



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: August 7, 2015

Mr. Adam Devlin, President
Tri-County Respite, Inc.
5201 St. Joseph Road, PO Box 1001
Limeport, Pennsylvania 18060

RE: Mt. Trexler Manor
License # 216630

Dear Mr. Devlin:

As a result of the Department of Human Services' licensing inspection on March 25, 2015 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 must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Anne Graziano".

Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21663 - 03/25/2015 - Novak, Ryan
 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

Resident #1 has an order for Advair 250/50 1 puff by mouth every 12 hours as of 8/4/14. The medication has not been administered from 8/4/14-3/13/15. The home did not submit an incident report to the Department regarding the medication errors.

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 # 1's was admitted on 7/7/14 with an order for Advair 250/20 1 puff by mouth every 12 hours. The medication required a prior authorization and the insurance completed a one-time override. A prior authorization was sent to the PCP. The PCP would not complete the prior authorization without seeing the individual. The individual declined appointments to see his PCP multiple times. Resident #1 saw his PCP on 9/25/14. The doctor wrote an order for the Advair and checked off "Start medication when available from the pharmacy." The medication continued to require a prior authorization. Prior authorizations were faxed to the pcp on 9/26/14; 10/15/14, and 10/24/14. The doctor would not complete the prior authorization stating the individual needed to see a specialist. The resident declined to see a specialist. The home followed the order of the prescribing physician by waiting until the medication became available from the pharmacy. Since the medication did not become available from the pharmacy, it was not administered therefore causing an omission error. At no time was the resident in distress without the medication.

Medication errors will be reported in accordance with the Department of Human Services reporting standards.

The ordering physician will be contacted upon learning of a medication authorization issue or insurance issue to report the problem. MTM will have the medication discontinued or receive alternative instructions from the ordering physician.

The administrator will monitor to insure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Donna Jankovic* Date *4/29/15*

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

The above plan of correction is approved as of 8-6-15
 (Date)
[Signature]

Plan of correction implementation status as of 8-6-15
 (Date)

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

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

Violation Report: 21663 - 03/25/2015 - Novak, Ryan
 RCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 On 3/13/15 at approximately 5:45pm Resident #2 pushed Resident #1. Resident #1 then proceeded to punch Resident #2 in the face, hit Resident #2 over the head with a dinner tray and then kick the resident in the head when the resident fell to the floor. Resident #2 sustained a left spiral fracture in the residents tibia and a fracture of the C-7 vertebrae as a result of Resident #1's physical abuse.

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.

Mount Trexler immediately activated its emergency management plan to manage a crisis situation. Immediate action was taken including staff immediately separating the residents, securing the area and contacting Emergency Management personnel. First aide was started upon securing the safety of the area and asking bystanders to relocate.

Upon reviewing the situation and conducting an internal investigation of the situation including reviewing witness statements, it was determined that the individuals involved had no prior conflicts. Charges of simple assault, harassment and disorderly conduct were pressed against Resident #1.

Resident #2 is progressing in rehabbing his injuries and will be returning to the home in the near future.

Resident # 1 was administratively discharged.

MTM has reviewed the emergency management protocol and will continue to employ it in the future.

MTM will be installing a new kitchen and dining area to increase options for onsite dining.

Residents will be addressed regarding line etiquette and manners at the next resident house meeting. Resident #2 will be educated upon return to the home by his therapist regarding communication, line etiquette, and manners.

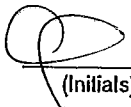
The administrator will monitor to insure ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/09/2014		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Thy Tonyin Shuckhouse* Date *4/29/15*

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The above plan of correction is approved as of <u>6-9-15</u> (Date)	Plan of correction implementation status as of <u>6-9-15</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 - 03/25/2015 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's designated smoking area is located at the picnic tables and pavilion area in the back courtyard. On the following dates Resident #1 was found smoking outside of the home's designated areas:

- On 8/8/14 at 12:15am the resident was found in the YA lounge with cigarette butts around him/her
- On 9/20/14 at 6:20pm and 12/26/14 at 8:50pm the resident was observed smoking in the YA lounge
- On 10/31/14 at 2:15pm the resident was observed smoking in an undesignated area
- On 1/20/15 at 10:30pm the residents bathroom sink contained ashes and cigarette butts
- On 1/22/15 staff persons smelled smoke and found ashes in the sink and cigarette butts on the residents nightstand

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.

At the time of the inspection there were no violations by resident #1 since January 22, 2015 and therefore the 30 day notice for repeated violations of the home rules had been rescinded? The citation comes as a result of the home following its own process to address violations to the home rules and due diligence to enforce rule violations. We will continue to follow our protocol for safety.

This process includes coaching, counseling, and educating the individual regarding the rule in question; reviewing and updating the individual's RASP as needed issuing a final warning of the rule violation including the potential for a 30 day notice; issuance of a 30-day notice and rescinding a 30-day notice if compliance improves.

The resident violating the smoking policy no longer resides in the home due to another matter.

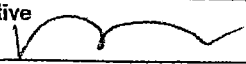
Proper safe guards were in place including designated smoking areas and home rules for smoking and a process for violation of house rules which was followed.

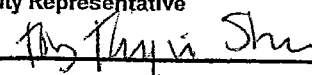
Residents will be educated upon admission and re-educated annually and on a periodic basis regarding the smoking policy, home rules for smoking, the location of the designated area, the regulations regarding smoking from the Regulatory Compliance Guide and fire safety.

Staff will be educated upon hire and re-educated annually and on a periodic basis regarding the smoking policy, home rules for smoking, the location of the designated area, the regulations regarding smoking from the Regulatory Compliance Guide and fire safety.

The administrator will monitor to insure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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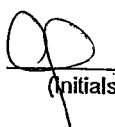
Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)  Date 4/29/15

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21663 - 03/25/2015 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for Advair 250/50 1 puff by mouth every 12 hours as of 8/4/14. The medication has not been administered from 8/4/14-3/13/15.

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 # 1's was admitted on 7/7/14 with an order for Advair 250/20 1 puff by mouth every 12 hours. The medication required a prior authorization and the insurance completed a one-time override. A prior authorization was sent to the PCP. The PCP would not complete the prior authorization without seeing the individual. The individual declined appointments to see his PCP multiple times. Resident #1 saw his PCP on 9/25/14. The doctor wrote an order for the Advair and checked off "Start medication when available from the pharmacy." The medication continued to require a prior authorization. Prior authorizations were faxed to the PCP on 9/26/14; 10/15/14, and 10/24/14. The doctor would not complete the prior authorization stating the individual needed to see a specialist to get the authorization for the order. The resident declined to see a specialist. The home followed the order of the prescribing physician by waiting until the medication became available from the pharmacy.

The ordering physician will be contacted upon learning of a medication authorization issue or insurance issue to report the problem. MTM will have the medication discontinued or receive alternative instructions from the ordering physician.

The administrator will monitor to insure ongoing compliance.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) By Tiquin Spuckhure Date 4/29/15

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Violation Report: 21663 - 03/25/2015 - Novak, Ryan

PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for Advair 250/50 1 puff by mouth every 12 hours as of 8/4/14. The medication has not been administered from 8/4/14-3/13/15. The home did not notify the prescriber regarding the medication errors.

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 Home will notify the prescribing doctor of all medication errors in accordance with Personal Care Home Regulations.

The administrator will monitor to insure ongoing compliance.

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Signature of Legal Entity Representative
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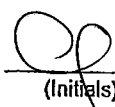
Printed Name and Title of Legal Entity Representative
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Thay Tanguin Shickhane

Date *4/24/15*

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(Date)

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(Initials)

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