

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

July 14, 2023

[REDACTED], MEMBER  
TRANSITIONS HEALTHCARE ALLENS COVE, LLC  
[REDACTED]  
[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 licensing inspections on 07/11/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *TRANSITIONS HEALTHCARE ALLENS COVE* License #: *33896* License Expiration: *04/21/2024*  
 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]

**Certificate(s) of Occupancy**

Type: *Other* Date: *05/29/2008* Issued By: *Penn Township*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *48* Waking Staff: *36*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Interim* Exit Conference Date: *07/11/2023*

**Inspection Dates and Department Representative**

07/11/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *65* Residents Served: *39*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *39*  
 Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *9* Have Physical Disability: *1*

**Inspections / Reviews**

07/11/2023 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

**NO DEFICIENCIES FOUND**