



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 1 1 2013

Mr. Adam Devlin, President
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 23, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period August 15, 2013 to August 15, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosure
License Inspection Summary

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

PCH Name: MT TREXLER MANOR		License Number: 21663
Address: 5201 ST JOSEPH RD PO BOX 1001, LIMEPORT, PA 18060		County: Lehigh
Administrator: Toby Torquin Stachouse		Region: NORTHEAST
Legal Entity Name: TRI COUNTY RESPITE INC		
Legal Entity Address: 5201 ST. JOSEPH RD PO BOX 1001, LIMEPORT, PA 18060		
Certificate(s) of Occupancy C-2 LP 06/22/1999 PA I&J		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 61	Waking Staff: 46
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/23/2013: OHaire, Anne; Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 90 Number of Residents Served: 61 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 34 Are 60 Years of Age or Older: 6 Have Mental Illness: 61 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 21663 - 07/23/2013 - O'Haire, Anne
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
 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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 7/12/2013 resident # 1 left the facility for work. The facility did not provide resident #1 with the resident's prescribed medications prior to the resident leaving for work. As a result resident # 1 did not receive the following prescribed medications at 8:00am; Benzotropine 1mg, Bupropion 75mg, Fenofibrate 160mg, Haloperidol 2mg, Loratadine 10mg, Metoprolol 50mg, and One Daily Multivitamin. The facility failed to notify the Department via reportable incident form of these medication errors as required.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident was working odd hours. New staff was not properly trained on signing out a resident. He has since been trained. Resident was spoken to about his responsibility to check in with med room prior to leaving.
 Med team failed to report the missed medication. Staff responsible was trained on staff responsibility for reporting any incident to the administrator or DA.
 By 8/30/13 staff will be trained on the procedure.
 At the next house meeting residents will be reminded of sign out procedure.
 Staff responsible for reporting any incident to Administrator or DA have been re-trained and will be reminded of their responsibility under supervision who will be responsible nights/week's.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Toby Tanquin Stackhouse*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Toby Tanquin Stackhouse - Administrator* Date *8/20/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9-5-13</u> (Date)	Plan of correction implementation status as of <u>9-5-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21663 - 07/23/2013 - O'Haire, Anne
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.28(a) - If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination) and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30 days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

2a. DESCRIPTION OF VIOLATION

Resident # 2 passed away at the facility on 08-07-12. The home failed to submit a refund to resident # 2's estate within 30 days of termination of placement. The home sent the estate a refund in the amount of \$ 6,700.78 on 07-23-13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.


Admission Coordinator is responsible for the tracking of resident refund.
 She has been retrained on proper protocol.
 ALL future refunds will be made within required timeline.
 Administrator will double check.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kay Targuin-Stackhouse, Administrator Date 8/20/13

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The above plan of correction is approved as of <u>8/22/13</u> (Date)	Plan of correction implementation status as of <u>8-22-13</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21663 - 07/23/2013 - OHaire, Anne
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.181(c) - 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.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that staff of the facility provide resident #1 with the residents' prescription medications when the resident leaves the facility for work. Resident # 1 is not capable of self-administering medications based upon the resident's most recent medical evaluation completed on 11/27/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident was working odd hours. New staff was not properly trained on signing out a resident. It has since been trained. The resident was spoken to about his responsibility to check in with the med room.

- The resident will be re-evaluated to assess his ability to self administer medications.

- All residents who leave the facility for work will have their ability to self administer medications re-assessed as soon as possible.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Toby Tarquin - Stock Nurse - Administrator

Date 8/20/13

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 (Date)

Plan of correction implementation status as of 9-5-13
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21663 - 07/23/2013 - O'Haire, Anne
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct Care staff person "A" regularly administers medications to residents. Staff person "A" last completed the medication administration annual practicum on 7/1/11. By 7/1/12 direct care staff person "A" should have completed the annual practicum, however direct care staff "A" completed only 1 of the 4 required Medication Administration Record (MAR) reviews and completed 0 of the required 2 Medication Administration Observations. By 7/1/13 direct care staff person "A" should have completed the annual practicum, however direct care staff person "A" completed only 3 of the 4 required MAR reviews required to successfully complete the annual practicum. It was determined that staff person "A" has not completed an annual practicum since 2011. The Medication Administration Annual Practicum is required annually in order to administer medications to residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The med tech in question will be re-issued and re-educated her annual practicum for 2013.

- Med trainers will be re-educated on training requirements. They will meet with other med trainers throughout the company. Re-education on how to conduct and complete required practicums will be done.
- Med trainers will then review all med tech records/files for 2013 to ensure they have administered practicum correctly. If they haven't they will make corrections prospectively.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Toby Tangun-Stallhouse-Administrator Date 8/20/13

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