

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

September 17, 2026

[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 08/04/2026, 08/05/2026 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: 04/21/2027

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: 55

Waking Staff: 41

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #: 0

Reason: Renewal, Complaint

Exit Conference Date: 08/05/2026

Inspection Dates and Department Representative

08/04/2026 - On-Site: [REDACTED]

08/05/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 65

Residents Served: 47

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 47

Diagnosed with Mental Illness: 5

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 8

Have Physical Disability: 1

Inspections / Reviews

08/04/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/24/2026

08/24/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/16/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 09/16/2026

Inspections / Reviews (*continued*)

09/17/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 09/16/2026
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

According to the Care Facility Carbon Monoxide Alarm Standards Act, effective June 23, 2016, carbon monoxide alarms must be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. There was no carbon monoxide detection device around or in the vicinity of the gas burning furnaces located in mechanical closets off of the activity room and next to the laundry room.

According to the Care Facility Carbon Monoxide Alarm Standards Act, effective June 23, 2016, if the Carbon Monoxide (CO) alarm operates by a battery, the battery must be labelled with the date of installation and be replaced at least once annually. The batteries in the CO alarm located on the first floor outside of the kitchen were last replaced on 11/12/23, and the batteries in the CO alarm located on the first floor outside of the boiler room were last replaced on 11/14/23.

Plan of Correction

Accept () - 08/24/2026

- 1. The Personal Care Administrator took pictures of CO2 detectors that were placed and inspected batteries replaced by the maintenance director on 8/16/2026, batteries were exchanged and dated on 8/11/26.*
- 2. The Personal Care Administrator provided education to the maintenance director on 8/16/26.*
- 3. An initial audit was conducted by the maintenance director of all CO2 detectors on 8/16/26, all working and batteries dated.*
- 4. The personal care home administrator/designee will conduct a monthly audit x4 months starting 9/16/26 to ensure batteries are dated and the CO2 detectors are working properly.*

Licensee's Proposed Overall Completion Date: 09/16/2026

Implemented () - 09/17/2026

81b - Resident Personal Equipment

2. 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

The bedside mobility device on Resident #1's bed is not attached to the bed and slides out easily.

Plan of Correction

Accept () - 08/24/2026

- 1. The personal care home administrator took pictures of the enabler bar attached properly and covered entirely with enabler bar cover on 8/16/26 on resident #1 bed.*
- 2. The personal care home administrator educated the maintenance director on 8/16/26 on enabler bars need to properly be fastened to the bed with no spaces and must be covered with beside covering and no open spaces.*
- 3. The personal care home administrator conducted an initial audit of all enabler's bars in the home on 8/17/26.*
- 4. The personal care home administrator/designee will conduct an audit starting 8/24/26 weekly x4 weeks.*
- 5. The personal care home administrator/designee will conduct a monthly audit x2 months starting on 10/14/26.*

81b Resident Personal Equipment (continued)

Proposed Overall Completion Date: 08/24/2026

Licensee's Proposed Overall Completion Date: 08/24/2026

Implemented () - 09/17/2026)

82a - Poisonous Materials

3. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 8/4/26, 9:07am, two bottles of unidentified liquids were unlocked in the utility closet located behind the main floor staff office. One was a generic spray bottle full of liquid, and the other is a white bottle with a broken nozzle on top. Neither spray bottle has its original label.

Plan of Correction

Accept () - 08/24/2026)

1. All items without labels or broken bottles were removed on 8/04/26 by the personal care home administrator and disposed of correctly, the door was then locked.
2. The personal care home administrator educated housekeeping on 8/17/26 that all bottles need to have the original label on containers, the door needs locked at all times, and bottles that are broken need discarded immediately.
3. The personal care home administrator conducted an initial audit on 8/17/26, all bottles were in the original bottles with original labels on them, door was locked, and no broken bottles in closet.
4. The personal care home administrator/designee will conduct a weekly audit x4 weeks starting 8/26/26.
5. the personal care home administrator/designee will conduct a monthly audit x2 months starting 10/16/26.

Licensee's Proposed Overall Completion Date: 08/26/2026

Implemented () - 09/17/2026)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/4/26, at the end of the medication audit, there was a pungent odor of urine from Resident #6's room. Staff report the resident has incontinence issues but will not allow housekeeping to come and clean room.

Plan of Correction

Accept () - 08/24/2026)

1. PCHA provided education to POA verbally over the phone on 8/21/26, the education was on the importance of sanitary conditions, the resident room will be deep cleaned once a month, along with the padding on zoomie chair. POA was made aware that the recliner in room needs to be replaced and the old one needs removed. was also educated on the resident needs to stay in compliance with the deep cleans and bathing. POA was receptive and understanding.
2. PCHA gave education to the housekeeping director on 8/21/26 hoe the resident's room will be deep cleaned

85a Sanitary Conditions (continued)

once a month and chair pad to wheelchair will be washed monthly starting 9/08/26.

