

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

August 28, 2024

[REDACTED], OWNER
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 review on 07/16/2024 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: 04/21/2025
 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: *Other* Date: 06/04/2008 Issued By: *Penn Township*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: 07/16/2024

Inspection Dates and Department Representative

07/16/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 65 Residents Served: 49

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: 49
 Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 11 Have Physical Disability: 2

Inspections / Reviews

07/16/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 08/04/2024

08/02/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/26/2024
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 08/08/2024

Inspections / Reviews *(continued)*

08/08/2024 - POC Submission

Submitted By: [REDACTED]yer

Date Submitted: 08/26/2024

Reviewer: [REDACTED]lle

Follow-Up Type: Document Submission Follow-Up Date: 09/04/2024

08/28/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted [REDACTED], did not have a resident-home contract completed.

Plan of Correction

Accept ([REDACTED] - 08/08/2024)

The resident-home contract was reviewed with the POA along with resident on July 31, 2024, by [REDACTED], Admissions Director and signatures were obtained for Resident 1.

Education with the Admission Director was completed on August 5, 2024, by [REDACTED], PCHA.

An initial audit will be conducted and y PCHA / designee for current resident home contracts, with a projected completion date of 8/9/24.

An audit will be conducted by PCHA / Designee to begin on August 12, 2024, three times a week x 4 weeks, then monthly x 2 months to ensure that current resident-home contracts are completed and signed by both POA, and resident is applicable.

Results will be taking to the QAPI committee for review and findings and further interventions if warranted.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented ([REDACTED] - 08/26/2024)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for Resident #2 was signed by the PCH and the Power of Attorney (POA), but was not signed by the resident.

Plan of Correction

Accept ([REDACTED] - 08/08/2024)

The resident-home contract for resident 2 was reviewed with resident by the Admissions Director and signed by the resident on August 2, 2024.

Education was completed on August 5, 2024, with Admissions Director by PCHA.

An initial audit will be conducted by PCHA / designee for current resident home contracts, with a projected completion date of 8/9/24.

An audit will be conducted by PCHA / Designee to begin on August 12, 2024, three times a week x 4 weeks, then

25b - Contract Signatures (continued)

monthly x 2 months to ensure that current resident-home contracts are completed and signed by both POA, and resident is applicable.

Results will be taking to the QAPI committee for review and findings and further interventions if warranted.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 08/26/2024)

81b - Resident Personal Equipment**3. Requirements**

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #2's bed contains an uncovered, enabler bar with an opening of approximately 6" by 17", creating a potential safety hazard.

Resident #4's bed contains an uncovered, enabler bar with an opening of approximately 8" by 16", creating a potential safety hazard.

Plan of Correction

Accept (█) - 08/08/2024)

Resident 4 was transferred to █ An addendum for Resident 2 was added to the RASP on July 30, 2024, and signed by the PCHA and Physician. Cover for enabler was ordered 7/31/2024 by PCHA and was placed on enabler 8/5/24 by PCHA. A pillowcase was placed over enabler by PCHA until cover was received.

Education was provided to nursing staff by PCHA on 8/5/24.

An audit of enabler bars will be conducted by PCHA / Designee to begin 8/16/24, 1 time a week x 4 weeks, then monthly x 2 months.

Results will be taking to the QAPI committee for review and findings and further interventions if warranted.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 08/26/2024)

121a - Unobstructed Egress**4. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

Egress routes from the home are equipped with a delayed locking device as well as a magnetic lock which requires the use of a code to exit. The code to exit was not posted in the home and, per resident interviews, not all residents

121a - Unobstructed Egress (continued)

understand how to operate the locking devices. The home serves at east one resident who is diagnosed with Dementia, Resident #9, and is not licensed as a Secured Dementia Care Unit

Plan of Correction

Accept (█) - 08/08/2024

BFPE was contacted with regards to removing / deactivating locks to allow free egress to the outside. Projected date of completion 8/23/24 as the █ from BFPE is currently on vacation. The building cannot physically remove / turn locks off as they are tied into the fire panel.

Education was completed on 8/5/24 by PCHA to all nursing staff. Once all locks are removed / turned off, the PCHA will notify all residents of such, and education will be provided by PCHA on how to exit the building on a projected date of 8/23/24.

Results will be taking to the QAPI committee for review and findings and further interventions if warranted.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 08/28/2024

121b - Locking Device Approval

5. Requirements

2600.

121.b. Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

Description of Violation

The home does not have written approval or a variance from the Department of Labor and Industry, the Department of Health or the local building authority for use of locking devices which prevent immediate egress of residents from the building.

Plan of Correction

Accept (█) - 08/08/2024

BFPE was contacted with regards to removing / deactivating locks to allow free egress to the outside. Projected date of completion 8/23/24 as the █ from BFPE is currently on vacation. The building cannot physically remove / turn locks off as they are tied into the fire panel.

Education was completed on 8/5/24 by PCHA to all nursing staff. Once all locks are removed / turned off, the PCHA will notify all residents of such, and education will be provided by PCHA on how to exit the building on a projected date of 8/23/24.

Results will be taking to the QAPI committee for review and findings and further interventions if warranted.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 08/28/2024

141b1 - Annual Medical Evaluation

6. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

As of the inspection date of 7/16/24, Resident #5's most recent medical evaluation was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 08/08/2024)

Resident 5's DME and RASP was completed and faxed to Physician for signature on 7/30/24. Cover sheet and DME that was faxed to Physician was saved as evidence of such. Since then, Resident 5 was sent to [REDACTED] and passed away [REDACTED]

Education was completed on 8/5/24 by PCHA with all nursing staff.

