

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

December 12, 2024

[REDACTED]
[REDACTED]
TRANSITIONS HEALTHCARE ALLENS COVE, LLC
[REDACTED]

Suite 206
[REDACTED]

RE: TRANSITIONS HEALTHCARE ALLENS
COVE
25 COVE ROAD
DUNCANNON, PA, 17020
LICENSE/COC#: 33896

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2024 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: *62* Waking Staff: *47*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *11/13/2024*

Inspection Dates and Department Representative

11/13/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *65* Residents Served: *51*

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: *51*
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *11* Have Physical Disability: *1*

Inspections / Reviews

11/13/2024 Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *11/29/2024*

12/02/2024 - POC Submission
 Submitted By: [Redacted] Date Submitted: *12/11/2024*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *12/06/2024*

Inspections / Reviews *(continued)*

12/03/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/18/2024

12/12/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/11/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On On [REDACTED], Resident [REDACTED] alleged Staff Member A hit Resident [REDACTED] This incident was reported to Staff Member's B, C and D on [REDACTED]. However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Accept ([REDACTED] - 12/03/2024)

1. Late notification was made by Personal Care Home Administrator to the local agency on aging on 11/26/2024 to [REDACTED].
2. Personal Care Home Administrator was provided education by the Regional Nurse on Abuse Reporting on 11/26/2024 to include notification to the local agency on aging as well as [REDACTED] re-educated Personal Care Home Administrator verbally on the need for notification within 24 hours.
3. Personal Care Home Administrator completed an audit on 11/22/24 of any incidents from the past 3 months to confirm if there was a need for reporting, no reporting's to be found to report to the local area agency on aging.
4. A binder will be implemented on 12/3/24 by Personal Care Home Administrator to include a checklist to ensure that all abuse allegations are reported to Local Area Agency on Aging within in 24 hours of incident.

Findings will be reported at QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented ([REDACTED] - 12/12/2024)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On On [REDACTED], Resident [REDACTED] alleged Staff Member A hit Resident [REDACTED] This incident was reported to Staff Member's B, C and D on [REDACTED]. However, this allegation of abuse was not reported to the Department until [REDACTED].

Plan of Correction

Accept ([REDACTED] - 12/03/2024)

1. We are unable to go back in time to report allegation timely. Notification was made to the Department on 9/27/2024.
2. Personal Care Home Administrator was provided education by the Regional Nurse on Abuse Reporting which includes timely notification. Education was completed on 11/26/2024.
3. Personal Care Home Administrator has completed an audit on 11/22/24 of any incidents from the past 3 months to confirm if there were any additional reporting needs, no additional abuse allegations found.

16c Written Incident Report (continued)

- 4. A binder will be implemented on 12/3/24 by Personal Care Home Administrator to include a checklist to ensure that all abuse allegations are reported to Department of Human Services within in 24 hours of incident.
- 5. Findings will be reported at QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented (█ - 12/12/2024)

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 █ bed was affixed with a bed rail that raised and lowered. Resident #█ is not able to raise and lower the bedrail independently.

Repeated Violation 7/16/24.

Plan of Correction

Accept █ - 12/03/2024)

- d1. Resident █ bed rail was removed on 11/13/2024 by maintenance. Resident █ does not utilize the rail and rail was always in the down position. Her bed was a donated bed that came with the rail.
- 2. A whole house audit was conducted by the Personal Care Administrator on 11/23/2024 to identify any additional needs.
- 3. Personal Care Home Administrator will complete training with Personal Care staff on 11/26/24 to be sure when residents receive new furniture that the Personal Care Administrator is aware. Personal Care Administrator will review equipment/furniture at that time for appropriate needs and safety.
- 4. Personal Care Home Administrator or designee will conduct an audit to assure resident beds are in good repair and free of hazards, auditing 10 beds weekly for 1 month then 10 beds monthly for 1 month. Audit will be started on 12/02/24 and follow the remaining schedule. Findings will be reported at QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented █ - 12/12/2024)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [REDACTED]’s initial medical evaluation, dated [REDACTED], did not include medical information pertinent to diagnosis and treatment in case of an emergency, their ability to self-administer medications, health status, or mobility assessment.

