STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395692	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Transitions Healthcare Washington PA	90 Humbert Lane Washington, PA 15301

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **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 are answered timely, for fourteen of twenty residents as required (Resident R15, R16, R14, R22, R62, R79, R82, R122, R123, R500, R501, R502, R503, and R504). Findings include: The facility policy Call Bells dated 1/6/26 with a previous review date of 1/6/25, 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 intact8 - 12: moderately impaired0 - 7: severe impairment Review of Resident R82's clinical record indicated admission to the facility on 3/6/25, a BIMS of 10 . Review of a grievance filed by Resident R82, dated 11/3/25, revealed concerns documented for call light response. Resident reported workers will turn off call light and state they will be back soon, it takes up to thirty minutes, and this happens often. Review of Resident 14's clinical record indicated admission to the facility on 6/15/17, a BIMS of 15. Review of a grievance filed by Resident R14, dated 11/5/25, revealed concerns documented for call lights not being answered and the resident calls her daughter, who calls into the facility requesting the call light be answered. Review of Resident R123s clinical record indicated admission to the facility on [DATE], a BIMS of 14. Review of a grievance filed by Resident R123, dated 11/11/25, revealed concerns documented for call lights. Resident reported call bells wait time is too long and laying in feces. Review of Resident R62's clinical record indicated admission to the facility on 9/4/25, a BIMS of 14 . Review of a grievance filed by Resident 62, dated 12/1/25, revealed concerns documented for call lights. Resident noted aides take around 1-3 hours to answer his call light when he needs changed. Review of Resident R79's clinical record indicated admission to the facility on 3/6/25, a BIMS of 9. Review of a grievance filed by Resident R79, dated 2/18/26, revealed concerns documented for care. Resident reported he did not see a nurse aide after 8:50 p.m. on 2/17/26. Resident stated, feeling like he is one of the last people to be taken care of. Review of Resident R122's clinical record indicated admission to the facility on 4/19/25, a BIMS of 14. Review of Resident Council Minutes dated 12/1/25, revealed concerns from Resident R122 related to call light response. The meeting minutes included feels like he is waiting too long to get help to go to the bathroom. Review of Resident R15's clinical record indicated admission to the facility on [DATE], a BIMS of 15. During an interview on 3/23/26 at approximately 10:00 a.m., Resident R15, when asked about call light response time, resident stated you wait for help when you use your call light, thirty minutes is common, sometimes more than an hour, sometimes you sit in a soiled brief. Review of Resident R16's clinical record indicated admission to the facility on 1/18/22, a BIMS of 14. During an interview on 3/23/26 at approximately 10:15 a.m., Resident R16, when asked about call light response time, resident stated (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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	often you wait a long time for help when you use your call light, thirty minutes maybe longer than that some days. You can't do anything about it. Review of Resident R22's clinical record indicated admission to the facility on [DATE], a BIMS of 11. During an interview on 3/23/26 at approximately 10:30 a.m., Resident R22, when asked about call light response time, resident stated, it a wait, it's all the time or it seems that way. When you need help you need it now not in a half hour or hour. Review of Resident R82's clinical record indicated admission to the facility on 3/6/25, a BIMS of 10 . During an interview on 3/23/26 at approximately 10:45 a.m., Resident R82, when asked about call light response time, resident stated, you wait a long time for help when you use your call light, easily thirty minutes or more some of the time. It's the agency staff mostly, sometimes they come in turn off the light and leave. I have reported this before. During a resident group interview (Residents R500, R501, R502, R503, and R504), on 3/23/26 at approximately 1:30 p.m., when asked if they felt the staff answer call lights and respond immediately to the request (per facility policy), consensus from the group was no. Residents verbalized frustration with the response time when using the call light. Residents stated often it takes thirty minutes or more for a response. Sometimes they come into the room and turn off the light and leave without taking care of what you need. Residents stated, it seems like this occurs more often when it's its agency staff working. During an interview on 3/24/26 at 8:30 a.m. the Director of Nursing confirmed the facility failed to make certain call lights were answered timely. 