

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TRI-COUNTY RESPITE, INC.

LEGAL ENTITY

To operate MT. TREXLER MANOR

NAME OF FACILITY OR AGENCY

Located at 5201 ST. JOSEPH RD, PO BOX 1001 LIMEPORT, PA 18060

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 90  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 13, 2010 until August 13, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216630**

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

AUG 19 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Mr. Adam Devlin, Administrator  
Tri-County Respite, Inc.  
Mt. Trexler Manor  
5201 St. Joseph Road, P.O. Box 1001  
Limeport, Pennsylvania 18060

Dear Mr. Devlin:

As a result of the Department of Public Welfare's licensing inspection on July 20, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

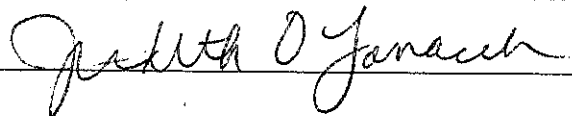
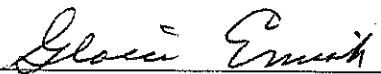
Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Mt. Trexler Manor, 5201 St. Joseph Rd., P.O. Box 1001 Limeport, Pennsylvania 18060		<b>CURRENT LICENSE NUMBER</b> 216630	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 20, 2010		<b>REGIONAL REPRESENTATIVE</b> Tom Shopay and John Bungo	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 8/3/2010	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 8/6/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<p>*A medication, Novolog 100ml, prescribed for resident # 1 was opened on 6/21/10. The manufacturer's instructions state that the medication is only valid for 28 days after opening. The medication was on-hand in the home as of 7/20/10, indicating that the medication had expired.</p> <p>*A medication, Antibiotic Ointment, expired as noted was stored in the first aid kit of the home's following vehicles:            2000 Dodge Van Expired 2008/9            2000 Chrysler Van Expired 2008/9            1995 Ford Escort Expired 2009/1  <b>Repeated Violation – 7/14/10</b></p>	<p>7/20/2010</p> <p>9/1/2010</p> <p>9/1/2010</p> <p>7/21/2010</p> <p>9/1/2010</p>	<p><i>see attached plan</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>8/6/10</u> <u>SE</u>            Date Initials (DPW)</p>

AUG 5 2010

**Attachment – Plan of Correction – Inspection Date – 7/20/2010**

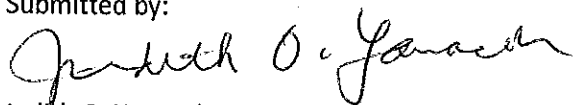
The expired medication (Novolog) for Resident #1 was disposed of the day of inspection (Corrected 7/20/2010). The Novolog expired 12 midnight on 7/19/2010. Resident #1 never received expired medication. Resident #1 is on a sliding scale and [REDACTED] blood sugar level did not warrant any Novolog. A current vial of Novolog medication was available on 7/20/2010 and is currently available and in the home ready for administration.

All medications will be reviewed for expiration dates. If expired, they will be destroyed/discarded as per our policy (To be corrected by 9/1/2010). For all insulin, the date of expiration that is currently placed on the container will be highlighted and also listed on the MAR with highlights (Corrected 8/1/2010). See attached sample, pictures.

The medication technicians are responsible to check for expiration dates on all medication. They will be retrained in this procedure (To be corrected by 9/1/2010). The Assistant Administrator – Resident Care is responsible to assure accountability of required procedures and conduct random checks of MARS and medications.

Monthly checks of first aid kits in vehicles were being completed by our Transportation Coordinator. He overlooked the expiration dates on the antibiotic ointment. He has removed any items from the kits that are not required by regulations, which included the antibiotic ointment (Corrected 7/21/2010). A new form has been created for the Transportation Coordinator and his staff to complete and submit monthly to the Assistant Administrator – Resident Care. This form will be used on a monthly basis effective 9/1/2010. Currently, all first aid kits meet the standards of the regulations. See attached form.

Submitted by:



Judith O. Yanacek, MSW  
Administrator