



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: February 10, 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 November 16, 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 - 11/16/2016 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 58 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

A nursing note dated 10/24/16 for Resident #1 notes the resident was found smoking in the residents room. Cigarette butts were noted on the floor and on the end table. The resident admitted to smoking in the bedroom.

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 had a report indicating that resident #1 was smoking in [Redacted] room.

Resident #1 was counseled on house rules; fire safety; and reminded of the designated smoking area. All residents will be counseled and educated on the above topics at the time of admission; annually; and periodically during resident house meetings. The administrator will insure compliance.

A second offense, which shall be documented, will result in the issuance of a 30 day notice. This is to make every effort to ensure resident, staff and visitor safety at all times. A copy of the notice will be sent to the R.O. 11-4-17

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/01/2016

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

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

Date 1/13/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 1-4-17
(Date)

Plan of correction implementation status as of 1-4-17
(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 - 11/18/2016 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 56 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 #2's Gabapentin 600mg was not initialed as administered at 8pm on 10/14-10/15/16, 10/22, 10/31, and 11/12/16.

Resident #2's Gabapentin 400mg was not initialed as administered at 8pm on 10/14-10/15/16, 10/22, 11/4, and 11/12/16.

Resident #2's Spiriva was not initialed as administered on 10/7/16.

Resident #2's amoxicillin 500mg was not initialed as administered on 11/12/16.

Resident #2's azithromycin 250mg did not include a diagnosis or purpose on the October MAR.

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 Administrator or designee will periodically audit resident MARs to insure medications are administered as prescribed; purpose or diagnosis for medications is present; medication errors are reported (if applicable); and medication refusals are documented. The Administrator will insure compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/01/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Tom Terquin-Staukhuis

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)

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

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

Violation Report: 21863 - 11/16/2018 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2800

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 refused the risperdone 1mg tablet twice daily from 10/6-11/15/18. The doctor was not notified regarding the refusals on the following dates: 10/6, 10/8, 10/11, 10/14, 10/16, 10/20-10/28, 10/28-11/1, 11/3-11/11, and 11/12-11/15/18.

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.

Med techs will be re-educated on the proper procedure for managing med refusals. The Administrator or designee will periodically audit resident MARs to insure medication refusals are documented and communicated in accordance to the regulations. The Administrator will insure compliance

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/01/2018

Signature of Legal Entity Representative
(Required on EVERY Page)

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

The Jaguhn-Shuckhouse

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)

The above plan of correction was approved by


(Initials)

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