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

December 13, 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 11/13/2024 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

Type: *C-1* **Date**: *01/31/1985* **Issued By**: *PA Dept of Health*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *35* **Waking Staff**: *26*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *11/13/2024*

Inspection Dates and Department Representative

11/13/2024 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* **Residents Served**: *28*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *27*

Diagnosed with Mental Illness: *20* **Diagnosed with Intellectual Disability**: *0*

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

Inspections / Reviews

11/13/2024 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/01/2024*

11/25/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *12/13/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *12/17/2024*

Inspections / Reviews *(continued)*

12/13/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *12/13/2024*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

18 Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

In accordance with the Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, "An approved carbon monoxide alarm at a care facility shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance." However, on 11/13/24 at approximately 10:35 a.m., the carbon monoxide detector in the home's electrical room was mounted to the wall approximately two feet away from the unbranded natural gas operated furnace, and approximately four feet away from the Payne natural gas operated furnace.

In accordance with the Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, "An approved carbon monoxide alarm at a care facility shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance." However, on 11/13/24 at approximately 11:09 a.m., there was no carbon monoxide detector in close proximity of, but outside of 15 feet from the gas operated cooking range-top in the home's kitchen.

Plan of Correction ***Accept [redacted] - 11/25/2024)***

The Maintenance staff moved the Cabon Monoxide Detector in the electrical room from two feet away from the natural gas furnace to the wall above the door which is 15 feet away from the furnance. This was completed on 11/14/24. The Maintenance staff replaced the Carbon Monoxide Detector located in the kitchen. This was replaced on 11/13/24. The Administrator will complete education with the Maintenance staff on the Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016. Education will be completed by 11/29/24 and kept in the plan of correction binder. Weekly visual check audits will be completed by Maintenance to ensure detectors are affixed to the wall at the appropriate distance. Audits will be kept in TELS, the electronic maintenance system. The Administrator will take audits to the monthly Quality Management Meeting on 12/13/24.

Licensee's Proposed Overall Completion Date: *12/17/2024*

Implemented [redacted] - 12/13/2024)

85d Trash Receptacles

2. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 11:48 a.m. the trash can in the shared bathroom of resident room [redacted] belonging to resident [redacted] and resident [redacted] was not covered.

Plan of Correction ***Accept [redacted] - 11/25/2024)***

The trash can in room [redacted] was replaced with a can that has a lid. The administrator will complete an audit of all bathrooms to identify any other trash can that needs a lid and those cans will be replaced with cans with lids. Audit will be completed by 11/29/24. The administrator will conduct training with staff on regulation 2600.85d. Training will be completed by 12/4/24. Training will be kept in the plan of correction binder. The Administrator/designee will complete weekly rounds of bathrooms to check trash cans for lids. Audits will begin 12/2/2024 and will be kept in

85d - Trash Receptacles (continued)

the plan of correction binder. The Administrator will take the weekly audits to the monthly Quality Management Meeting on 12/13/24. Meeting minutes will be kept in the plan of correction binder. Minutes will be kept in the plan of correction binder.

Licensee's Proposed Overall Completion Date: *12/17/2024*

Implemented [redacted] - 12/13/2024)

103e - Left Overs

3. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 11:02 a.m. there was a twelve-inch by twenty-inch and two-inch deep service pan of what appeared to be yellow gelatin that was approximately one-quarter full in the kitchen's walk-in cooler and the gelatin was not dated or labeled.

Plan of Correction ***Accept [redacted] - 11/25/2024)***

The Dietary Manager removed the pan of yellow gelatin from the walk in cooler and discarded it when identified on 11/13/24 at 11:02am. The Dietary Manager will complete education on regulation 2600.103e with dietary staff. Education will be completed by 12/4/2024 and kept in the plan of correction binder. The Dietary Manager will complete audits of food in walk in cooler. Audits will be completed five times a week for two weeks, then weekly for 2 weeks to ensure left overs are dated. Audits will begin on 12/02/24 and be kept in the plan of correction binder. The Administrator will take audits to the monthly Quality Management meeting on 12/13/24. Minutes will be kept in the plan of correction binder.

Licensee's Proposed Overall Completion Date: *12/17/2024*

Implemented [redacted] - 12/13/2024)

132c - Fire Drill Records

4. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home conducted numerous fire drills that did not indicate whether the drill was held in the "a.m." or "p.m." to include:

- [redacted]

132c - Fire Drill Records *(continued)*

Plan of Correction ***Accept [redacted] - 11/25/2024)***

The Administrator will complete training on regulation 2600.132c fire drill records will be completed with with Maintenance and Clinical Coordinator. Training will be completed by 11/29/24 and kept in the plan of correction binder. The Administrator will audit the monthly fire drill record to ensure "a.m." or "p.m." is incuded next to the time of drill. Audits will begin with the December 10, 2024 fire drill. Audits will be kept in the plan of correction binder. The Administrator will take audits to the monthly Quality Management Meeting beginning 12/13/24. Minutes of meeting will be kept in the plan of correction binder.

