



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

**Mailing Date: March 27, 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 January 22, 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 - 01/22/2018 - Novak, Ryan  
 PCH Name: MT TREXLER MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 1/13/18 staff person A audio recorded Resident #1, the home did not submit an incident report to the Department regarding the resident rights violation until 1/17/18.

**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.

The administrator, upon learning of the incident, reported to the Department of Human Services and conducted an internal investigation. It was determined that the staff member in question used their personal cell phone to record staff interactions with the resident as "proof" to the language used towards a resident.


To prevent recurrence, the following topics were reviewed with staff at a monthly staff meeting on 1/31/18 and via memos (see attached):

- Time Frames for Reporting
- Reportable Incidents and Conditions
- Resident Rights with a specific focus on dignity/respect and resident privacy.
- Designated Administrator and what that means; chain of command
- Abuse /Neglect Reporting; Discussion regarding neglect and abuse topics that are not blatant (ex: language, tone of voice, ignoring the individual, etc.)
- Development of a personal safety plan

Additionally, as part of the incident investigation, residents were met with to determine concerns with staff treatment of them (no additional concerns were noted). Staff members were met with to determine if they were concerned with treatment of residents from other staff (no additional concerns were noted).

The administrator will insure compliance.


Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/31/2017	07/12/2017	08/17/2017
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Rush Date 3/12/18

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

The above plan of correction is approved as of 3/26/18 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 3/26/18 (Date)

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

Violation Report: 21653 - 01/22/2018 - Novak, Ryan  
 PCH Name: MT TREXLER MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.42(c) - A resident shall be treated with dignity and respect.

**2a. DESCRIPTION OF VIOLATION**

On 1/13/18 while attempting to wake Resident #1 it has been determined through staff and resident interviews that staff member B grabbed Resident #1. The staff member grabbed the resident's arm while trying to get the resident out of bed. The staff member also pulled the residents legs around in attempt to sit the resident up to get the resident out of bed. The staff member also threatened Resident #1 with calling the residents mom to tell her that the resident would not get out of bed.

Also on 1/13/18 the same direct care staff member B was also heard telling resident #1 the staff person is "not playing this shit anymore." Staff interviews indicated that the staff person has used the "F" word around the resident when attempting to wake the resident up. The staff member yelled at the resident in a very loud voice to "let's go!" The staff person did not treat Resident #1 with dignity and respect.

**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, upon learning of the incident, reported to the Department of Human Services and conducted an internal investigation. It was determined that the staff member in question used profanity when addressing the resident.

To prevent recurrence, the following topics were reviewed with staff at a monthly staff meeting on 1/31/18 and via memos (see attached): Yes

- Time Frames for Reporting
- Reportable Incidents and Conditions
- Resident Rights
- Designated Administrator and what that means.
- Abuse /Neglect Reporting; Discussion regarding neglect and abuse topics that are not blatant (ex: language, tone of voice, ignoring the individual, etc.)
- Development of a personal safety plan

Additionally, as part of the incident investigation, residents were met with to determine concerns with staff treatment of them (no additional concerns were noted). Staff members were met with to determine if they were concerned with treatment of residents from other staff (no additional concerns were noted). The administrator will insure compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/17/2017
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
David Rush	3/12/18

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 (Date)

Plan of correction implementation status as of 3-27-18  
 (Date)

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- Not implemented

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 (Initials)

Violation Report: 21663 - 01/22/2018 - Novak, Ryan  
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600  
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 1/13/18 while attempting to wake Resident #1 it has been determined through staff and resident interviews that staff member B grabbed Resident #1. The staff member grabbed the resident's arm while trying to get the resident out of bed. The staff member also pulled the residents legs around in attempt to sit the resident up to get the resident out of bed. The staff member also threatened Resident #1 with calling the residents mom to tell her that the resident would not get out of bed.

Also on 1/13/18 the same direct care staff member B was also heard telling resident #1 the staff person is "not playing this shit anymore." Staff interviews indicated that the staff person has used the "F" word around the resident when attempting to wake the resident up. The staff member yelled at the resident in a very loud voice to "let's go!" The staff person did not treat Resident #1 with dignity and respect.

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.

Update: Mount Trexler Manor conducted an internal investigation into the allegations made by [redacted]. It was determined that the staff member in question used derogatory and vulgar language in the presence of the individual. Additionally, the staff member confirmed she did attempt to assist [redacted] out of the bed by "holding his arm to help him up" and by "swinging his legs to the edge of the bed" in an attempt to help him arise.

Mount Trexler Manor initially suspended the employee pending the investigation. It was determined the staff member's verbal interaction with [redacted] was not in accordance with Mount Trexler Manor's staff codes of conduct. The employee was terminated from employment following the investigation. -document provided.

Page 2 of 2 pages for POC for 42(c) ADL.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/17/2017

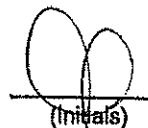
Signature of Legal Entity Representative (Required on EVERY Page) 

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

David Rush      4/4/18

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The above plan of correction was approved by  (Initials)

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- Fully Implemented
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Violation Report: 21563 - 01/22/2018 - Novak, Ryan  
 PCH Name: MT TREXLER MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff member A hired 10/4/17 has not lived in the state of PA for the last 2 years. The home did not complete a FBI Criminal Background check within 90 days of hire. The staff member has worked unsupervised in the home.

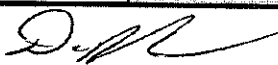
**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*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 staff member in question was asked and reminded several times that fingerprinting for the FBI Criminal Background check was needed. The staff member failed to complete this within the specified time frame. To prevent recurrence there has been a change in corporate policy: Staff will now be required to show proof of being finger printed prior to starting orientation.

The administrator will work with the human resources department to insure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) David Rusch Date 3/12/18

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