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| 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 06/03/2025 |
| 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) |
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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, clinical records and staff interview, it was determined that the facility failed to make certain that medical records on each resident are complete and accurately documented for one of four residents (Resident R1)</p> <p>A review of the facility policy Change In Condition dated 1/6/25, indicated to evaluate any changes through direct observation and document findings.</p> <p>A review of the clinical record indicated that Resident R1 was admitted to the facility on [DATE] with diagnoses that included locked in state (a condition where a person is aware but cannot move or communicate verbally due to complete paralysis of all voluntary muscles except for vertical eye movements and blinking).</p> <p>A review of the Minimum Data Set (MDS-periodic assessment of resident care needs) dated 5/12/25, indicated the diagnoses remained current.</p> <p>A review of an incident report dated 5/8/25, indicated Resident R1 was observed to have bruising on the right thumb and a complaint of pain.</p> <p>A review of Resident R1's nurse progress notes did not include documentation of an evaluation to the right thumb for bruising and pain.</p> <p>During an interview on 6/3/25, at 11:15 a.m. the Director of Nursing confirmed the above findings, and the facility failed to make certain that medical records on each resident are complete and accurately documented for Resident R1.</p> <p>28 Pa. Code: 211.5(f)(g)(h) Clinical records.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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