



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: September 15, 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 October 27, 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 - 10/27/2016 - Hummel, Jesse  
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Advair Diskus 250/50 - inhale 1 puff by mouth twice daily, Docusate Sodium - 1 capsule by mouth twice daily, and Fluphenazine 10mg - 1 tablet by mouth twice daily. The residents Medication Administration Record (MAR) was left blank and not initialed on 7/27/16 at 8:00pm to indicate these medications were administered as prescribed.

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.

To ensure compliance with the regulation 2600.187a the med techs were retrained on the information that is required for a medication record. Med techs are trained to review their MAR's for missing initials. Nightly audits will be completed to ensure compliance. Med tech meeting will be held monthly to review regulatory requirements.

Administrators to ensure compliance.

YES  
CP

Repeat Violation:  N

Date(s) of Previous Violation(s):

8-10-16 6-1-16

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Thy Tarquin-Stackhouse

Date 3/7/17

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

The above plan of correction is approved as of 6-8-17  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 8-17-17  
(Date)

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

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