



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: December 6, 2018

Ms. Judith O. Yanacek  
President & CEO  
Tri-County Respite, Inc.  
5201 St. Joseph Road, PO Box 1001  
Limeport, Pennsylvania 18060

RE: Mt. Trexler Manor  
License # 216630

Dear Ms. Yanacek:

As a result of the Department's Bureau of Human Services Licensing inspection on March 28, 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,

A handwritten signature in black ink that reads "Bob Bisignani".

Bob Bisignani  
Human Services Licensing Director

Enclosure  
Licensing Inspection Summary



**Violation Report:** 21663 - 03/28/2018 - Foulkes, Kimberli  
**PCH Name:** MT TREXLER MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

**2a. DESCRIPTION OF VIOLATION**  
 According to the home, on 3/19/18 at approximately 3:45pm while in the outside smoke shed, resident #1 was calling resident #2 derogatory names and was threatening. Resident #2 responded by hitting resident #1 on the top of the head with a plastic snow shovel. Resident #1 fell out of their wheel chair onto the ground. An altercation between the residents pursued. Both residents are under the age of 60. The home did not report this allegation of resident to resident abuse to Liberty Resources as required under The Adult Protective Services (APS) Law (Act 70).

**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 incident was reported late to Adult Protective Services. When following-up on the incident it was discovered that the wrong report was sent to Liberty Resources.

Mount Trexler Manor has a procedure that is followed for reporting incidents and incident follow-up that will continue to be followed. Staff were reminded in a staff meeting the procedure for reporting incidents; the types of incidents that require reporting; and the time frames for reporting.

To prevent recurrence the administrator will insure reports are sent in the required time frames.

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

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) David Rush, Administrator	<b>Date</b> 10/12/18
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>10/29/18</u> (Date)	Plan of correction implementation status as of <u>11/20/18</u> (Date)
The above plan of correction was approved by <u>B.S.</u> (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

**Violation Report:** 21663 - 03/28/2018 - Foulkes, Kimberli  
**PCH Name:** MT TREXLER MANOR

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

**2a. DESCRIPTION OF VIOLATION**  
 Resident #3 is prescribed methocarbamol 500mg, take two tablets three times daily as needed. On 3/10/18 resident #3 was administered 4 doses of the Methocarbamol, at 12:14am, 5:59am, 8:48am, and 4:49pm.  
 Resident #3 is prescribed Acetaminophen-Cod #3 Tablet, take two tablets every 6 hours as needed for pain. It was administered early on 2 occasions, on 3/10/18 at 12:14am and then again at 5:59am.

**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.*

When completing a review of the situation, it was determined that the med tech passing the 4:49 pm dose of methocarbamol indicated they believed the 12:14 am dose was the previous day based on the resident going to sleep. The staff person was remediated as to the dates and times medications can be administered.

When reviewing the administration or the PRN it was discovered that the time parameters were not configured in the eMAR for PRNs. Med techs processing orders were re-educated on the approval process for PRN medications and how to configure the time parameters. Med techs were also re-educated on how to check the administration history of PRN medications.

The Director of Wellness or designee will routinely audit PRN orders to insure the appropriate time frames are configured.

The Administrator will insure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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**Signature of Legal Entity Representative**  
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