3. PCHA/designee will conduct a monthly audit x4 months to ensure deep cleaning is completed starting 9/08/26.

4. PCHA/designee will conduct a monthly audit x4 months so ensure residents pad to his wheelchair will be washed starting 9/08/26.

Licensee's Proposed Overall Completion Date: 09/08/2026

Implemented () - 09/17/2026)

107d - Procedure Emergency Management Agency Submission**5. 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 not reviewed, updated and submitted to the local emergency management agency within the last year.

Plan of Correction

Accept () - 08/24/2026)

1. Campus administrator conducted education to the PCHA on 8/21/26, on importance of having the written emergency plan/procedures reviewed and submitted to the local emergency agency annually.

2. Letter received from the local emergency agency that the plan was reviewed and unchanged on 8/18/26.

3. PCHA/designee will conduct an audit every 4 months starting 8/26/26 to ensure that the policy has been updated and no changes were made.

Licensee's Proposed Overall Completion Date: 08/26/2026

Implemented () - 09/17/2026)

132b - Safety Inspection/Fire Drill**6. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and drill observed by a fire safety expert was conducted on 4/16/26. The previous supervised fire drill and safety inspection occurred on 1/31/25.

Plan of Correction

Accept () - 08/24/2026)

1. At this time, we cannot go back in time, the PCHA will ensure that the annual fire drill will be completed on or before 4/16/26. The PCHA will start calling the Duncannon Fire Company two months before the drill is do so we are in compliance and have the proper time to ensure this is scheduled.

2. The Campus administrator conducted education on 8/21/26 to the PCHA on the importance of staying in compliance with the regulations on the annual fire drills, educated the PCHA on calling the fire department 2

132b - Safety Inspection/Fire Drill (continued)

months early prior to the annual date to ensure there is a date confirmed.

Licensee's Proposed Overall Completion Date: 08/23/2026

Implemented () - 09/17/2026)

132c - Fire Drill Records**7. 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 records for the fire drill held on 4/16/26 at 11:00am, indicates there were 52 residents in the home but only 51 residents evacuated. Staff reported this was a documentation error.

Repeated Violation - 2/5/26.

Plan of Correction

Accept () - 08/24/2026)

1. Campus administrator conducted education on 8/21/26, to the PCHA the importance on making sure all information is correct on the fire drill record, residents in house, residents evacuated, how many staff members on scene, and if there were any concerns.
2. PCHA/designee will conduct an audit monthly x4 months, that all fire drill paperwork is filled out correctly and to its entirety starting 9/08/26.

Licensee's Proposed Overall Completion Date: 09/08/2026

Implemented () - 09/17/2026)

162c - Menus Posted**8. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The breakfast menu for 8/5/26 stated eggs and cheesy hashbrowns. However, the actual meal served for breakfast, according to staff and resident interviews, was French toast and sausages. In addition, per resident interviews, on numerous occasions what is on the menu is not what is served.

Plan of Correction

Accept () - 08/24/2026)

1. Campus administrator conducted education to the PCHA on 8/21/26 to ensure all menus are up to date and placed on the bulletin board of both floors, substitutions or any changes to the menu are communicated to the staff and residents.

162c - Menus Posted (continued)

2. PCHA/designee will conduct a weekly audit x4 weeks that all menus are posted to the bulletin board and are correct starting 8/24/26.
3. PCHA/designee will conduct a monthly audit x2 months starting 10/14/26 that all menus are posted to the bulletin board and all information is correct.

Licensee's Proposed Overall Completion Date: 08/24/2026

Implemented () - 09/17/2026)

162e - Menu Changes**9. Requirements**

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 8/5/26, eggs and cheesy hashbrowns were listed on the menu for the breakfast meal. French toast and sausages were served instead. No notice was provided to the residents in advance of the meal.

Plan of Correction

Accept () - 08/24/2026)

1. Campus administrator conducted education to the PCHA on 8/21/26, to ensure all menus that would have substitutions are communicated to staff and the residents.
2. PCHA/designee will conduct an audit weekly x4 weeks to ensure all substitutions are communicated to the staff and residents starting on 8/24/26.
3. PCHA/designee will conduct a monthly audit x2 months starting 10/14/26 to ensure all substitutions are communicated to the staff and residents.

Licensee's Proposed Overall Completion Date: 08/24/2026

Implemented () - 09/17/2026)

183b - Meds and Syringes Locked**10. 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 8/4/26, at 10:15am, DG brand antacid tablets, Triple Antibiotic Ointment, 20% Zinc Oxide tube and a tube of Triamcinolone Acetonide were unlocked, unattended, and accessible in Resident #2's room.

On 8/4/26, at 12:15pm, a tube of Nystatin Cream was unlocked, unattended, and accessible on Resident #3's bathroom vanity.

