

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

April 3, 2026

[REDACTED]
TRANSITIONS HEALTHCARE ALLENS COVE, LLC
[REDACTED]
[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 02/05/2026 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: 04/21/2026
 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: 07/04/2008 Issued By: Penn Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 57 Waking Staff: 43

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 02/05/2026

Inspection Dates and Department Representative

02/05/2026 - On-Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 65 Residents Served: 46
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 46
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 11 Have Physical Disability: 1

Inspections / Reviews

02/05/2026 Partial
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/06/2026

03/06/2026 - POC Submission
 Submitted By: [Redacted] Date Submitted: 04/01/2026
 Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/13/2026

Inspections / Reviews *(continued)*

03/11/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/01/2026

04/03/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED] at 4:43 PM, Resident [REDACTED] reported to [REDACTED] Power of Attorney (POA) of being spit on by Staff Member A. The resident's POA reported the incident to Staff Members B (the administrator) and Staff Member C. Staff Member C stated Resident [REDACTED] told them repeatedly that Staff Member A spit in [REDACTED] face. On [REDACTED] during an interview with Resident [REDACTED] [REDACTED] confirmed the incident. Resident [REDACTED] stated [REDACTED] felt disrespected by the act, and [REDACTED] would feel uncomfortable if Staff Member A provided care to [REDACTED] again. On [REDACTED], during an interview with Staff Member A, they stated prior to the incident, they were having a discussion with the resident regarding the need to use less toilet paper. Shortly after this discussion, the resident requested more toilet paper, and Staff Member A told the resident no. Staff Member A reports the resident became upset and started pushing [REDACTED] walker against Staff Member A's stomach and called the staff member a "dumb [REDACTED]". After the incident, Staff Member A was temporarily suspended and received additional training on resident rights upon [REDACTED] return to duty. Per an interview with Staff Member B, Staff Member A is no longer permitted to provide personal care services to Resident [REDACTED].

Plan of Correction

Accept [REDACTED] - 03/11/2026)

1. The personal care administrator provided all staff with education on the importance of dignity and respect to residents being combative and verbal with staff on 3/04/26.
2. Staff was directed by the personal care home administrator to ensure residents safe and then remove themselves from the situation and return later to reapproach the resident and situation, on 3/04/26.
3. If resident is still agitated or still showing behaviors, employee needs to remove themselves and address it with the supervisor on duty so they can make a progress note in point click care and they can send a different employee in to interact with the resident. This was completed on 3/04/2026 by the personal care home administrator.
4. PCHA/designee will observe interaction between staff and residents twice weekly x4 weeks, twice monthly x2 months, starting 3/11/26.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented [REDACTED] - 04/03/2026)

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.

Description of Violation

On [REDACTED] at 9:40 AM, there were uncovered and unattended trash cans, containing used paper towels, in the public restrooms on the lower level of the home.

On [REDACTED] at 10:10 AM, there were uncovered and unattended trash cans, containing with used paper towels and trash, in the public restrooms on the upper level of the home.

85d - Trash Receptacles (continued)

Plan of Correction

Accept [REDACTED] - 03/06/2026)

1. New trash cans were ordered with lids and now are placed in the upper and lower-level bathrooms, this was completed on 3/03/26 by the personal care home administrator.
2. On 3/03/26 staff was educated by the personal care home administrator that all trash cans need covered with lids, if there shall be a trash can noted without a lid, personal care home administrator should be notified immediately.
3. Personal care home administrator will conduct an audit weekly starting 3/9/26 x4 weeks to ensure all trash cans have lids on them in the upper and lower bathrooms.

Licensee's Proposed Overall Completion Date: 03/30/2026

Implemented [REDACTED] - 04/03/2026)

132c - Fire Drill Records

3. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on [REDACTED] does not include the time the fire drill was conducted, the number of residents in the home at the time of the fire drill, if there were problems encountered, or the exit route used.

