

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

November 21, 2024

[REDACTED]
TRANSITIONS HEALTHCARE CHAMBERSBURG, LLC
[REDACTED]

RE: TRANSITIONS HEALTHCARE SHOOK
HOME
55 SOUTH SECOND STREET
CHAMBERSBURG, PA, 17201
LICENSE/COC#: 33923

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/10/2024 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,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: TRANSITIONS HEALTHCARE SHOOK HOME License #: 33923 License Expiration: 03/21/2025
 Address: 55 SOUTH SECOND STREET, CHAMBERSBURG, PA 17201
 County: FRANKLIN Region: CENTRAL

Administrator

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

Legal Entity

Name: TRANSITIONS HEALTHCARE CHAMBERSBURG, LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 10/01/1994 Issued By: Department of Health

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Interim Exit Conference Date: 10/10/2024

Inspection Dates and Department Representative

10/10/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 45 Residents Served: 39
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38
 Diagnosed with Mental Illness: 23 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 5 Have Physical Disability: 1

Inspections / Reviews

10/10/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/27/2024

11/01/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/11/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/11/2024

Inspections / Reviews *(continued)*

11/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/11/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85a Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident [redacted] was used to test Resident [redacted] on 10/2/24 at 5:28 AM and on 10/1/24 at 4:15 AM.

Plan of Correction

Accept [redacted] 11/01/2024)

House audits completed on all residents, all residents have their own glucometer and supplies 10/18/2024.
Agency staff who used wrong glucometer were DNR when error was found and spoke with agency supervisor 10/2/2024.

House audit completed on all glucometers for labeling, labeled to specific resident 10/18/2024.

All resident glucometers disinfected with approved disinfectant 10/18/2024.

New additions training/education with accompanied sign in sheet for all Mt/LPN including agency staff completed starting 10/24/24 by Regional Nurse. This training will be presented to all agency staff that the beginning of their shift.

Education on disinfecting glucometers between each use going forward.

PCHA or designee will conduct audits 5 days a week X2 weeks to compare MARS to glucometer for accuracy and then three times a week x2 weeks then 1x week x 1 month.

PCHA or designee will report the results of audits to QAPI monthly to ensure the solutions are sustained overtime.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 11/21/2024)

183b Meds and Syringes Locked

2. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at 9:00 AM, the home's treatment and overflow medication cart was unlocked, unattended, and accessible. Resident [redacted] and Resident [redacted] were sitting on top of the cart.

On 10/10/24 at 3:38 PM, the home's treatment and overflow medication cart was unlocked, unattended, and accessible.

Plan of Correction

Accept [redacted] - 11/01/2024)

PCHA or designee will educate MT/LPN one on one about locking cart when unattended and importance of not leaving any medication on top of the cart unattended. Training provided in meeting with all MT/LPN 10/24/24 by Regional Nurse.

PCHA or designee will complete Audits by rounding 5 times a week X2 weeks then 3 times a week X2 weeks , then 1zx week X 1 month .

PCHA or designee will report the results of audits to QAPI monthly to ensure the solutions are sustained overtime.

Licensee's Proposed Overall Completion Date: 11/30/2024

183b Meds and Syringes Locked (continued)

Implemented [REDACTED] - 11/21/2024)

183e Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 10/10/24 at 9:20 AM, there was a round, yellow tablet loose in the home's medication cart.

Plan of Correction

Accept [REDACTED] 11/01/2024)

Pill found at time of inspection was destroyed as per federal and environmental regulations.

PCHA or designee will educate MT/LPN one on one about importance of keeping a clean, tidy, and organized manner with not loose pills in the cart. Training provided 10/24/24 with all MT/LPN by Regional Nurse.

PCHA or designee will complete Audits by rounding 5 times a week X 4 weeks then 3 times a week X2 weeks, then 1x week x 1 month.

PCHA or designee will report the results of audits to QAPI monthly to ensure the solutions are sustained overtime.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] 11/21/2024)

184b Labeling OTC/CAM

4. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [REDACTED], a bottle of Resident [REDACTED] tablets was stored in the medication cart. The bottle was labeled with the resident's last name, however, another resident with the same last name is prescribed [REDACTED] at a [REDACTED] [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/01/2024)

At the time of inspection, the [REDACTED] bottle was corrected to reflect [REDACTED].

PCHA completed house audits all bottles/packaged medications found to contain full name of residents.

PCHA or designee will provide one on one training on labeling medications properly upon arrival and during cart audits, and during medpass. Training provided 10/24/24 by Regional Nurse.

PCHA performed house audit on all medications. Medications not available were ordered from pharmacy. [REDACTED] was transferred to hospital and then skilled. [REDACTED] medications have not been ordered due to not being at facility.

PCHA or designee will complete audits 5 days a week X 4 weeks then 3 days a week X2 weeks, then 1x week x 1 month with audit form to ensure completion of audits.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 11/21/2024)

185a Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] and [REDACTED]. Give 20 ml by mouth every 4 hours as needed for cough. This medication was not present in the home.

Resident [REDACTED] is prescribed [REDACTED] / spray, insert 1 spray translingually every 5 minutes as needed for chest pain. This medication was not present in the home.

Resident [REDACTED] is prescribed [REDACTED] give 2 tables by mouth every 6 hours as need for pain / fever. This medication was not present in the home.

Resident [REDACTED] has readings stored in the memory that do not match those recorded on the home's MARs or TARs including on [REDACTED] at 4:55 AM, a blood sugar reading of [REDACTED]; on [REDACTED] at 5:28 AM, a blood sugar reading of [REDACTED]; and on [REDACTED] at 8:05 PM, a blood sugar reading of [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/01/2024)

PCHA performed house audit on all medications. Medications not available were ordered from pharmacy. [REDACTED] was transferred to hospital and then skilled. [REDACTED] medications have not been ordered due to not being at facility. PCHA or designee will complete audits 5 days a week X 4 weeks then 3 days a week X 2 weeks, then 1x week x 1 month with audit form to ensure completion of audits.

Order was received on 10/11/2024 for [REDACTED] to self-administer Nitro Spray. Resident had received from pharmacy and had on [REDACTED] person. Order was obtained for self-administration 10/11/24 for self-administer.

House audits completed on all residents, all residents have their own glucometer and supplies 10/18/2024.

Agency staff who used wrong glucometer were DNR when error was found and spoke with agency supervisor 10/2/2024.

House audit completed on all glucometers for labeling, labeled to specific resident 10/18/2024.

All resident glucometers disinfected with approved disinfectant 10/18/2024.

New additions training/education with accompanied sign in sheet for all Mt/LPN including agency staff completed starting 10/24/24 by Regional Nurse. This training will be presented to all agency staff that the beginning of their shift.

Education on disinfecting glucometers between each use going forward.

PCHA or designee will conduct audits 5 days a week X 4 weeks to compare MARS to glucometer for accuracy and then three times a week x 2 weeks, then 1x week x one month .

Education with disciplines will be completed during audits by PCHA or designee in front of MT/LPN.

PCHA or designee will report the results of audits to QAPI monthly to ensure the solutions are sustained overtime.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 11/21/2024)