

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

November 12, 2024

[REDACTED]
TRANSITIONS HEALTHCARE WASHINGTON PA LLC
[REDACTED]

RE: TRANSITIONS HEALTHCARE
WASHINGTON PA
90 HUMBERT LANE
WASHINGTON, PA, 15301
LICENSE/COC#: 44599

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/23/2024 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 WASHINGTON PA* License #: *44599* License Expiration: *03/07/2025*

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: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *33* Waking Staff: *25*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:

Reason: *Complaint* Exit Conference Date: *10/23/2024*

Inspection Dates and Department Representative

10/23/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *26*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *25*

Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

10/23/2024 - Partial

Lead Inspector [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/03/2024*

10/28/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/10/2024*

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

Inspections / Reviews (*continued*)

10/28/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/10/2024

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/11/2024

11/12/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 11/10/2024

Reviewer: [REDACTED] Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately 4:30am, staff person B witnessed verbal abuse by staff person A towards resident [redacted] while providing care in resident [redacted] bedroom; however, this incident was not reported to the Area Agency on Aging until [redacted] at 1:45pm.

Plan of Correction

Directed [redacted] - 10/28/2024)

Staff person B resigned on [redacted] and is no longer an employee at the home. The Regional Nurse will complete education with the Administrator and Clinical Coordinator on immediately reporting suspected abuse to Area on Aging. Education will be completed by 10/28/24. Completed education will be kept in the plan of correction binder located in the Administrator's office. The Administrator will post the procedure for suspected abuse reporting for employees in the nursing station and employee breakroom. The procedure will include a phone number tree for reporting. This will be posted by 10/28/24. The Administrator will provide education to current staff on immediately reporting suspected abuse. and the reporting poster. Education will be completed by 10/31/2024. Completed education will be kept in the plan of correction binder located in the Administrator's office. The Administrator/designee will review internal incidents daily to ensure all allegations of abuse are immediately reported to AAA in accordance with 2600.15a. Audits will begin 10/31/24. Audits will be kept in the plan of correction binder. The administrator will take results of audits to the monthly quality management meeting beginning 11/8/24. (DIRECTED: Documentation of the quality management review shall be kept [redacted] 10/28/24)

Proposed Overall Completion Date: 11/08/2024

Directed Completion Date: 11/08/2024

Implemented [redacted] - 11/12/2024)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] at approximately 4:30am, staff person B witnessed verbal abuse by staff person A towards resident [redacted] while providing care in resident [redacted] bedroom; however, staff person A continued to work in the home unsupervised until 5:15am.

Plan of Correction

Directed [redacted] 10/28/2024)

Staff person A resigned on [redacted] and did not return to the home. The Regional Nurse will conduct education with the Administrator and Clinical Coordinator on the immediate supervision/suspension of a staff person who

15b - Supervisor Plan (continued)

has been identified as having suspected abuse against a resident. Education will be completed by 10/28/24. The Administrator will complete education with current staff persons on the Abuse policy and the need to immediately supervise/suspend the staff person who is suspected of abuse against a resident. Education will be completed by 10/31/24 and kept in the plan of correction binder located in the Administrator's office. The Administrator/Designee will audit of internal incidents daily to ensure timely suspension/plan of supervision in accordance with 2600.15b. Audits will be kept in the plan of correction binder located in the Administrator's office. Audits will begin 10/31/24. The Administrator will take results of audits to the monthly Quality Management meeting. First meeting on 11/8/2024. (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 10/28/24)

Proposed Overall Completion Date: 11/08/2024

Directed Completion Date: 11/08/2024

Implemented [REDACTED] - 11/12/2024)

42b Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 4:30am, staff persons A and B entered resident [REDACTED] bedroom to provide morning care to resident [REDACTED]. When resident [REDACTED] indicated [REDACTED] did not want to get out bed yet, staff person A yelled at resident [REDACTED] and called [REDACTED], "a fat [REDACTED] and told resident [REDACTED] "If you want to lay in bed the rest of your life and rot, go ahead."

REPEAT VIOLATION: 2/12/2024; 10/27/2023

Plan of Correction

Directed [REDACTED] 10/28/2024)

Staff person A resigned on [REDACTED] and did not return to the home. Staff person B resigned on [REDACTED]. The Abuse Policy was reviewed and revised on 10/23/24. Revision included adding the immediate reporting of suspected abuse to area on aging The Administrator will complete education with current staff persons on Abuse prevention and how to handle difficult residents. This will be completed by 10/31/24. Completed education will be kept in the plan of correction binder located in the Administrator's office. The Administrator will hold a resident council meeting on 11/1/24 to review Abuse, and Abuse reporting with the residents. Meeting minutes will be kept in the plan of correction binder located in the Administrator's office. The Administrator/designee will interview three residents a week related to abuse. Resident interviews will begin with the week of 10/28/24 and continue for six weeks. Completed interviews will be kept in the plan of correction binder located in the Administrator's office. The Administrator will take results of audits to the monthly Quality Management meeting. First meeting on 11/8/2024. (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 10/28/24)

Proposed Overall Completion Date: 11/08/2024

42b - Abuse (*continued*)

Directed Completion Date: 11/08/2024

Implemented [REDACTED] - 11/12/2024)