183b - Meds and Syringes Locked (*continued*)**Plan of Correction**

Accept () - 08/24/2026

1. The PCHA conducted education to the medication technicians on 8/21/26, on residents that self-administer medications must keep all medications in a lock box no exceptions. There are no exceptions, residents cannot leave cream medications in the bathroom, they must be locked up as well.
2. The PCHA/designee will conduct a weekly audit x4 weeks to ensure all residents that self-medicate have a lock box in their room and all medications are locked starting 8/25/26.
3. The PCHA/designee will conduct a monthly audit x 2 months to ensure all residents that self-medicate have a lock box in their room and all medications are locked starting 10/15/26.

Licensee's Proposed Overall Completion Date: 08/25/2026

Implemented () - 09/17/2026

185a - Implement Storage Procedures

11. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3 is prescribed Acetaminophen 325mg as needed. However, on 8/4/26, this medication was not available in the home.

The following discrepancies occurred between the blood sugar readings in Resident #4's glucometer and the blood sugar readings documented in the resident's July 2026 Medication Administration Record (MAR):

- On 7/19/26, at 12:00pm, the blood sugar reading in the resident's glucometer was 217. However, the blood sugar reading documented in the resident's MAR was 211.
- On 7/20/26, at 8:00am, the blood sugar reading documented in the resident's MAR was 323. However, this reading was not in the resident's glucometer.
- On 7/23/26, at 5:00pm, the blood sugar reading documented in the resident's MAR was 283. However, this reading was not in the resident's glucometer.
- On 7/25/26, at 12:00pm. the blood sugar reading in the resident's glucometer was 168. However, this reading was not documented in the resident's MAR.

Repeated Violation - 6/25/25.

Plan of Correction

Accept () - 08/24/2026

1. The PCHA conducted education on 8/21/26 to all medication technicians, to ensure that all blood sugar readings are placed on the MAR and correspond to the readings on the glucose monitor, as well as ensuring that all PRN medications are available at all times for all residents.
2. The PCHA/designee will conduct an audit weekly x4 weeks starting 8/25/26 on blood sugar readings, to ensure they are entered correctly on the MAR and correspond to the glucometer readings.
3. The PCHA/designee will conduct a monthly audit x2 months on blood sugar readings, to ensure they are entered correctly on the MAR and correspond to the glucometer readings starting 10/15/26.
4. The PCHA conducted an initial audit on 8/21/26 on all active residents PRN medications to assure PRN medications were available.

185a Implement Storage Procedures (continued)

5. The PCHA/designee will conduct a weekly audit x4 weeks starting 8/25/26, to ensure all active residents PRN medications are available.

Licensee's Proposed Overall Completion Date: 08/25/2026

Implemented () - 09/17/2026

187b - Date/Time of Medication Admin.**12. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is prescribed Metoprolol Succinate ER oral tablet 25mg with orders to give 1 tablet by mouth one time a day for HTN, hold for SB less than 110 or HR less than 50. Resident #2's July 2026 medication administration record does not include the initials of the staff person who administered the Metoprolol Succinate on 7/18/26 at 8:00am.

Repeated Violation 6/25/25.

Plan of Correction

Accept () - 08/24/2026

1. The PCHA conducted education on 8/21/26 to all medication technicians, ensuring that once medications have been given, the MAR is signed off to show that the medication has been administered. Correctly.
2. The PCHA/designee will conduct a weekly audit starting on 8/25/26, on five residents to ensure all administered medications have been signed off on the MAR and correctly documented.
3. The PCHA/designee will conduct a monthly audit x2months starting 10/15/26, on five residents to ensure all administered medications have been signed off on the MAR and correctly documented.

Licensee's Proposed Overall Completion Date: 08/25/2026

Implemented () - 09/17/2026

190a - Completion Medication Course**13. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member A, who has not successfully completed the Department approved medications administration course, administered medications to residents to include the following:

- On 7/28/26, at 5:00pm, Perfluorohexyl octane ophthalmic solution to Resident #3
- On 7/29/26, at 8:00pm, Donepezil to Resident #3

190a - Completion Medication Course (continued)

- On 7/31/26, at 8:00pm, Acetaminophen 500mg and Metoprolol Succinate ER 100mg to Resident #5

Plan of Correction**Accept () - 08/24/2026)**

1. The campus administrator conducted education to the PCHA on 8/21/26, to ensure that all medication technicians have completed the Department Approved Medication Administration Course, not the modified course.
2. The PCHA conducted an initial audit on 8/21/26, to ensure that all medication technicians have completed the Department Approved Medication Administration Course, not the modified course.
3. The PCHA/designee will conduct a monthly audit x2 months starting 9/21/26, to ensure that all medication technicians have completed the Department Approved Medication Administration Course, not the modified course.

Licensee's Proposed Overall Completion Date: 08/24/2026**Implemented () - 09/17/2026)**