Licensee's Proposed Overall Completion Date: *12/17/2024*

Implemented [redacted] - 12/13/2024)

132e - Fire Drill Sleeping Hours

5. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

On [redacted] at 5:23 a.m. the home conducted a sleeping hours fire drill. However, the previous sleeping hours fire drill was held on [redacted] at 5:05 a.m.

Plan of Correction ***Accept [redacted] - 11/25/2024)***

The facility held a sleeping hours drill on 3/20/24 at 5:23am, 6/12/24 at 1:01am and then on 9/25/24 at 5:03am. Fire Drill record is kept in the Fire Drill Record binder located in the lobby. The Administrator will conduct training on regulation 2600.132e with Maintenance and Clinical Coordinator. Training will be completed by 11/29/24 and kept in the plan of correction binder. The faciity created a fire drill schedule with sleeping hour drills scheduled every 3rd month. Schedule if confidential and only available to Administrator and Maintenance. Next sleeping hour drill scheduled for 12/10/24. The Administrator will audit the fire drill record monthly beginning 12/10/24 to ensure sleeping hour drills are completed per 2600.132e requirements. Audits will be kept in the plan of correction binder. The Administrator will take monthly audits to the monthly Quality Management Meeting beginning 12/13/24. Minutes will be kept in the plan of correction binder.

Licensee's Proposed Overall Completion Date: *12/17/2024*

Implemented [redacted] - 12/13/2024)

132f - Alternate Exit Routes

6. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

Exit route "A" was the only exit route used for evacuation during fire drills held on dates to include:

- [redacted]

132f Alternate Exit Routes (continued)

- [redacted]
- [redacted]
- [redacted]

Plan of Correction ***Accept [redacted] - 11/25/2024)***

The Administraor created a fire drill schedule with rotating exit routes. The Administrator will provide training to Maintenance and Clinical Coordinator on regulation 2600.132f and the new schedule which is confidential and not shared with staff. Training will be completed by 11/29/24 and kept in the plan of correction binder. The Administrator will complete audits of the monthly fire drill records to ensure alternate exit routes are used. Audits will begin 12/10/24. Audits will be kept in the plan of correction binder. The Administrator will take monthly audits to the monthly Quality Management Meeting beginning 12/13/24. Meeting minutes will be kept in the plan of correction binder.

Licensee's Proposed Overall Completion Date: *12/17/2024*

Implemented [redacted] - 12/13/2024)

184a - Resident's Meds Labeled

7. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident [redacted] tablet indicated, "Take one tablet by mouth three times a day as needed." However, resident [redacted] is prescribed [redacted] tablet, one tablet by mouth three times daily.

REPEAT VIOLATION 2/10/23 et. al.

Plan of Correction ***Accept [redacted] - 11/25/2024)***

The Clinical Coordinator verified order for resident [redacted] is for [redacted] tablet, take one three times a day. A refer to order change label was placed on the label of the medication card on [redacted]. The Regional Clinical Nurse will provide training to Licensed Nurses and Med Techs on regulation 2600.184a. Training will be completed by 11/29/24. Completed training will be kept in the plan of correction binder. The Clinical Coordinator will complete an audit of medications to orders for all other residents. Audit will be completed by 12/4/24. Results of audit will be kept in the plan of correction binder. The Clinical Coordinator/designee will audit 5 resident medications a week beginning 12/9/24. Weekly audits will be completed for four weeks. The Administrator will take audit results to the monthly Quality Management Meeting beginning 12/13/24. Meeting minutes will be kept in the plan of correction binder,

Licensee's Proposed Overall Completion Date: *12/17/2024*

Implemented [redacted] - 12/13/2024)

185a - Implement Storage Procedures

8. Requirements

2600.

185a - Implement Storage Procedures *(continued)*

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

On [redacted] at approximately 12:11 p.m. resident [redacted]'s November 2024 medication administration record documented a [redacted] reading of [redacted]. However, resident [redacted] indicated a [redacted] reading of [redacted] on [redacted] at 11:30 a.m.

On [redacted] at approximately 4:30 p.m. resident [redacted] November 2024 medication administration record documented a blood glucose reading of "NA". However, resident [redacted] indicated a [redacted] reading of [redacted] on [redacted] at 3:09 p.m.

On [redacted] at approximately 7:30 a.m. resident [redacted] November 2024 medication administration record did not document a [redacted] reading, that area was left blank. However, resident [redacted] indicated a [redacted] reading of [redacted] on [redacted] at 9:56 a.m.

On [redacted] at approximately 4:30 p.m. resident [redacted] November 2024 medication administration record documented a [redacted] reading of "NA". However, resident [redacted] indicated a [redacted] reading of [redacted] on [redacted] at 8:07 p.m.

