



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: February 15, 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 December 29, 2017 and January 5, 2018 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 - 12/29/2017 - Novak, Ryan
 PCH Name: MT TREXLER MANOR

1. REGULATION 65 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 Resident #1's glucometer was used to test Resident #2's blood glucose on 12/9 & 12/10/17 at 5pm.

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.

Self-reported to DHS. Immediately upon discovery, the resident was sent to the ER for testing and medical intervention. The glucometer was replaced immediately and the resident was made aware of the issue. The staff member committing the error was suspended from the medication room.

To prevent further recurrence, all glucometers were removed from the med cart and placed in their own individual labeled box. All glucometers and diabetic supplies are labeled with the individual's name. Follow-up appointments for the resident will be made as scheduled by their physician.

The Administrator will oversee the plan of correction to ensure ongoing compliance. Of. 2-14-18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) <i>David Rush</i>	Date <i>2/1/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2-14-18</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of _____ (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
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