



Emailing Date: April 24, 2023

[REDACTED]
Transitions Healthcare Allens Cove, LLC
[REDACTED]

RE: Transitions Healthcare Allens Cove
25 Cove Road
Duncannon, Pennsylvania 17020
Certificate #: 338960

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on March 28, 2023 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

April 12, 2023

[REDACTED]

RE: TRANSITIONS HEALTHCARE ALLENS
COVE
25 Cove Road
Duncannon, PA, 17020
LICENSE/COC#: 33896

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/28/2023 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 ALLENS COVE* License #: *33896* License Expiration:

Address: *25 Cove Road, Duncannon, PA 17020*

County: *Perry* Region: *Central*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *Transitions Healthcare Allens Cove, LLC*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1, I-2* Date: *05/29/2008* Issued By: *Penn Township*

Staffing Hours

Resident Support Staff: *NA* Total Daily Staff: *NA* Waking Staff: *NA*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:

Reason: *Change Legal Entity , New* Exit Conference Date: *03/28/2023*

Inspection Dates and Department Representative

03/28/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Resident Served: *29*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Resident Served:

Hospice

Current Resident : *0*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *29*

Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *9* Have Physical Disability: *1*

Inspections / Reviews

03/28/2023 *Partial*

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/09/2023*

Inspections / Reviews (*continued*)

04/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/13/2023

04/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 04/24/2023

04/12/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Clean Indoor Air Act requires that the home post a sign at each entrance that states, "Smoking Permitted in Designated Areas Only" or "No Smoking." On 3/28/2023, signs were not posted at the home's entrances to the building.

Plan of Correction

Directed (████) - 04/10/2023)

The administrator educated the staff on 03/29/2023 of the Clean Air Act and gave them a copy of the Act. Notified them of the signs on every entrance door to the personal care home . These signs state that you cannot smoke within 20 feet of the building. Transitions Healthcare bought no smoking signs (see attached)and put them on every entrance to the PCH. Transitions Healthcare at Allen's cove is a non-smoking facility. In conjunction with staff being notified, on 03/30/2023 Family, Friends and residents were also notified of the Clean Air Act. A copy of the Act was sent

with the letter to everyone. We told family, friends and residents about the signs on the doors. All new admissions will be told of policy and procedure at time of admission. All new hires are informed of the Clean Air Act at orientation. please see supporting documents. Report findings to QAPI for review and recommendations.

Signs were posted 4/4/23 by ██████████, Maintenance

██████████ was the one that sent out the letter about the Clean Air Act policy to friends, families and residents on 3/30/23.

All new Admissions on or after 4/4/23will be notified of the Clean Air Act and Transition Healthcare at Allen's Coves policy and processors for smoking. This will be done by ██████████ Marketing/ Admission

All new Hires on or after 4/4/23 will be notified of the Clean Air Act and Transitions Healthcare at Allen's Cove policy and procedure on smoking. This will be done by ██████████ Administrator.

Since the signs were posted on 4/4/23 ██████████ Administrator will start necessary audits monthly starting 5/1/2023 for signs posted at every entrance to the Personal Care Home indicating that we are a non-smoking facility.

Next QAPI is 4/21/23

(Directed)

- Administrator will start audits monthly starting 4/10/2023 for signs posted at every entrance to the Personal Care Home indicating that we are a non-smoking facility.

Directed Completion Date: 04/21/2023

Implemented (████) - 04/12/2023)

85d - Trash Receptacles

2. Requirements

2600.

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

85d - Trash Receptacles (continued)

Description of Violation

On 3/28/2023 at approximately 10:20 AM, there was a silver uncovered and unattended trash can in the personal care food prep kitchen on the first floor. The trash can was observed to have food wrappers and other debris and was not actively in use.

Plan of Correction

Directed () - 04/10/2023

On 3/28/2023 the trashcan with out a lid in the kitchen on the Personal Care Home side was immediately put into the dumpster. Our ongoing compliance is that we will do routine inspections to ensure that all bathrooms and kitchens trashcans have lids. The Administrator will do monthly inspections to ensure that all trashcans have lids. I the Administrator have also trained all staff on 3/28/23 on the reason it is so important to have lids on trashcans, is to keep and prevent penetration of insects and rodent's. Extra trashcans with lids were order on 3/30/23 and arrived on 4/4/23. see attached documents. Report findings to QAPI for review and recommendations.

District Manager for Healthcare Services Group disposed of the trash can in the kitchen on 3/28/23 Administrator will complete a monthly inspection for trashcans with lids starting at the end of April 2023 in the kitchen and bathrooms.

QAPI is 4/21/23

(Directed)

- Beginning the week of 4/10/2023, the Administrator will complete monthly inspections for trashcans with lids n the kitchens and bathrooms.

Directed Completion Date: 04/21/2023

Implemented () - 04/12/2023

100a - Exterior - Free of Hazards

3. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The home has a door located in the mansion's walkway that leads to an egress that is not ground level . The swing of the door opens away from the interior building and leads to an approximate 4 foot drop as there are no steps or landing area outside of the door. On 3/28/2023, the door was locked however, there was no sign indicating the door should not be used or that the area is not an exit. This creates a potential hazard and risk to the residents in the home as they do not have restricted access to this area.

Plan of Correction

Directed () - 04/10/2023

immediate correction, there was a sign posted "Caution This Is Not An Exit". Ongoing compliance is when the Mansion is renovated the door will be removed and a wall will be put in its place. Residents don't currently use this area. The sign was placed on the door at the time of inspection. Report findings to QAPI for review and recommendations.

