

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

October 14, 2025

[REDACTED], CCO  
TRANSITIONS HEALTHCARE WASHINGTON PA LLC  
90 HUMBERT LANE  
WASHINGTON, PA, 15301

RE: TRANSITIONS HEALTHCARE  
WASHINGTON PA  
90 HUMBERT LANE  
WASHINGTON, PA, 15301  
LICENSE/COC#: 44599

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/09/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *TRANSITIONS HEALTHCARE WASHINGTON PA* License #: *44599* License Expiration: *03/07/2026*  
 Address: *90 HUMBERT LANE, WASHINGTON, PA 15301*  
 County: *WASHINGTON* Region: *WESTERN*

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: *TRANSITIONS HEALTHCARE WASHINGTON PA LLC*  
 Address: *90 HUMBERT LANE, WASHINGTON, PA, 15301*  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *01/31/1985* Issued By: *PA Dept of Health*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint* Exit Conference Date: *09/09/2025*

**Inspection Dates and Department Representative**

*09/09/2025 - On-Site:* [Redacted]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *48* Residents Served: *31*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *4*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *30*  
 Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

**09/09/2025 - Full**  
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *09/25/2025*

**09/18/2025 - POC Submission**  
 Submitted By: [Redacted] Date Submitted: *10/10/2025*  
 Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *10/10/2025*

Inspections / Reviews *(continued)*

10/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 85d - Trash Receptacles

## 1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

## Description of Violation

*At 10:55am, there was an uncovered trash can, which was approximately 1/2 full of trash including a used brief, present in the resident bathing room.*

REPEAT VIOLATION: 11/13/2024

## Plan of Correction

Accept ( ) - 09/18/2025)

*The Administrator removed the trash and provided a trash can with a lid immediately following the observation. No other bathroom trash cans identified missing a lid. The Administrator will provide staff persons education on regulation 2600.85.d.(Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.) Education will be completed by 9/26/25. Completed education will be kept in the plan of correction binder. The Administrator/designee will complete an audit of trash cans in resident bathrooms weekly for four weeks. Completed audits will be kept in the plan of correction binder. Audits will begin on 9/19/25. Results of audits will be taken to the monthly Quality management meeting on 10/10/25.*

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented ( ) - 10/14/2025)

## 183d - Prescription Current

## 2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

## Description of Violation

*On 8/25/25, resident #1's Nystatin 100,000 unit/gm powder was discontinued by the prescriber; however, was still present in the home's medication cart at the time of inspection.*

## Plan of Correction

Accept ( ) - 09/18/2025)

*Resident #1 Nystatin 100,000 unit/gm powder was removed from the medication cart and disposed of per facility policy. The Clinical Coordinator/designee will complete a full med cart audit to identify any other medication that has been discontinued but not removed. Audit will be completed by 9/18/25. Completed audit will be kept in the plan of correction binder. The Clinical Coordinator/designee will provide education to the Med Techs on the proper procedure for medications that are discontinued by the prescriber. Education will be completed by 9/26/25. Completed education will be kept in the plan of correction binder. The Administrator/designee will audit medications by running a physician order report to identify medications that have been discontinued by the prescriber. Audit will then be completed by checking the medication cart to ensure medication has been removed from the cart. This audit will be completed weekly for four weeks. Weekly audits will begin on 9/19/25. Completed audits will be kept in the plan of correction binder. Audits will be taken to the Quality Management meeting on 10/10/25 for review.*

Licensee's Proposed Overall Completion Date: 10/10/2025

Implemented ( ) - 10/14/2025)