Plan of Correction

Accept [REDACTED] - 12/03/2024)

1. Resident [REDACTED]’s DME evaluation was updated by the Personal Care Home Administrator to include the self-administration of medications that he can keep at bedside, health status and mobility status. Physician signature was obtained with the update.
2. Residents that self-administer medications were re-educated on the need to keep medications locked.
3. Staff member who completed evaluation is no longer employed with Transitions. Personal Care Home Administrator completed education with current LPN on 11/29/24 in regard to evaluation requirements.
4. Personal Care Home Administrator or designee will conduct a weekly audit for 2 months starting on 12/04/24 of all new admissions to assure evaluation is complete and accurate.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented [REDACTED] - 12/12/2024)

181c - Self-administration Assessment

5. 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

Resident [REDACTED] self-administers medications to include fluticasone propionate nasal spray twice daily and albuterol sulfate inhalant as needed; however, Resident [REDACTED] has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Repeated Violation - 7/16/24.

181c Self administration Assessment (continued)

Plan of Correction

Directed [redacted] - 12/03/2024)

1. Resident [redacted] was assessed on 11/26/24 for the ability to self administer medications and was found to be safe to self administer medications. DME and RASP were updated and Physician signed update.
2. All residents with a desire to self administer medications were assessed on 11/26/24 and assessment was updated.
3. Personal Care Home Administrator completed self administration assessment on any residents expressing a desire to self administer medications on 11/26/24 and the DME/RASP was updated to reflect the current plan of care.

(Directed)

In addition to the above plan of correction, beginning 12/1/24, the Administrator or designee will assess residents who express a desire to self administer their medications and update the resident's record as necessary.

Directed Completion Date: 12/13/2024

Implemented [redacted] - 12/12/2024)

224a - Preadmission Screen Form

6. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept [redacted] - 12/03/2024)

1. Resident [redacted] and resident [redacted] preadmission screening form was corrected [redacted] by the Personal Care Home Administrator. It was determined that the needs of the resident can be met by the services provided by the home.
2. Review of other residents Preadmission Screening form on 11//18/24 by LPN did not identify any other residents that did not have this box checked on the Screening form.
3. Personal Care Home Administrator is aware to check that box is checked on the preadmission screening form moving forward.
4. Personal Care Home Administrator or designee will conduct a weekly audit for 2 months starting 12/04/24 of all new admissions to assure box is checked on screening form determining if care needs can be met. Findings of audit will be reported at QAPI for review and recommendations

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented ([redacted] 12/12/2024)

225a - Assessment 15 Days

7. Requirements

2600.

225a - Assessment 15 Days (continued)

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 [REDACTED] assessment, dated 11/7/24, does not include the following information about the bed enabler bar witnessed on their bed during the inspection:

- The intended use and any risks associated with the use.
- The resident's ability to use the device safely for the purpose it was intended.
- Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Resident [REDACTED]'s assessment, dated 7/30/24, does not include the following about the bedrail witnessed on their bed during the inspection:

- The specific need for the device.
- The intended use and any risks associated with the use.
- The resident's ability to use the device safely for the purpose it was intended.
- Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Repeated Violation - 7/16/24.

Plan of Correction

Accept ([REDACTED] - 12/03/2024)

1. Resident [REDACTED] bed rail was inspected by maintenance and tightened. Resident [REDACTED] bed rail was removed and was determined that they were not utilizing rail nor was it needed. RASP was updated 11/23/24 by Personal Care Home Administrator.
2. Enabler bar assessment was completed by Personal Care Home Administrator for the 5 residents that utilize enabler bars on 11/23/24 and the RASP reflects their current status
3. Personal Care Home Administrator completed training with Personal Care staff on 11/26/24 to be sure when residents receive new furniture that the Personal Care Administrator is aware. Personal Care Administrator will review equipment/furniture at that time for appropriate needs and safety.
4. A review of residents RASP's will be conducted monthly by LPN to ensure information for bed enabler use is included and documented and will be started on 12/4/24.
5. Personal Care Home Administrator or designee will conduct an audit to assure resident beds are in good repair and free of hazards, auditing 10 beds weekly for 1 month then 10 beds monthly for 1 month audit will be started on 12/02/24. Findings will be reported at QAPI for review and recommendations.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented ([REDACTED] - 12/12/2024)