The fire drill records for the drills conducted on [REDACTED] at 11:00 AM, [REDACTED] at 3:30 PM, [REDACTED] at 11:30 AM, and [REDACTED] 5 at 2:30 PM do not include the number of residents in the home at the time of the fire drill, problems encountered and the exit route used to evacuate.

Plan of Correction

Accept [REDACTED] 03/06/2026)

1. All fire drills that were completed with dates, residents, times and concerns added to them by PCHA on 3/04/26.
2. NHA provided education to the PCHA to ensure all information is recorded on the fire drill records 55PA Code 2600.132C on 3/04/26.
3. PCHA/Designee will conduct an audit monthly x 2 months starting 3/9/26 to ensure all information is recorded on fire drill record 55PA Code 2600.132C.

Licensee's Proposed Overall Completion Date: 03/31/2026

Implemented [REDACTED] - 04/03/2026)

141a - Medical Evaluation

4. Requirements

2600.

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.

141a - Medical Evaluation (continued)

Description of Violation

Resident [redacted]s initial medical evaluation did not include the date of the in-person evaluation.

Resident [redacted]s initial medical evaluation, dated [redacted], did not indicate if the resident's needs could be safely met in the home.

Resident [redacted]s initial medical evaluation, dated [redacted] did not indicate if the resident's needs could be safely met in the home.

Plan of Correction

Accept [redacted] - 03/11/2026)

1. Resident's [redacted] and [redacted] DMEs were all updated by the PCHA on 3/07/26.
2. NHA provided education to the PCHA on 3/4/26 to ensure all information is included and added to the DME for all residents
- 3.PCHA/Designee will conduct an audit on all new admissions x 2 months starting 3/9/26 to ensure that all information is included on the DME's.
4. PCHA/designee conducted initial audit on 3/10/26 of all current medical evaluations to ensure completeness.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented [redacted] - 04/03/2026)

224a - Preadmission Screen Form

5. 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] was admitted to the home on [redacted]; however, the resident's preadmission screening form was completed on [redacted].

Plan of Correction

Accept [redacted] - 03/11/2026)

1. NHA provided education to the PCHA to ensure that all preadmission screenings are complete within 30 days prior to admission on 3/04/26.
2. PCHA/Designee will conduct an audit on all new admissions monthly x 2 months starting 3/9/26 to ensure that all preadmission screens are completed 30 days prior to admission.
3. PCHA/Designee conducted an initial audit on 3/10/26 of prescreens that all information was completed to its entirety and all prescreens were within thirty days of the admission.

Licensee's Proposed Overall Completion Date: 04/01/2026

224a Preadmission Screen Form (*continued*)*Implemented* [REDACTED] - 04/03/2026)

225c Additional Assessment

6. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

During staff interviews, it was reported that Resident [REDACTED] uses an excessive amount of toilet paper which clogs the toilet in [REDACTED] room. The staff report they have been providing Resident [REDACTED] with smaller amounts of toilet paper when [REDACTED] rings the call bell for assistance. It was reported that Resident [REDACTED] clogs [REDACTED] toilet an average of 3 times per week. Resident [REDACTED]'s current assessment, dated [REDACTED], does not include this behavior and indicates the resident is independent with toileting needs.

Plan of Correction*Accept* [REDACTED] - 03/11/2026)

1. Resident [REDACTED]'s RASP has been updated by the PCHA to state that resident needs assistance with bathroom use in regard to toilet tissue. All behaviors have been marked on the addendum on 3/07/26.
2. PCHA will address all significant changes going forward on the residents' RASP. and all behaviors marked on addendum.
3. PCHA/designee conducted an initial audit on 3/10/26 to ensure all RASP are completed, up to date, and if any significant changes needed updated.
4. PCHA/designee put together a binder on 3/10/26, that acts as a tickler system to track both DMEs and RASP's that they are completed on time and to their entirety.

Licensee's Proposed Overall Completion Date: 03/10/2026

Implemented [REDACTED] - 04/03/2026)