28 Pa. Code: 211.10(c)(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, and staff interview it was determined that the facility failed to maintain the confidentiality of residents' medical information on one of four residents observed (Resident R88).Findings include:Review of facility policy Safeguarding of Posted Protected Health Information reviewed 1/6/26, indicated the facility will protect the privacy of resident's protected health information (PHI) from intentional or unintentional view when posting information. Posted information may include information located at the bedside, on whiteboards, on walls, or other public spaces.Review of the clinical record indicated Resident R88 was admitted to the facility on [DATE], with diagnoses that included diabetes, history of falling, and muscle weakness.Review of the Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 3/10/26, reveal the diagnoses remain current.During an observation on 3/23/26, at 8:30 a.m. revealed two DOCTOR APPOINTMENT NOTICE sheets on the wall in Resident R88's room printed on bright green paper. One notice indicated Resident R88 had an appointment with a vascular(body's network of vessels, including arteries, veins, and capillaries) doctor on 3/6/26, at 12:30 p.m. and provided the address of the appointment. It was pinned on Resident R88's corkboard which was visible from the doorway to the resident's room. The second notice was taped to the wall beside Resident R88's bed. It indicated Resident R88 had an appointment with nephrology (kidney specialist) on 3/26/26, at 11:40 a.m. and provided the address of the appointment. Review of the physician orders dated 2/25/26 and 3/19/26, confirmed the appointment dates, times, and locations were correct.Review of the care plan initiated 7/9/25, failed to indicate Resident R88 provided permission for the signs to be posted in her room and visible to other residents, visitors, family, and non-medical staff.During an interview on 3/23/26, at 1:32 p.m. Licensed Practical Nurse (LPN) Employee E2 confirmed the appointment notices were posted in view of other residents, visitors, family, and non-medical staff.During an interview on 3/23/26, at 2:30 p.m. the Director of Nursing confirmed the facility failed to maintain the confidentiality of residents' medical information for Resident R88.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on review of facility policy, observations, and resident and staff interviews, it was determined that the facility failed to make accessible grievance boxes to residents on two of three locations, nursing units (skilled care and intermediate care unit). Findings include: The facility policy Grievance Policy dated 1/6/26, with a previous review date of 1/6/25, indicated Grievances may be filed anonymously by placing completed form in a grievance box. Methods for reporting concerns/grievances will be posted and accessible to residents and resident representatives. The Centers for Medicare & Medicaid Services (CMS) does not specify exact height requirements for grievance boxes in skilled nursing facilities. However, CMS mandates that grievance procedures be accessible to all residents, including those with disabilities, in compliance with the Americans with Disabilities Act (ADA). In Pennsylvania, the Department of Health incorporates by reference the federal requirements outlined in 42 CFR Part 483, Subpart B, which pertain to long-term care facilities. These regulations emphasize the importance of accessibility but do not provide additional specifications regarding grievance box placement. To ensure accessibility, the ADA Standards for Accessible Design recommend that operable parts, such as slots on grievance boxes, be mounted between 15 and 48 inches above the floor. This range accommodates individuals using wheelchairs and ensures usability for a broad range of residents. During an observation and interview with on 3/24/26, at 11:00 a.m., Employee E3 and the surveyor measured the height of the grievance boxes in two resident locations (skilled care and intermediate care unit). The grievance box on the skilled care unit was 70 inches above the floor and in line of sight of the nurse's station, out of the reach of most ambulatory residents and all those using wheelchairs. The grievance box on the intermediate care unit was 49.5 inches above the floor, out of the reach of residents in wheelchairs. During an interview on 3/24/25, at 2:00 p.m. the Director of Nursing confirmed the facility failed to make accessible grievance boxes to all residents. 28 PA Code: 201.18(e)(1) Management. 28 PA Code: 201.29(a)(b) Resident rights.