maintenance staff person education on identification and repair of environmental hazards on 8/3/23. Completed education will be kept in the Maintenance Staff person's employee file. The Administrator/Designee will complete weekly walking rounds to identify any exterior environmental concerns in need of repair and notify the maintenance staff person. The Weekly walking audits will begin on 8/9/23 and the completed audits will be kept in the plan of correction binder. The Administrator will review the plan of correction at the 8/11/23 Quality Management Monthly meeting. A copy of the minutes will be kept in the plan of correction binder.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented (█) - 08/14/2023)