



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: October 4, 2016

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 September 1, 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,

*Michele Moskalczyk*  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



**Violation Report:** 21663 - 09/01/2016 - Yellenic, Cindy  
**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**  
 Resident #1's, date of admission [redacted] 16, pre-admission screening completed on [redacted] 16 did not indicate that the needs of the resident could be met by the home.

**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 resident's pre-admission screener did not indicate the resident's needs could be met in the home. The resident's needs could be met in the home. The box was missed when the form was completed and was not reviewed before being entered into the resident's record. The Social Services Department will review documents for accuracy before entering them into the residents' record. The administrator will insure compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Taryn Stuckhome*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Taryn Stuckhome* Date *10/11/16*

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

The above plan of correction is approved as of <u>10/13/16</u> (Date)	Plan of correction implementation status as of <u>10/13/16</u> (Date)
The above plan of correction was approved by <u><i>M</i></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 - 09/01/2016 - Yellenic, Cindy  
 PCH Name: MT TREXLER MANOR

**1. REGULATION 65 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's Resident Assessment and Support Plan, dated 7-7-16, was not updated to reflect the reportable incident on 8-10-16 involving the resident's elopement from the home or the outcome of the incident, the resident being found in a hospital in Philadelphia.

**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 resident's RASP was not updated following an episode of elopement. The Department of Social Services will review a resident's RASP following an incident and make significant changes as needed. The administrator will insure compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Tom Tarquin-Stockhouse* Date *10/11/16*

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

The above plan of correction is approved as of <u>10/13/16</u> (Date)	Plan of correction implementation status as of <u>10/13/16</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 - 09/01/2016 - Yellenic, Cindy  
PCH Name: MT TREXLER MANOR

1. REGULATION 56 Pa.Code §2600  
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
The Reportable Incident for Resident #2, dated 8-10-16, was not in the resident's record.

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 resident's record did not include a reportable incident report form that was completed for an incident at the time of inspection. The issue was corrected while the licensing representative was onsite. Reportable incidents that are completed will be provided to the Department of Social Services to be filed into the resident's record. The administrator will insure compliance.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Tom Tarvin-Stackhouse*      Date *10/11/16*

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

The above plan of correction is approved as of 10/13/16  
(Date)

Plan of correction implementation status as of 10/13/16  
(Date)

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

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