

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Transitions Healthcare North Huntingdon		STREET ADDRESS, CITY, STATE, ZIP CODE 8850 Barnes Lake Road North Huntingdon, PA 15642	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on review of facility policy, observation, and staff interviews it was determined that the facility failed to maintain the confidentiality of residents' medical information on one of four medication carts (orchards unit). Findings include: Review of the facility's Safeguarding of Posted Protected Health Information (PHI) dated 4/1/25, indicated the facility will protect the privacy of resident ' s PHI from intentional or unintentional view when posting information. Posted information may include information located at the bedside, on whiteboards, on walls, or other public areas. During an observation on 11/6/25, at approximately 9:50 a.m. a medication cart in hallway was left unattended with an open laptop displaying resident identifiable information, any passerby could see resident personal and confidential information. During an interview on 11/6/25, at approximately 9:57 a.m. Employee E1 confirmed the observation of a medication cart in hallway was left unattended with an open laptop displaying resident identifiable information, any passerby could see resident personal and confidential information. During an interview Employee E2 at approximately 10:00 a.m. Employee E2 Licensed Practical Nurse, confirmed she had left the medication cart in hallway unattended with an open laptop displaying resident identifiable information. During an interview on 11/6/25, at 1:20 p.m. the Nursing Home Administrator and Director of Nursing confirmed the above observation that the facility failed to maintain the confidentiality of residents' medical information as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.29(c.3) Resident Rights. 28 Pa. code: 211.5(b) Medical records. 28 Pa. Code: 211.12(d)(1)(3) Nursing services.</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395585
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