

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  01/29/2026
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>Based on a review of facility policies, documents and staff interviews, it was determined that the facility failed to implement a Covid-19 vaccination program in a timely manner for 30 of 105 residents (Resident R1, R2, R3, R4, R5, R7, R14, R15, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, R28, R29, R30, R31, R32, R33, R34, R35, R36, R37, and R38) on 9/29/25, five of 108 residents ( Resident R9, R10, R11, R12 and R13) on 9/30/25, 10 residents admitted to the facility during the time period of 12/22/25, through 1/7/26, (R39, R40, R41, R42, R43, R44, R45, R46, R47, and R48) and three residents that the consent form was undated (Resident R6, R8 and R16) which resulted in the facility failing to provide the covid 19 vaccine as consented by the resident or resident's responsible party as required. Findings include: Based on a review of the facility's Infection Control - Covid 19 Care and Management Policy, Section Vaccinations dated 1/6/26, revealed that the facility encourages resident to remain up to date with all recommended Covid 19 vaccine doses to protect against SARS-CoV-2 infection. Newly admitted resident's vaccination status is determined and the resident is offered a vaccine as recommended. A review of the facility's resident education and consent documents revealed that on 9/29/25, 9/30/25, and upon admission to the facility the facility educated residents and resident responsible parties regarding the administration of the Covid 19 vaccine. During the time period of 9/29/25, through 1/7/26, there were 48 resident consent forms completed for the administration of the vaccine. A review of resident electronic medication administration records revealed that the facility had failed to administer the Covid 19 vaccine at the time of the resident's consent form being completed. During an interview on 1/28/26, at 12:15 pm the Director of Nursing confirmed that as of 1/28/26, the facility failed to provide 48 residents the Covid 19 vaccine as consented by the resident or the resident's responsible party. 28 Pa Code: 201.18(b)(1) Management</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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