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, observations and staff interviews, it was determined that the facility failed to provide appropriate respiratory care and maintain oxygen equipment for four of thirteen sampled residents (Residents R15, R22, R70, and R77).Findings include: Review of the facility policy Oxygen Concentrators reviewed on 1/6/26 with a previous review date of 1/6/25, indicated Change cannula weekly (11-7) and as needed. Review of Resident R15's admission record indicated she was originally admitted on [DATE]. Review of Resident R15's Minimum Data Set (MDS- a periodic assessment of care needs) dated 1/5/26, indicated the diagnoses of acute respiratory failure (lungs cannot provide enough oxygen to the blood or remove enough carbon dioxide from it), hypertension (high blood pressure), and anxiety disorder (intense, excessive, and persistent feelings of worry, fear and uneasiness). Review of Resident R15's current physician orders dated 9/15/25, indicated resident is on 2 liters per minute of oxygen. During an observation and interview on 3/22/26, at approximately 10:00 a.m. with Registered Nurse (RN) Employee E1, Resident R15 was observed in their room using oxygen. The oxygen tubing was not labeled. Review of Resident R15's clinical record revealed the resident did not have a care plan for oxygen use. Review of Resident R22's admission record indicated she was originally admitted on [DATE]. Review of Resident R22's MDS dated [DATE], indicated the diagnoses of respiratory failure (lungs cannot provide enough oxygen to the blood or remove enough carbon dioxide from it), diabetes mellitus (high blood sugar), and hypertension (high blood pressure). Review of Resident R22's current physician orders dated 2/6/26, indicated resident is on 2 liters per minute of oxygen. During an observation and interview on 3/20/26, at approximately 10:15 a.m. with Registered Nurse (RN) Employee E1, Resident R22 was observed in their room using oxygen. The oxygen tubing date label was illegible. Review of Resident R22's clinical record revealed the resident did not have a care plan for oxygen use. Review of Resident R70's admission record indicated she was originally admitted on [DATE]. Review of Resident R70's Minimum Data Set (MDS- a periodic assessment of care needs) dated 3/10/26, indicated the diagnoses of acute respiratory failure (lungs cannot provide enough oxygen to the blood or remove enough carbon dioxide from it), hypertension (high blood pressure), and anxiety disorder (intense, excessive, and persistent feelings of worry, fear and uneasiness). Review of Resident R70's current physician orders dated 3/5/26, indicated resident is on 5-7 liters per minute of oxygen. During an observation and interview on 3/22/26, at approximately 10:30 a.m. with Registered Nurse (RN) Employee E1, Resident R70 was observed in their room using oxygen. The oxygen tubing date label was illegible. Review of Resident R77's admission record indicated he was originally admitted on [DATE]. Review of Resident R77's Minimum Data Set (MDS- a periodic assessment of care needs) dated 12/15/25, indicated the diagnoses of chronic obstructive pulmonary disease (COPD progressive lung disease limiting airflow to the lungs), diabetes mellitus (high blood sugar), and anxiety disorder (intense, excessive, and persistent feelings of worry, fear and uneasiness). Review of Resident R77's current physician orders dated 3/5/26, indicated resident is on 3 liters per minute of oxygen. During an observation and interview on 3/22/26, at approximately 10:45 a.m. with Registered Nurse (RN) Employee E1, Resident R77 was observed in their room using oxygen. The oxygen tubing was dated 3-12-26. During an interview on 3/22/26, at 11:00 a.m. the Director of Nursing confirmed that the facility failed to provide appropriate respiratory care and maintain oxygen equipment. 28 Pa. Code 211.10(c)(d) Resident Care Policies. 28 Pa. Code 211.12(d)(1)(5) Nursing services.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, and staff interviews it was determined that the facility failed to make certain consistent dialysis communication was maintained for one of seven residents reviewed (Residents R16).Findings include: Review of the facility policy Hemodialysis, Home Hemodialysis Policy dated 1/6/26 with a previous review date of 1/6/25. The policy indicates each resident is provided with a dialysis communication binder, so the facility and dialysis center can communicate. The dialysis binder is part of the individual medical record. Review of the admission record indicated Resident R16 was originally admitted to the facility on [DATE]. Review of Resident R16's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/5/26, indicated diagnoses off end stage renal disease (condition where kidneys lose the ability to remove waste and balance fluids), cerebrovascular accident (stroke, loss of blood flow to part of the brain), and dependence on renal dialysis (treatment to replace the function of the kidneys). Review of Resident R16's physician order dated 3/14/25, indicated dialysis: Tuesday, Thursday, and Saturday at [dialysis center]. Chair time scheduled at 8:00 a.m. Review of Resident R16's current care plan indicated dialysis three times