



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: February 9, 2017

Mr. Adam Devlin, President/Owner
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 August 10, 2016 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21663 - 08/10/2016 - Foulkes, Kimberli
PCH 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 8/4/16 at 4:20pm resident #1 was sitting outside of the medication room waiting for medications. Resident #2 approached resident #1 and punched resident #1. Resident #2 continued to punch and then choke resident #1. This resulted in resident #1 having a bruise to the head, cut on the elbow, and pain in a toe. The hospital report indicates an unspecified contusion and abrasion.

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.

See Attached (2 pages)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

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Date

1/13/17

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

The above plan of correction is approved as of

2-4-17
(Date)

Plan of correction implementation status as of

2-4-17
(Date)

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

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

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Violation on (pg. 2 of 3):

Incident: At approximately 4:20pm Resident #1 was sitting outside of the med room waiting for [REDACTED] medications. Resident #2 approached Resident #1 and proceeded to punch Resident #1. Staff from inside the med room and surrounding area heard/saw the commotion and attempted to intervene. Resident #2 was not responsive to verbal intervention. Staff attempted to place themselves between Resident #2 and Resident #1. Resident #2 continued to punch Resident #1 during this time. At one point Resident #2 started to choke Resident #1 by placing [REDACTED] arm around [REDACTED] neck. Resident #2 would not let go. Staff attempted to disengage Resident #2's arm from Resident #1's neck. The group of individuals fell to the floor and Resident #2 released Resident #1. Resident #1 was immediately escorted into the medication room and placed behind a locked door. Resident #2 then slammed staff member [REDACTED] to the ground and knelt on his chest. Staff continued to verbally de-escalate Resident #2 who eventually calmed enough to sit in a chair.

911 was called immediately when the incident was occurring. Resident #1 and Staff member [REDACTED] both were taken to Lehigh Valley Hospital Cedar Crest via ambulance for evaluation. Staff member [REDACTED] went to Cedar Crest Emergency Center for evaluation. Staff member [REDACTED] suffered a torn distal bicep. Staff member [REDACTED] suffered a contusion to [REDACTED] head. Resident #1 has a bruised head, cut on [REDACTED] elbow and had complaints of pain in [REDACTED] toe. Reports from the hospital for Resident #1 indicate an unspecified contusion and abrasion. Resident #2 was monitored 1:1 until [REDACTED] was transported to the hospital and was transported via ambulance to Lehigh Valley Hospital Cedar Crest. Resident #2 currently signed a 201, however, a 302 petition will be completed if needed.

Follow-up Actions:

Resident #2 was discharged from the facility.

Maintaining a safe environment is one of the paramount concerns of staff at Mount Trexler Manor. Our staff members routinely engage in trainings to ensure safety, including Safe Crisis Management skill building and medication education trainings to facilitate a positive, supportive environment for residents and staff. In response to the incident above, our team will continue to collaborate with Lehigh County Crisis and other community supports to encourage a safe and welcoming environment for residents, families, and allies.

Mount Trexler Manor staff will also continue to utilize effective communication methods to ensure that staff members are aware of residents who are actively experiencing behavioral health concerns. Shift-to-shift reports with clear behavioral observations and expectations will continue to be utilized to assist with sessions of increased monitoring. Strategies to assist the individual with current symptoms will include personalized wellness/coping skills to assist with managing strong emotions.

Staff members will continue to utilize the expertise of residents' treatment teams to assist with individualized safety planning. Collaboration with psychiatrists, nurses, individual therapists, and other supports, including families and allies, will continue to be the norm. Staff members will work to prevent future behavioral challenges through effective communication techniques that emphasize person-first, trauma-informed approaches. Staff members and residents will participate whenever possible in debriefing exercises to learn from each experience and adopt evidence-based practices to manage challenging situations. As needed, Lehigh County Crisis will be contacted in order to facilitate a higher

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1/13/17

Violation Report: 21663 - 08/10/2016 - Foulkes, Kimberti
PCH Name: MT TREXLER MANOR

1. REGULATION 56 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form for resident # 2, admitted [REDACTED] 15, which includes the determination that the home can meet the resident's service needs, dated [REDACTED] 15, is not completed. The following sections were left blank: ADL's, IADL's, Senory Needs, and History of Problematic behaviors.