3/28/23 , ED posted the sign on the door in the mansion that stated (CAUTION THIS IS NOT AN EXIT)

There will be a daily check of this door for safety, 1) that it is locked and 2) that a sign is still posted indicating this

100a - Exterior - Free of Hazards (continued)

is not an exit. This daily check started on 4/7/23 by the following people:

██████████, Administrator, ██████████, ED, ██████████, Maintenance, ██████████, Maintenance, ██████████
 ██████████ LPN, ██████████ LPN, ██████████ Med Tech, ██████████ Med Tech

I do not have any dates for the beginning or end of the renovations for the mansion, I believe they are still working on plans.

(Directed)

- The home's next QAPI meeting is scheduled for 4/21/2023.

Directed Completion Date: 04/21/2023

Implemented (██████████) - 04/12/2023)

103e - Left Overs**4. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 3/28/2023 at approximately 9:55 AM, there was a clear cup with a blue lid covered in tin foil in the 2nd floor personal care kitchenette's refrigerator. The cup was approximately 1/3 full with white liquid and was unlabeled and undated.

Plan of Correction

Accept (██████████) - 04/10/2023)

Immediate correction, the liquid was poured out and the container was removed. ongoing compliance on 3/28/23 all staff were educated on labeling and dating all food and liquid items in the refrigerator and cabinets.(see attached) New containers were ordered to store liquids in and coffee servers for better storage. The order was made on 3/29/23. (see attached) The Administrator will do a weekly audit x8 weeks and check that food and liquids are being stored properly. Report findings to QAPI for review and recommendations.

3/28/23 it was poured out by ██████████, PCA and container removed

██████████, Administrator provided the education to all staff on 3/28/23 on Proper Food Storage.

██████████, District Manager for Healthcare Services Group ordered the containers on 3/29/23 from dietary supply.

Beginning on 4/7/23 ██████████, Administrator will do a weekly audit x 8 weeks checking food and liquids are stored properly dated and sealed.

When 8 weeks are complete of audits ██████████ Administrator will continue monthly audits on how food is stored for monitoring and compliance.

Direct care staff started a daily audit of refrigerators on 4/7/23 to monitor that foods are stored properly and to prevent cross contamination of items being used from resident to resident as well as proper storage procedures.

QAPI will be 4/21/23

Licensee's Proposed Overall Completion Date: 04/13/2023

Implemented (██████████) - 04/12/2023)

107c - Food/Water 3 Day Supply

5. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 3/28/2023, the home served 29 residents, requiring 87 gallons of emergency drinking water. However, the home had only 2 gallons. The home does have a contract with a local bottled water supplier, however, the contract does not include:

- The amount of water to be delivered
- A guarantee that the water will be delivered immediately upon request, 24-hours-per-day
- A guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

Plan of Correction

Directed [REDACTED] - 04/10/2023)

The corrective action was that the dietary department order water on 4/3/23 to be delivered 4/6/23. (see attached) Ongoing compliance dietary will check dates on the water replenish any used or out dated water. Report findings to QAPI for review and recommendations.

900 gallons of water were ordered and delivered on 4/6/23 and stored in the kitchen in the mansion.

The water will be checked every six months by dietary to check emergency supply is enough for the number of residents in Personal Care, also that the water isn't out of date. Audit beginning September 2023.

Directed)

- The next audit of emergency water will be completed by the Dietary Department beginning 9/1/2023.

Directed Completion Date: 04/21/2023

Implemented [REDACTED] - 04/12/2023)

107d - Procedure Emergency Management Agency Submission

6. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures were submitted to the local emergency management agency on 8/14/2019 and not again until 3/28/2023.

Plan of Correction

Accept [REDACTED] - 04/10/2023)

Immediate correction was the day of the inspection Penn Township Board of Supervisors sent us a letter stating they accepted our plan. Our on going plan is that the Administrator will be responsible for submitting this plan in a timely manner and update any changes as needed. This will be done annually. Report findings to QAPI for review and recommendations.

[REDACTED], Administrator will put in Outlook that the plan needs to be reviewed and notice go out every 10 months.

Licensee's Proposed Overall Completion Date: 04/13/2023

Implemented [REDACTED] - 04/12/2023)

125a - Combustible Storage

7. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 3/28/2023 at approximately 10:10 AM, the home had flammable materials stored on top of the Copper-Fin 11 water heater. The flammable items included a roll of paper towels, a cardboard box and a wooden clipboard holding papers.

Plan of Correction

Directed (████) - 04/10/2023)

Immediate corrective action, the Administrator did a training with the maintenance department 3/28/23 on what not to keep near a water heater. (see attached) on going Administrator will look around facility and check that there isn't anything on the water heater. these checks will be done monthly. Report to QAPI findings for review and recommendations.

On 3/28/23, ██████████, ED removed flammable materials from water heater.

Starting the end of April 2023 ██████████, Administrator will do monthly audits of the Personal Care Home to ensure combustibles and flammable materials are not located near or on the water heater or any heat source.

The Maintenance Department, starting 4/7/23 is doing daily checks of the water heater and any other heat source for items that are not to be stored there.

QAPI 4/21/23

(Directed)

- Starting 4/10/2023, the Administrator will do monthly audits of the Personal Care Home to ensure combustibles and flammable materials are not located near or on the water heater or any heat source.

Directed Completion Date: 04/21/2023

Implemented (████) 04/12/2023)