a week, treatments as scheduled: Tuesday, Thursday, and Saturday at [dialysis center]. Resident original (discontinued) dialysis schedule is also listed on the care plan with a date of 2/22/22, Resident receives Dialysis M-W-F at [dialysis center], Review of Resident R16's dialysis communication forms from 1/1/26 through 3/22/26 indicated the communication forms were incomplete on the following dates:The dialysis nurse and nursing home nurse did not sign the forms on the following dates: 3/10, 3/17 and 3/21.The nursing home nurse did not sign the forms on the following dates: 2/14, 2/24, 2/28, 3/7.The dialysis nurse did not sign the form on the following dates: 1/3, 1/10, 1/13, 1/17, 1/20, 1/24, 1/27, 1/31, 2/5, 2/7, 2/10, 2/17, 3/3. During an interview on 3/23/26, at 2:15 p.m. the Director of Nursing confirmed the facility failed to make certain consistent dialysis communication was maintained. 28 Pa. Code: 211.5(f) Clinical records28 Pa. Code: 211.12(d)(2)(3) Nursing services

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F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have policies on smoking. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, observations and staff interviews, it was determined that the facility failed to enforce its established policy regarding smoking, smoking areas, and smoking safety for one of five residents reviewed (Residents R39).Findings include: Review of the facility policy Smoking Policy and Guidelines for Residents reviewed on 1/6/26 with a previous review date of 1/6/25, indicated, it is the policy of the facility to provide reasonable accommodations to residents who smoke, while maintaining a safe environment for all residents, visitors, and staff. Smoking is only permitted in the designated area outside the facility. The designated area is the external courtyard by the courtyard cafe. Smoking in nursing homes across the country is the number one cause of fires. Most of the incidents were caused by residents who attempted to sneak smoke in their rooms or other unauthorized areas of the facility. All smoking paraphernalia shall be kept secure by facility. If, at any time, it becomes known by facility staff that a resident is in possession of smoking paraphernalia and/or has smoked in an unauthorized are, the resident will be asked to turn such paraphernalia over to facility staff as well as allow a search for his/her room to ensure that all materials are being maintained and stored in a proper manner. All smoking paraphernalia must be stored and kept in a designated secured area. Review of Resident R39's admission record indicated he was originally admitted on [DATE]. Review of Resident R39's Minimum Data Set (MDS- a periodic assessment of care needs) dated 3/10/26, indicated the diagnoses of diabetes mellitus (high blood sugar), hypertension (high blood pressure), and hyperlipidemia (elevated cholesterol in the blood). Review of clinical records revealed a form titled Smoking/Tobacco/Vaping Safety Assessment and Evaluation dated 12/26/25, indicated that Resident R39 had been assessed with the ability to safely smoke independently. The assessment indicated that Resident R39 understood and agreed that smoking items are not stored in their room for safety. Review of clinical records revealed a form titled Acknowledgement of Smoking Policy Review was signed by Resident R39 on 8/4/25. The form indicated I have read the facility smoking policy provided during the facility admission process. Should I request to smoke, I will make the request know to appropriate facility personnel. During an observation on 3/22/26 at approximately 10:30 a.m. Resident R39 was observed by the survey team smoking outside at the front entrance of the building. Resident R39 was again observed at approximately 1:00 p.m. on 3/22/26, smoking outside the front entrance of the building by the survey team. During an interview and observation on 3/23/26 at approximately 11:00 a.m. with Resident 39, he stated that he is an independent smoker and keeps his cigarettes and lighter in his room or on his person. The residents' cigarettes and lighter were observed by the surveyor in the resident's room. The resident stated he can smoke in three locations at the facility, outside the front entry, the courtyard or the back parking lot. Resident 39 stated he does not go out to the back parking lot. During rounds with the Director of Nursing (DON) on 3/23/26 at approximately 11:30 a.m., Resident R39 confirmed he keeps his cigarettes and lighter with him in his room and he is not giving them up to anyone. Resident R39 also confirmed that he goes outside to the front lobby or the courtyard to smoke. During an interview on 3/22/26, at 11:45 a.m. the Director of Nursing confirmed that the facility failed to enforce its established policy regarding smoking, smoking areas, and smoking safety. 28 Pa. Code 201.18 (b)(1)(3) Management. 28 Pa. Code 209.3 (a) Smoking. 28 Pa. Code 211.10 (d) Resident care policies.