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Date 1/13/17

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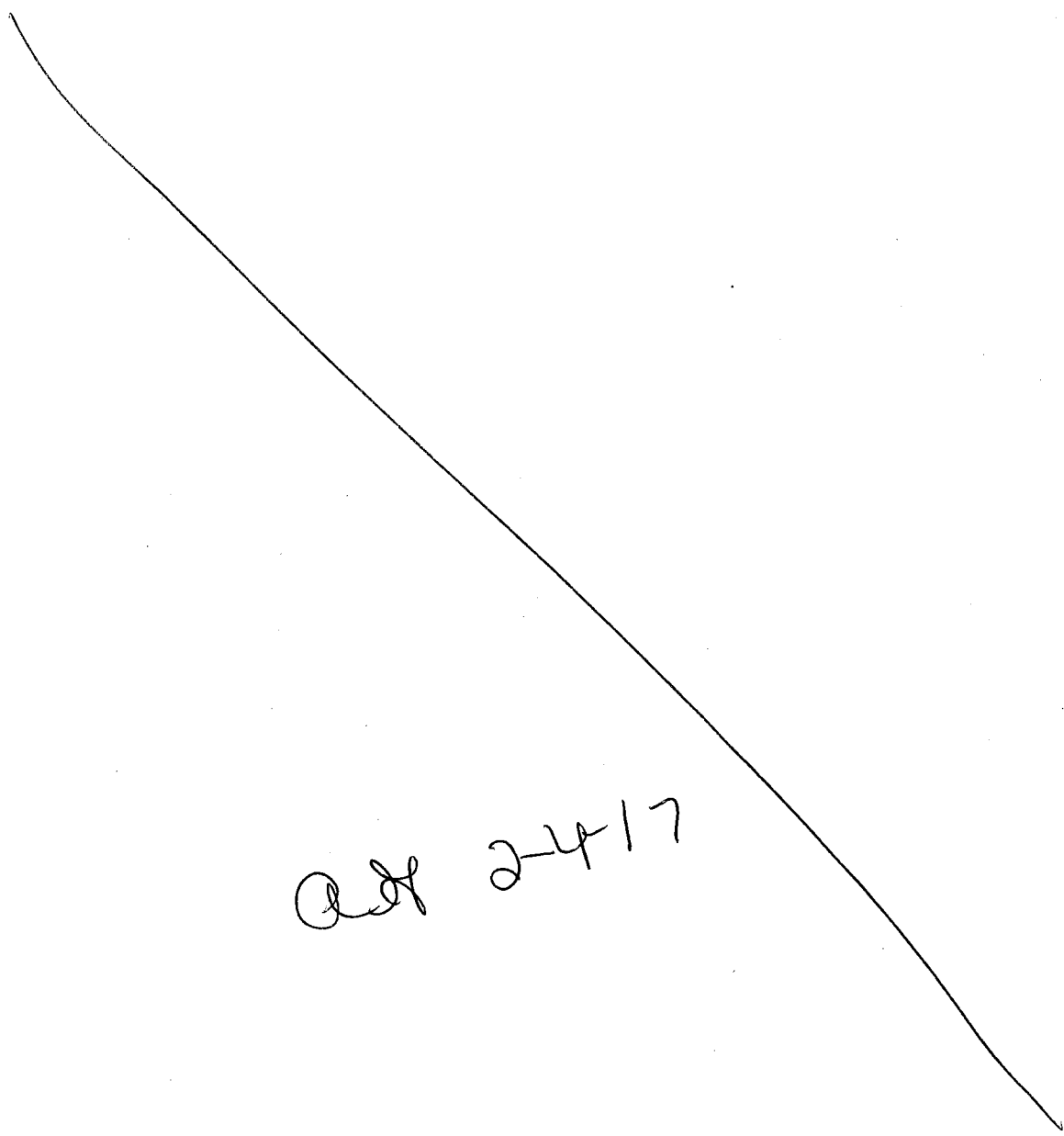
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level of care for those residents who may experience heightened behavioral health symptoms. Our goal is proactive prevention and ensuring personal wellness.

Violation on (pg.3 of 3):

Several sections were left blank on the resident's pre-admission screener. The administrator or designee will review the individual's preadmission screening form to insure all sections are completed accurately and not left blank.

The administrator will insure compliance.



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