



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: January 19, 2018

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 9, 2017, 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.

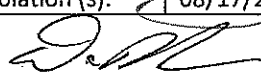
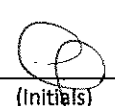
Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: MT TREXLER MANOR		License Number: 21663
Address: 5201 ST JOSEPH RD PO BOX 1001, LIMEPORT, PA 18060		County: Lehigh
Administrator: David Rush		Region: NORTHEAST
Legal Entity Name: TRI COUNTY RESPITE INC		
Legal Entity Address: 5201 ST. JOSEPH RD PO BOX 1001, LIMEPORT, PA 18060		
Certificate(s) of Occupancy C-2 LP 06/22/1999 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 60 Waking Staff: 45		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Fine		
On-Site Inspections Dates and Department Representatives On-Site 11/09/2017: Novak, Ryan; Hummel, Jesse <i>on site verification 12-29-17 & 1-5-18. QP</i>		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 90 Number of Residents Served: 60 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 29 Are 60 Years of Age or Older: 18 Have Mental Illness: 60 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 21663 – 11/09/2017 – Novak, Ryan PCH Name: MT TREXLER MANOR	
1. REGULATION 55. PA. Code §2600 2600.187(a) –A medication record shall be kept 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 of medication including PRN (13) Date and time of medication administration (14) Name and initials of the person administering the medication	
2a. DESCRIPTION OF VIOLATION Resident #2's MAR doesn't include units administered for the resident's sliding scale on 11/6/17 at 12pm. Resident #1's PRN hyoscyamine was listed on the MAR but it is not a current order.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages): Include steps to correct the <u>violation</u> described above and steps to prevent similar violation from occurring again. If steps cannot be completed immediately, include dates by which steps will be completed. Fine verification visit conducted on 11/9/17 – finding – one documentation error – resident was administered the correct dose of Novolog. MAR was updated. To ensure continued compliance: <ul style="list-style-type: none"> • An electronic MAR system was partially implemented, effective 11/1/2017, and fully implemented on 11/15/17 to reduce risk of transcription errors due to manual tracking systems. Ability to run reports assist with ease of auditing and preventing/identifying errors. • Blood Glucose Monitoring have been implemented for all residents who are diagnosed with diabetes and receive administration assistance. • Diabetic remediation training was held on 11/29/17. A full diabetes training is scheduled to occur on 12/14/17. • Med tech meetings of med room staff occurred on 10/31/17; 11/8/17; 11/15/17; 11/22/17 and included various topics to provide educational opportunities for med room staff. All staff training for 11/29/17 included medication self-administration as a training topic. • Increased supervision of med room activities by the Administrator and designees related to the management of the MAR has been provided consistently for the purposes of coaching of med room staff while executing their duties as well as to complete auditing activities to assure compliance with this regulation. • Hiring of an LPN as Director of Wellness to provide increased oversight and training. The Director of Wellness will meet 1:1 or in small groups (2-3 people) to retrain all med techs. Expected completion is 12/31/17. 	
Repeat Violation: Yes	Date (s) of previous violation (s): <u>08/17/2017</u> <u>05/31/2017</u>
Signature of Legal Entity Representative (Required on EVERY page) 	
Printed Name and Title of Legal Entity Representative (Required on EVERY page)	David Rush Administrator
	Date <u>12/4/17</u>
DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>12-18-17</u> Administrator will oversee (Date) to ensure ongoing compliance	Plan implementation status as of <u>1-18-18</u> (Date). <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
The above plan of correction was approved by  (Initials)	

Violation Report: 21663 – 11/09/2017 – Novak, Ryan

PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa. Code §2600.

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 #3 refused the prescribed amlodipine besylate on 11/1/17 at 4pm, the prescriber was not notified regarding the refusal.

[Redacted] WITHDRAWN

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 similar violation from occurring again. If steps cannot be completed immediately, include dates by which steps will be completed.

[Redacted] aff

Mount Trexler Manor has implemented an eMAR effective 11/15/17 that will allow for the printing of reports to capture declined medications and enable Mount Trexler Manor to audit declined medications to insure the refused medications are communicated to the prescribing physician. Mount Trexler Manor will run these reports on a regular basis. Additionally, Mount Trexler Manor is working with residents’ doctors when appropriate to report declined medications on an altered basis. *clarify - perhaps*

Hiring of an LPN as Director of Wellness to provide increased oversight and training. The Director of Wellness will meet 1:1 or in small groups (2-3 people) to retrain all med techs. Expected completion is 12/31/17. *less often as noted by physician.*

12-18-17

The Administrator will oversee to ensure ongoing compliance

Repeat Violation: Yes | Date (s) of previous violation (s): 08/17/2017 | 05/31/2017

Signature of Legal Entity Representative (Required on EVERY page)

Printed Name and Title of Legal Entity Representative: David Rush Administrator | Date: 12/4/17

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

The above plan of correction is approved as of 12-18-17 (Date)

Plan implementation status as of 1-18-18 (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 – 11/09/2017 – Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2. 2600.187(d) – The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #4 is prescribed insulin per sliding scale, the max parameter is 401-420 = 15 units. On 11/7/17 at 8am the blood glucose was 432. The home administered 15 units of insulin. The home did not notify the prescriber to determine the number of units to administer. On 11/8/17 at 8am the blood glucose was 141. The sliding scale indicates administer 2 units, however, the home administered 1 unit.

 Resident #2 is prescribed insulin per a sliding scale. On 11/7/17 at 7 am the blood glucose was 247. The sliding scale indicates administer 2 units, however, the home administered 3 units.

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 similar violation from occurring again. If steps cannot be completed immediately, include dates by which steps will be completed.

Resident #4's physician has been contacted for an order with clearer instructions.

 To ensure continued compliance:

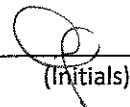
- An electronic MAR system was partially implemented, effective 11/1/2017, and fully implemented on 11/15/17 to reduce risk of transcription errors due to manual tracking systems. Ability to run reports assist with ease of auditing and preventing/identifying errors.
- Blood Glucose Monitoring have been implemented for all residents who are diagnosed with diabetes and receive administration assistance.
- Diabetic remediation training was held on 11/29/17. A full diabetes training is scheduled to occur on 12/14/17.
- Med tech meetings of med room staff occurred on 10/31/17; 11/8/17; 11/15/17; 11/22/17 and included various topics to provide educational opportunities for med room staff. All staff training for 11/29/17 included medication self-administration as a training topic.
- Increased supervision of med room activities by the Administrator and designees related to the management of the MAR has been provided consistently for the purposes of coaching of med room staff while executing their duties as well as to complete auditing activities to assure compliance with this regulation.
- Hiring of an LPN as Director of Wellness to provide increased oversight and training. The Director of Wellness will meet 1:1 or in small groups (2-3 people) to retrain all med techs. Expected completion is 12/31/17.

Repeat Violation: Yes Date (s) of previous violation (s): 08/17/2017 07/12/2017 05/31/2017

Signature of Legal Entity Representative
 (Required on EVERY page) 

Printed Name and Title of Legal Entity Representative **David Rush** Date 12/4/17
 (Required on EVERY page) **Administrator**

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The above plan of correction is approved as of <u>12-18-17</u> (Date)	Plan implementation status as of <u>1-18-18</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