



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: February 13, 2018

Mr. Adam Devlin
President
Tri-County Respite, Inc.
5201 St. Joseph Road, PO Box 1001
Limeport, Pennsylvania 18060

RE: Mt. Trexler Manor
License # 216631

Dear Mr. Devlin:

As a result of the Department of Human Services' licensing inspection on November 29, 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: 21663 - 7/20/2017 - Novak, Ryan
POH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2800

2800.27(a) - If a home agrees to admit a resident eligible for SSI benefits, the home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.

2a. DESCRIPTION OF VIOLATION

Resident #1's contract notes a monthly payment of \$50\$ per month. The home is currently charging the resident \$300\$ a month which is more than the resident's rent minus the personal needs allowance of \$5\$ a month.

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.


Resident #1's contract was corrected. Upon admission, resident #1 would not provide financial information including any award letters she had for social security. The finance office billed resident #1 the rate for the room she was occupying and did not adjust based on receiving social security. The case manager assumed the individual was an SSI recipient despite not seeing an award letter and wrote the individual's contract to reflect an individual that receives SSI. Despite the bill and contract not aligning, resident #1 has not paid room and board since admission. To date, we do not have financial information on this resident and do not know her source of income.

All resident contacts and billing rates were audited to insure no other errors were made. Resident #1 was issued a 30-day notice to terminate the contract for failure to pay.

In the future, all prospective residents will be financially vetted and room and board contracts will be executed by our financial office. Contracts will be monitored as part of the chart audit process.

The Administrator will oversee to ensure ongoing compliance. CP.

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Rush Date 2/1/18

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

The above plan of correction is approved as of 2-13-18 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 2-13-18 (Date)

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

Violation Report: 21693 - 11/29/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa. Code §2500
2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for oxycodone 10mg every 4 hours as needed. On 11/13/17 the home administered the medication at 8:00pm & 9:30pm.

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.

Resident #1's medication was passed too soon. During follow-up with the staff member that administered the medication it was determined the staff member believed there was an hour before rule in place with the prn. The staff member making the error was remediated to the rule and following a physician's order. Additionally, the PRN medication was given parameters in the eMAR to prevent giving the medication too soon. All PRN medications were reviewed and parameters were inserted when appropriate. New PRN orders are processed to include parameters if appropriate.

This med error and proper protocols were reviewed with all med tech staff.

The Administrator will oversee to ensure future compliance.

re: past plans of correction related to 187(d) -

- ① have time periods for PRNs been updated in EMARs?
- ② retraining of this med tech by new Wellness Director since 12/31/17? *CP*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/17/2017	07/12/2017	05/31/2017
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Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *David Rush* Date *2/1/18*

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

The above plan of correction is approved as of 12-13-18
(Date)

Plan of correction implementation status as of 12-13-18
(Date)

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

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