



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: August 17, 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 May 24, 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  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 21663 - 05/24/2018 - Harvey, Jason

PCH Name: MT TREXLER MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.142(c) - If a resident has a serious medical or dental condition, reasonable efforts shall be made to obtain consent for treatment from the resident or the resident's designated person.

**2a. DESCRIPTION OF VIOLATION**

On 4/24/18 resident #1 used a hot glue gun and then a cigarette lighter to burn the resident's left anterior forearm causing multiple blister to resident's forearm. Resident #1 refused to go to the hospital or an emergency center for treatment and refused first aid from staff. The home did not call 911 for medical attention for resident #1. Resident #1 was treated for 3rd degree burns on 4/26/18.

**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.*

At the time of the incident the resident declined medical intervention. The resident was supervised with increased monitoring and followed up with emergicenter the following day and then a burn specialist the day after that. The resident was also counseled on the importance of receiving treatment several time and continued to decline.

To prevent recurrence; Mount Trexler Manor will activate EMS for injuries and/or medical situations they believe require immediate medical attention. Mount Trexler Manor will continue to encourage residents to follow the advice of staff in regards to medical needs.

*The Administrator will oversee to ensure ongoing compliance. Q*

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, Administrator

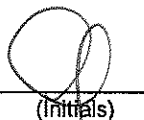
Date 8/8/18

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

The above plan of correction is approved as of 8-13-18  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)



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

**Violation Report:** 21663 - 05/24/2018 - Harvey, Jason  
**PCH Name:** MT TREXLER MANOR


**1. REGULATION 55 Pa.Code §2600**  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 recived their medication of Adderall to go on a leave of absent from 3/29/18 to 4/1/18. The medication card of Adderall expired on 3/30/18.

**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.*


To prevent recurrence med techs were addressed in their monthly med tech meeting regarding medications for leave of absences; their packing; and expiration dates. Med Techs were counseled regarding sending medications that expire over the course of the leave and to work with the pharmacy to insure no expired meds are sent. (See attached sign-in sheet) YES

<b>Repeat Violation:</b> No	<b>Date(s) of Previous Violation(s):</b>			
-----------------------------	--	--	--	--

**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> 8/8/2018
--	-------------------------

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

The above plan of correction is approved as of <u>8-13-18</u> (Date)   The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of <u>8-13-18</u> (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
--	--