

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395692	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/03/2025
NAME OF PROVIDER OR SUPPLIER  Transitions Healthcare Washington PA		STREET ADDRESS, CITY, STATE, ZIP CODE  90 Humbert Lane Washington, PA 15301	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>43725</p> <p>Based on review of facility policy, observations and staff interviews, it was determined that the facility failed to properly secure a medication cart for one of three observed (Medication cart A).</p> <p>Findings include:</p> <p>Review of the facility policy Storage of Medications indicated medications and biologicals are stored safely, securely, and properly. Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications are permitted to access medications. Medication rooms, carts, and medication supplies are locked when they are not attended by persons with authorized access.</p> <p>During an observation on 3/3/25, at 8:57 a.m. A medication cart was observed unlocked, unattended, with the computer screen open to the electronic medication administration record for the resident ' s served from A cart. The following items were located on top of the medication cart:</p> <p>One pair of scissors.</p> <p>One bottle of Miralax (laxative)</p> <p>13 bottles of over-the-counter medications</p> <p>Six bottles of liquid prescription medication</p> <p>One intravenous antibiotic solution bag</p> <p>Four medication blister packs with medication included</p> <p>During an interview on 3/3/25, at 9:02 a.m. Licensed Practical Nurse (LPN) Employee E1 stated but all of those bottles are over-the-counter medications.</p> <p>During an interview on 2/24/25, at 10:35 a.m. the Assistant Director of Nursing Employee E2 confirmed the medication carts should be secured when unattended, medications should be inside the medication cart, and the computer screen should be locked.</p> <p>(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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code: 211.9(a)(1)(k) Pharmacy services.</p> <p>28 Pa. Code: 211.10(c) Resident care policies.</p>