

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 07/08/2026
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)		
F 0659 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care by qualified persons according to each resident's written plan of care. Based on record review, resident interview, staff interview, and review of facility policy, the facility failed to ensure dressing changes were delivered by a licensed nurse, who has the skills, experience and knowledge to administer wound care treatments for four of thirteen residents reviewed (Resident R3, R4, R5, and R12). Findings Include: Review of facility policy Dressing Changes dated 1/6/26, indicated dressing changes will be completed per physician order and documented on the resident's treatment record and weekly wound progress report. Verify the current treatment orders by checking the Treatment Record and the Physician's Orders in the electronic health record. Review previous wound documentation to obtain information on where/how wound measurements were taken. Confirm orders for pain medication and administer prior to dressing change. Explain the procedure to the resident. Complete all appropriate documentation in the electronic health record. Review of the facility Registered Nurse Supervisor (RN) job description indicated the RN supervisor primary purpose in this position is to supervise, coordinate the activities of nursing personnel engaged in nursing services, and be the charge nurse during their assigned tour of duty. Assists the physician during rounds or special treatments and examinations of residents by preparing necessary equipment, notifying physician of significant changes in resident's condition and evaluates resident's condition and takes orders as needed. Review of the facility Licensed Practical Nurse (LPN) job description indicated the LPN provides care and treatment in accordance with physician orders and works under the direction of physicians and registered nurses within the scope of practice as defined by the state. Order, administer and record medications and treatments in accordance with physician orders and nursing policies and procedures. Ensure all medications and treatments are signed for and completed in the appropriate allotted time frames and according to policies and procedures. Review of the facility Certified Nursing Assistant (CNA) job description indicated the CNA primary purpose is to perform direct resident care duties under the supervision of a licensed nursing personnel. Provide personal care (i.e., grooming, bathing, dressing, oral care etc.) of residents daily and as needed. Change bed linen and maintain appropriate grooming supplies in resident rooms. Take and record vital signs (temperature, blood pressure, etc.), weights and measurements, intake and output, food consumption, and other information as assigned. Routinely turn and position residents as necessary. Review of an anonymous complaint revealed a reported concern on 7/7/26 related to wound care. The complaint alleged that CNA Employee E1 does wound care, and the nurses are told to sign off on the wound care treatments completed by CNA Employee E1. Interview with CNA Employee E1 on 7/8/26 at approximately 10:30 AM and 5:00 p.m. confirmed she did independently do resident wound care without oversight, supervision or other staff in the room for Residents R3, R4, R5, and R12 on 6/26/26. She stated she is the CNA assigned to round with the wound care nurse and the wound care provider. CNA Employee E1 stated she did this because the wound care nurse was off this day and everyone was busy. When asked how she reviewed the orders to know what dressing was required and which (continued on next page)		

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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F 0659 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	residents, the CNA stated she cannot access the orders, so she changed the dressing based off memory from prior rounding with the wound care nurse and wound care provider. When asked what her role was when rounding with the wound care nurse and wound care provider the CNA replied, I only assist with positioning the resident rolling, lifting, and holding the resident so they can do the treatment. CNA Employee E1 confirmed she has not provided or completed wound care or dressing changes prior or since this date. During an interview on 7/8/26, at 11:00 a.m. the Nursing Home Administrator (NHA) and Director of Nursing (DON) were informed of the surveyor interview with CNA Employee E1. The NHA and DON developed and started staff education on 7/8/26 at approximately 12:00 p.m., titled Licensed Nursing Staff Education: Wound Care Responsibilities and Certified Nursing Assistant Education: Scope of Practice and Wound Care. Review of the Treatment Administration Record (TAR) reveals dressing changes were signed off as completed by a licensed nurse for Resident R3, R4, R5, and R12 on 6/26/26. Interviews attempted with Residents R3, R4, and R5 (R13 non-interviewable) on 7/8/26 between 1:30 p.m. and 4:30 p.m. the residents could not answer if the CNA Employee E1 or any CNA completed dressing/wound care independently on 6/26/26 or any other day. Telephone interview was conducted between LPN Employee E8 and Director of Nursing (DON), on 7/8/26 between 12:00 p.m. LPN Employee E8 who confirmed she does her own wound care when the wound care nurse isn't there. A CNA has never offered to do her wound care and should would not let them, she does it all herself. She confirmed she did all her wound care treatments when she worked on 6/26/26. Telephone interview was conducted between LPN Employee E9 and DON, on 7/8/26 between 12:00 p.m. and 2:00 p.m. LPN Employee E9 confirmed she does her own wound care when the wound care nurse isn't there. A CNA has never offered to do her wound care (did not work on 6/26/26). Telephone interview was conducted between LPN Employee E10 and DON, on 7/8/26 between 12:00 p.m. and 2:00 p.m. LPN Employee E10 confirmed sometimes there is a nurse dedicated to doing wound care. One CNA offers to do wound care and I tell her no. On 6/26/26 when I worked, I did my own wound care. Telephone interview was conducted between LPN Employee E11 and DON, on 7/8/26 between 12:00 p.m. and 2:00 p.m. LPN Employee E11 confirmed she does her own wound care when the wound care nurse isn't there. A CNA has never offered to do her wound care. On 6/26/26 when I worked, I did all my wound care. During an interview between LPN Employee E7 and DON on 7/8/26 between 12:00 p.m. and 2:00 p.m. LPN Employee E7 signed a statement stating 6/26/26 the wound care nurse was off. I do not remember asking CNA Employee E1 to do my treatments. During an interview between LPN Employee E12 and DON on 7/8/26 between 12:00 p.m. and 2:00 p.m. LPN Employee E12 wound care nurse, signed a statement stating, upon arriving back to the building 6/29/26 there we no changes to any wound in the building. During an interview on 7/8/26 at approximately 4:00 p.m. LPN Employee E13 stated she has never asked for or had wound care completed on residents by a CNA. During interviews on 7/8/26, between 2:14 p.m. and 4:30 p.m. CNA's Employee's E2, E3, E4, E5 and E6 stated, I do not do wound care/dressing changes, I am not trained to do that, I am not permitted to do that, nurse do wound care/dressing changes. During an interview on 7/8/26, at 5:30 p.m. the Nursing Home Administrator and Director of Nursing confirmed that the facility failed to ensure that residents received necessary treatment and services provided by a qualified person. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.10(c)(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(2)(5) Nursing services.		