An initial audit will be completed on 8/6/24 by PCHA to ensure residents with DME's are done.

An audit will be started on 8/16/24 by PCHA / Designee monthly x 3 months to ensure the DME and RASP are completed for that month. A binder will be utilized to organize monthly to track all DME's and RASP's.

Results will be taking to the QAPI committee for review and findings and further interventions if warranted.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented ([REDACTED] - 08/26/2024)

181c - Self-administration Assessment

7. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

On 7/16/24, a bottle of Refresh tears eye drops was found on the dresser in the room belonging to Resident #2.

Resident #2 is not assessed to self-administer medications.

Plan of Correction

Accept ([REDACTED] - 08/08/2024)

Resident 2's eye drops were removed from residents' room on 7/16/24 evening shift by PCHA and education was provided to POA via telephone conversation on 8/2/24 by PCHA.

Education was given to nursing staff on 8/5/24 by the PCHA.

PCHA / Designee will provide written education via Letter on or before 8/29/24 to POA / Family and residents to ensure that all medications OTC and prescribed are given to the nurse's station to place in medication cart. If a resident was assessed to self-administer their own medications, the medications would still be turned into the nurse's station, where the nurse/med tech would take the medication to residents' room to place in lock box.

181c - Self-administration Assessment (continued)

Residents that self-administer medications will be reviewed by the PCHA / Designee on 8/29/24 to ensure they are still capable of doing so, and yearly thereafter.

Results will be taking to the QAPI committee for review and findings and further interventions if warranted.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 08/26/2024)

183b - Meds and Syringes Locked**8. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 7/16/24 at approximately 9:30 AM, a blister pack of Potassium Chloride containing approximately ten (10) pills, prescribed to Resident #7, was observed sitting on the top side of the medication cart which was unlocked, unattended, and accessible in the main floor hallway.

On 7/16/24, a bottle of Genteel Eye drops, prescribed to Resident #6 was found unlocked and accessible in Resident #6's shared bedroom. Neither resident has been assessed to safely self-administer medications.

Plan of Correction

Accept (█) - 08/08/2024)

Resident 6's eye drops were removed from their room on 7/16/24 evening shift and will now be administered by nursing staff. Education was provided to POA on 8/2/24 via telephone.

Education provided to nursing staff on 8/5/24 by PCHA regarding the self-administration of medications.

PCHA / Designee will provide written education via Letter on or before 8/29/24 to POA / Family and residents to ensure that all medications OTC and prescribed are given to the nurse's station to place in medication cart. If a resident was assessed to self-administer their own medications, the medications would still be turned into the nurse's station, where the nurse/med tech would take the medication to residents' room to place in lock box.

Residents that self-administer medications will be reviewed by the PCHA / Designee on 8/29/24 to ensure they are still capable of doing so, and yearly thereafter.

An education will be conducted by PCHA Administrator / Designee on 8/5/24 with nursing staff to ensure that all medication is secured and locked in the medication cart at all times.

An audit will be conducted starting 8/12/24 by PCHA / Designee 3 times a week x 4 weeks, then monthly x 2 months to ensure all medications are put away and that cart is lock at all times.

183b - Meds and Syringes Locked (continued)

Results will be taking to the QAPI committee for review and findings and further interventions if warranted.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented () - 08/26/2024

225a - Assessment 15 Days

9. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2 uses a bedside enabler device. Resident #2's current assessment, dated (), does not include a description of need for getting in/out of bed, re-positioning in bed or the use of the enabler device.

Plan of Correction

Accept () - 08/08/2024

An addendum was added to the RASP with physicians' signature for Resident 2's enabler bar on 7/30/24 and a cover was ordered on 7/31/24 and placed on 8/5/24. A pillowcase was used for safety until 8/5/24.

Education was completed with staff on 8/5/24 by PCHA.

An initial audit was done on 8/6/24 of assessments by PCHA / Designee to ensure that those with enabler bars are documented correctly.

An audit of assessments will be done by PCHA / Designee starting 8/16/24, monthly x 2 months to ensure enabler bars are needed and reassessed.

Results will be taking to the QAPI committee for review and findings and further interventions if warranted.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented () - 08/26/2024

252 - Record Content

10. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Records for Resident #7 and Resident #8 do not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept () - 08/08/2024

All photographs have been taken and uploaded to each resident's record on 7/18/24 by the Admissions Director.

Education was provided to Admissions Director 8/5/24.

252 - Record Content (continued)

An audit will be completed by PCHA / Designee starting 8/26/24 monthly x 2 months to ensure that each resident has a picture posted on their record.

Results will be taking to the QAPI committee for review and findings and further interventions if warranted.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 08/26/2024

254a - Records Discharge/Active

11. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On the morning of 7/16/24, the records for residents #3 and #10 were unlocked, unattended, and accessible via empty medications cards with personal identifiable information (PII) sitting on top of the medication cart.

Plan of Correction

Accept (█) - 08/08/2024

Education to include Regulation 2600.254(a) was provided by PCHA Administrator / Designee on 8/5/24 with nursing staff to ensure that all medication is secured and locked in the medication cart at all times. When stepping away from the cart, make sure all identifiable information is covered or put away.

All empty medication cards had PII information removed and placed in shred bin. Any medications still in use were placed in the medication cart and secured by LPN on 7/16/24.

An audit will be conducted by PCHA / Designee starting 8/12/24, 3 times a week x 4 weeks, then monthly x 2 months to ensure all medications are put away, PII is secure, and that cart is lock at all times.

Results will be taking to the QAPI committee for review and findings and further interventions if warranted.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 08/26/2024