

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 03/11/2026
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, observation, and staff interview, it was determined that the facility failed to ensure that care was provided in a manner which maintained resident dignity for three of thirteen residents (Resident R1, R5 and R7). Findings include: Review of the Resident Rights policy last reviewed 4/1/25, indicated that the resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. The facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions: 13 - 15: cognitively intact 8 - 12: moderately impaired 0 - 7: severe impairment Review of Resident R1's clinical record indicated admission to the facility on 6/8/25. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/18/26, indicated diagnoses of adjustment disorder mental health condition intense of emotional and behavioral symptoms), diabetes mellitus (body cannot properly use or make insulin), and hypertension (high blood pressure) a BIMS of 12. Review of Section GG: Functional Abilities GG0130, indicated that Resident R1 is supervision or touching assistance with toileting hygiene, (helper provides verbal cues and or touching/steadying and/or contact guard assistance) and GG0170 toilet transfers requires substantial/maximal assistance, (helper does more than have the effort). During an interview and observation on 3/11/26, at approximately 11:00 a.m. Resident R1 stated the facility makes her use a bedpan when she needs to move her bowels. I have an order for the staff to get me up to the bedside commode, but they won't do it anymore. One day the bedside commode was taken out of my room and has never returned. I have asked and they just told me to use the bedpan. I would prefer to use the bedside commode. During a review of Resident R1 clinical record did reveal a physician ongoing order dated 7/4/25 for patient to utilize bedside commode, at bedside in room, with an assist x2 for functional transfers. Review of Resident R5's clinical record indicated admission to the facility on 4/3/25 and discharged [DATE]. Review of Resident R5's Minimum Data Set (MDS - a periodic assessment of care needs) dated 12/19/25, indicated diagnoses of traumatic brain injury (brain injury which can lead to temporary or permanent changes in brain function , end stage renal disease (kidneys lose ability to function adequately requiring dialysis), and diabetes mellitus (body cannot properly use or make insulin) a BIMS of 15. Review of Section GG: Functional Abilities GG0130, indicated that Resident R5 is dependent on toilet hygiene (helper does all the effort) and GG0170 toilet transfers, dependent (helper does all the effort). During a review of grievances, Resident R5 filed a grievance on 12/31/25 documenting his experiences and hours waiting for his brief to be changed after calling for assistance. I called for a nurse multiple times. I spoke to a nurse aide around 4:30 (continued on next page)</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
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, facility records, resident and staff interviews, it was determined that the facility failed to make certain call lights were accessible and answered timely for six of thirteen residents as required (Resident R1, R2, R3, R4, R5, and R6). Findings include: The facility policy Call Bells dated 4/1/25, indicated the purpose of this procedure is to respond to the resident's requests and needs when using the call bell system for assistance. If answering the call light from the nurse's station, please ensure that staff respond to resident request immediately. The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that a BIMS (Brief Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions: 13 - 15: cognitively intact 8 - 12: moderately impaired 0 - 7: severe impairment Review of Resident R1's clinical record indicated admission to the facility on 6/8/25. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/18/26, indicated diagnoses of adjustment disorder mental health condition intense of emotional and behavioral symptoms), diabetes mellitus (body cannot properly use or make insulin), and hypertension (high blood pressure) a BIMS of 12. Review of Section GG: Functional Abilities GG0130, indicated that Resident R1 is supervision or touching assistance with toileting hygiene, (helper provides verbal cues and or touching/steadying and/or contact guard assistance) and GG0170 toilet transfers requires substantial/maximal assistance, (helper does more than have the effort). During an interview and observation on 3/11/26, at approximately 11:00 a.m. Resident R1 stated she uses the call light when she needs help. It takes a half hour or more to get help it can take more than an hour. What can you do, just keep pushing the button and eventually someone will come. Review of Resident R2's clinical record indicated admission to the facility on 7/22/24. Review of Resident R2's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/6/26, indicated diagnoses of hypertensive chronic kidney disease (kidney damage from long term high blood pressure), adjustment disorder mental health condition intense of emotional and behavioral symptoms), and hypertension (high blood pressure) a BIMS of 15. Review of Section GG: Functional Abilities GG0130, indicated that Resident R2 is partial/moderate assistance, with toileting hygiene (helper does less than half the effort) and GG0170 toilet transfers, unable due to medical condition. During an interview and observation on 3/11/26, at approximately 11:10 a.m. Resident R2 stated she uses the call light when she needs help. It takes a half hour and sometimes a lot longer than that to get help when you use your light. Review of Resident R3's clinical record indicated admission to the facility on [DATE]. Review of Resident R3's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/20/26, indicated diagnoses of osteomyelitis of vertebra (infection in the bones of the spine), bipolar disorder (significant mood swings hypomanic and depressive), and hypertension (high blood pressure) a BIMS of 15. Review of Section GG: Functional Abilities GG0130, indicated that Resident R3 is partial/moderate assistance, with toileting hygiene (helper does less than half the effort) and GG0170 toilet transfers requires partial/moderate assistance, (helper does less than half the effort). During an interview and observation on 3/11/26, at approximately 11:20 a.m. Resident R3 stated she uses the call light when she needs help. It takes thirty minutes at a minimum, the other day I waited from 11:45 a.m. to 1:15 p.m. Review of Resident R4's clinical record indicated admission to the facility on 5/4/21. Review of Resident R4's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/5/26, indicated diagnoses of chronic obstructive pulmonary disease (COPD disease that blocks airflow to the lungs), diabetes mellitus (body cannot properly use or make insulin), and depression, a BIMS of 15. Review of Section GG: Functional Abilities GG0130, indicated that Resident R4 is partial/moderate assistance, with toileting hygiene (helper does less than half the effort) and GG0170 (continued on next page)</p>		

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