On [redacted] at approximately 11:30 a.m. resident [redacted] November 2024 medication administration record documented a [redacted] reading of [redacted]. However, resident [redacted] did not indicate a [redacted] reading was taken on [redacted] at approximately 11:30 a.m.

Plan of Correction ***Accept [redacted] - 11/25/2024)***

The Clinical Coordinator will provide training to the Med Techs on blood glucose monitoring, use of dedicated resident meters, and record keeping. Training will be completed by [redacted] and kept in the plan o correction binder. The Clinical Coordinator/designee will audit residents who have blood glucose readings for meter to eMAR check to ensure accuracy of readings. The audits will be completed on three random residents, five days a week, for two weeks, then three residents weekly for two weeks. Results of audits will be kept in the plan of correction binder. The Adminstrator will take audits to the Monthly Quality Mangement Meeting beginning 12/13/24. Meeting minutes will be kept in the plan of correction binder.

Licensee's Proposed Overall Completion Date: *12/17/2024*

Implemented [redacted] - 12/13/2024)

187b - Date/Time of Medication Admin.

9. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] capsule, take one capsule by mouth daily. However, on [redacted] at 8:00 p.m., resident [redacted] was administered the [redacted], and direct care staff person A did not document the November 2024 medication administration record at the time of administration.

187b - Date/Time of Medication Admin. (continued)

Resident [redacted] is prescribed numerous medications to include:
[redacted], Give one tablet by mouth two times a day
[redacted], inject as per sliding scale with meals
[redacted], Give one tablet by mouth one time a day
[redacted], Give one tablet by mouth one time a day
[redacted], Give one capsule by mouth one time a day
[redacted], Inject 22 unit subcutaneously one time a day
[redacted], Give one tablet by mouth one time a day
[redacted], Give one tablet by mouth two times a day
[redacted], Give one tablet by mouth two times a day

However, on [redacted] resident [redacted] numerous refusals of prescribed medication were not documented on the November 2024 MAR by direct care staff person B at the time the medications were refused, those areas were left blank.

Plan of Correction ***Accept [redacted] - 11/25/2024)***

The Regional Clinical Nurse will provide education to staff person A and B on documentation of medication administration incuding documenting refusals. Education will be completed by 11/29/24 and kept in the plan of correction binder. The Clinical coordinator will provide education to the medication techs on documentation of medication administration including documenting refusals. Training will be completed by 12/2/24 and kept in the plan of correction binder. The Clinical Coordinator/designee will audit medications of five residents five days a week for two weeks then once a week for two weeks beginning 12/02/24. Audits will check eMAR documentation of administration/refusals. Audits will be kept in the plan of correction binder. The Administrator will take audits to the monthly Quality Management Meeting for review beginning 12/13/24. Meeting minutes will be kept in the plan of correction binder.

Licensee's Proposed Overall Completion Date: *12/17/2024*

Implemented ([redacted] - 12/13/2024)

187d - Follow Prescriber's Orders

10. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] was prescribed [redacted], take one tablet by mouth in the morning. On [redacted] the prescriber's order for resident [redacted], once daily in the morning was changed to [redacted] once daily in the morning in addition to a separate order for [redacted] once daily at the hour of sleep. However, the home only had [redacted], the tablets were not scored to be split, and staff interviews indicated the home was splitting the medication and had been splitting the medication since the change order. On dates ranging from 1/29/24 through 11/13/24 the home was unable to ensure that resident [redacted] was administered a [redacted] dose of [redacted] twice daily.

Resident [redacted] is prescribed [redacted], one tablet by mouth once daily. However, the home only had [redacted] tablets of [redacted], the tablets were not scored to be split and staff interviews indicated the home was splitting the medication after delivery. On dates ranging from 8/29/24 through 11/13/24 the home was

187d Follow Prescriber's Orders (continued)

unable to ensure a [redacted] dose of [redacted] was administered to resident [redacted]

Plan of Correction ***Accept [redacted] - 11/25/2024)***

The Clinical Coordinator contacted the pharmacy for resident [redacted] and request [redacted] tablets for the [redacted] orders on [redacted] and medication will be filled as [redacted] tablets and mailed to the facility. Resident [redacted] tablets are scored and staff use a pill splitter to split them. The Clinical Coordinator will complete an audit of medications dispensed in bottles to ensure any medication that needs split is dispensed with a scoring line on the tablet. This audit will be completed by [redacted]. The Clinical Coordinator will provide training to the medications techs on regulation 2600.187d and how to handle medications that are not scored but need split. Training will be completed by 12/2/24 . Completed training will be kept in the plan of correction binder. The Clinical Coordinator/designee will audit [redacted] residents medications weekly for four weeks. Audits will begin 12/02/24. The Administrator will take audits to the monthly Quality Managment Meeting beginning 12/13/24.

Licensee's Proposed Overall Completion Date: *12/17/2024*

Implemented [redacted] - 12/13/2024)