



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to TRI-COUNTY RESPITE, INC.  
LEGAL ENTITY

To operate MT. TREXLER MANOR  
NAME OF FACILITY OR AGENCY

Located at 5201 ST. JOSEPH RD, PO BOX 1001 LIMEPORT, PA 18060  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 90  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 9, 2018 until July 9, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216630**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**JUL 09 2018**

Ms. Judith O. Yanacek  
President & Chief Executive Officer  
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 annual inspection on April 12, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe  
Director

Enclosure  
License 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: Dave Rush		Region: NORTHEAST
Legal Entity Name: TRI COUNTY RESPITE INC		
Legal Entity Address: 5201 ST. JOSEPH RD PO BOX 1001, LIMEPORT, PA 18060		
<b>Certificate(s) of Occupancy</b> C-2 LP 06/22/1999 L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 57	Waking Staff: 43
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
04/12/2018: Deluca, Amy; Harvey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 90 Number of Residents Served: 55 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 22 Have Mental Illness: 55 Have an Intellectual Disability: 4 Have a Mobility Need: 2 Have a Physical Disability: 1	

Violation Report: 21663 - 04/12/2018 - Deluca, Amy  
 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**

The home did not notify the Department within 24 hours of resident #1 not receiving the required 10 units of Novolog Insulin on 3/22/2018 at 12pm.

**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 resident in question went to an appointment and missed his medications. When the resident returned from the appointment it was outside of the window to take his medication. The med tech documented the resident was out of the facility but did not report to administration that the individual missed his medication.

The staff member in question counseled on what constitutes a medication error and how to report the error. Remediation for all med techs will be provided at the next med tech meeting scheduled for 5/15/18 and will include reportable incidents as it relates to medication administration; The LOA process and procedures for missed medications; and importance of timely communication surrounding the above issues.


The Assistant Administrator/Director of Wellness will manage this process. The administrator will 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 Rush, Administrator	Date 5/10/18
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5/14/18</u> (Date)	Plan of correction implementation status as of <u>5/24/18</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

Violation Report: 21663 - 04/12/2018 - Deluca, Amy  
 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

The facility did not have the flu poster posted in a public and conspicuous place in the facility as required by the Influenza Awareness Act.

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.

Corrected at time of inspection. The flu poster remains posted at this time.  
 To prevent recurrence; the flu poster will be added to routine facility audits.  
 The administrator will insure compliance.


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

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 (Initials)

Plan of correction implementation status as of 5/24/18  
 (Date)

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

Violation Report: 21663 - 04/12/2018 - Deluca, Amy  
 PCH Name: MT TREXLER MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

The contract in the record for resident #2 was not signed by the administrator or a designee.

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

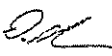
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Corrected at time of inspection.

To prevent recurrence the Director of Social Services will review all contracts after each admission. Additionally, an internal audit of all resident contracts will occur to insure they are all signed. Expected completion date is 5/30/18.

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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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Rush, Administrator	Date 5/10/18
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Violation Report: 21663 - 04/12/2018 - Deluca, Amy  
 PCH Name: MT TREXLER MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.25(d) - A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1- 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

**2a. DESCRIPTION OF VIOLATION**

Resident #3's contract dated 2/15/17 does not indicate the Citizens Rebate and Assistance Act in the resident's contract indicating the home retains 50% of the resident's rent rebate.

**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.*

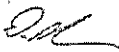
The resident declined to sign the document at the time of admission.

Corrected.

To prevent recurrence the Director of Social Services will review all contracts after each admission. Additionally, an internal audit of all resident contracts contain the rent rebate waiver page. Expected completion date is 5/30/18.


The administrator will insure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 21663 - 04/12/2018 - Deluca, Amy  
 PCH Name: MT TREXLER MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**2a. DESCRIPTION OF VIOLATION**

The home's large commercial trash receptacle lid was left open on 4/12/18 at 2:50pm.

**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 dumpster lid was corrected at the time of inspection and remains closed at this time.

Staff and residents of the home were reminded of the need for the lids to be closed at all times. "Keep Dumpster Lid Closed" signs were purchased for the dumpsters and will be placed on the dumpsters by 5/30/18.

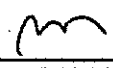
Administrator will insure compliance.

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Violation Report: 21663 - 04/12/2018 - Deluca, Amy  
 PCH Name: MT TREXLER MANOR

**1. REGULATION 55 Pa.Code §2600**  
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

**2a. DESCRIPTION OF VIOLATION**  
 The home's first aid kit did not include adhesive bandages.


**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.*

Corrected at time inspection. The first aid kit contains all required items at this time.

To prevent recurrence; Mount Trexler Manor has purchased a different container that can utilize a tamper seal. The first aide kit is on the med rooms internal audit process. During the audit process the tamper seal will be checked. If the tamper seal is broken, the first aid kit will be fully audited for required items. Missing items will be replaced. The Assistant Administrator/Director of Wellness will insure audits are being conducted.


The administrator will insure compliance.

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