



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MOUNT TREXLER MANOR CORPORATION
LEGAL ENTITY

To operate MOUNT 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 82
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 March 8, 2019 until June 17, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216631**

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MAR 25 2019

Ms. Judith O. Yanacek
President & CEO
Mount Trexler Manor Corporation
5201 St. Joseph Road, PO Box 1001
Limeport, Pennsylvania 18060

RE: Mt. Trexler Manor
License #: 216631

Dear Ms. Yanacek:

As a result of your facility's change in the name of the legal entity from Tri-County Respite, Inc. to Mount Trexler Manor Corporation, a new FIRST PROVISIONAL license is being issued under the authority of 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). The expiration date of the license remains unchanged. Your revised FIRST PROVISIONAL license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License



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 82
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller

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 December 17, 2018 until June 17, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216631**

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

DEC 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 # 216631

Dear Ms. Yanacek:

As a result of the Department's Bureau of Human Services Licensing partial inspection on September 24, 2018 of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), your current license # 216630 dated July 9 2018 to July 9, 2019 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated July 9, 2018 to July 9, 2019 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the 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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter "J" being particularly large and stylized.

Jacqueline L. Rowe
Director

Enclosures

License

License Inspection Summary

Violation Report: 21663 - 09/24/2018 - Dumas, Gerald

PCH Name: MOUNT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 9/19/18, during lunch service at the home, resident #1 was served slices of roast beef by direct care staff person A that were not cut up or processed according to the resident's diet. At one point while eating, the resident informed staff that he was choking, and staff initiated back pats/rubs to try to get them to expel the food in their mouth. The resident then became unresponsive and staff attempted to do abdominal thrusts. The resident was then lowered to the floor and CPR was initiated. 911 was called and EMS responded to the home. The resident was then transported to Lehigh Valley Hospital at Cedar Crest, where they were pronounced dead. Resident #1 has a diagnosis of Odynophagia and was prescribed a Mechanical Soft 1800 calorie ADA diet as per the medical evaluation completed by their physician on 12/15/17. Additionally, the resident's assessment and support plan, dated 7/25/18, also lists a mechanical soft diet as does the home's September 2018 "Meal Tracker". In a written statement provided to the Department by staff person A on 10/5/18, they indicated that they were only aware of resident #1's dietary restrictions as being Diabetic and Lactose Intolerant. Staff person B, who is the home's Chef, also stated that they were unaware that resident #1 was on a mechanical soft diet via a phone interview conducted on 10/4/18. As per the Lehigh County Coroner's Office, resident #1's cause of death was Airway Obstruction from a Food Bolus. The resident was neglected due to being served slices of roast beef that were not processed according to the physician's order for a mechanical soft diet.

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.

See Attached

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 11/8/2018

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

The above plan of correction is approved as of <u>11-16-18</u> (Date)	Plan of correction implementation status as of <u>11-20-18</u> (Date)
The above plan of correction was approved by <u>AR</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

The resident had a long-standing history of medical conditions that could have attributed to the event that occurred on 9/19/2018 (an autopsy was not performed).

The resident carries the following medical diagnoses: S/P Bilateral Prefrontal Lobotomy; NIDDM ; Gross Exogenous Obesity; Degenerative Arthritis; Benign HTN; Hx Unidentified Cardiac Problem (CAD); Chronic Renal Insufficiency; Right malleolar ulcer; acute renal failure; Dyspnea/ s/p recent LAD angioplasty, Syncope; migraines ; hyperlipidemia; anemia; Severe DJD both knees and lower back; overactive bladder; enuresis; severe DJD right foot; S/P Right Knee Replacement; Edema; Vitamin D deficiency; Dysfunction of lumbosacral spine; Odynophagia; Presence of Coronary Angioplasty Implant and Graft; Non-ST-elevation myocardial infarction; Arteriosclerotic Heart Disease of Native Coronary Artery without ang ports; Non-Rheumatic Aortic Insufficiency; Non-Rheumatic Aortic Stenosis; Hx of Gastrointestinal Bleeding; Microcytic Anemia; Early Onset Alzheimer's dementia; Urinary Frequency; Mixed Incontinence; Urinary Retention; L Shoulder Arthritis; Chronic Pain of Both Knees; Neurologic Gait Dysfunction; High Cholesterol; High Blood Pressure; Benign Enlargement of Prostate; Carbuncle of Thigh, Benign HTN, Dysuria, Constipation; Osteoarthritis; Ambulatory Dysfunction, Acid Reflux Disease, Chronic Kidney Disease Stage I Mild, Hx of Infection or Inflammation of Bladder; Acute Cystitis; Epigastric Discomfort; Neuropathy.

Mount Trexler Manor completed an internal investigation of the above-mentioned situation it was determined that a staff member served the resident thin sliced roast beef. The roast beef was sliced to the thickness of lunch meat but did not precisely follow his diet. While eating, The resident presented to the food servers stating, "It's stuck; I'm choking, and something is in my throat." Staff went to assist The resident and encouraged him to cough. The resident attempted to cough while staff rubbed and patted his back. Staff reported they attempted to do abdominal thrusts, but it was difficult due to The resident's size and being seated in his wheel chair. After less than one minute, the resident appeared to become unresponsive and was lowered to the floor and CPR was started while other staff called 911. Staff related that they performed CPR until EMS arrived (approximately 25 minutes). During this CPR, staff who were experienced in CPR were able to clear food from the resident's mouth and were able to inflate his lungs for prolonged periods during the CPR. Staff also indicated The resident was briefly resuscitated as evidenced by his eyes opening and attempting to respond but after a few seconds, he became unresponsive once more. Staff continued CPR at this point. EMS relieved staff and took over CPR when they arrived.

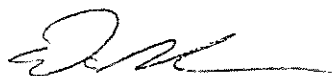
To prevent future events the following corrective and preventative measures were enacted:

- Resident diets are posted in the following locations: Main kitchen, meal book, diet sheets, daily rounds report, RASP, RASP book.
- A standing agenda item for the monthly house staff meetings will be resident diets and diet changes.
- Social Services will cross reference Med Eval, RASP and Diet Sheets to insure diets are consistent across all places diets are listed.
- Resident diets were reviewed and updated.
- During shift "rounds report" for approximately 1-week shift supervisors or designated administrators reviewed the resident special diets (as they related to swallowing and chewing);

where to find the diets, what they mean, and answered questions staff had regarding the diets. Swallowing specific diets remain on the rounds report and are reviewed in rounds daily.

- New diet changes are communicated through rounds meeting and via RASPs in the RASP books kept in the direct care staff office.
- The resident diet sheets and meal books were updated as needed for resident diets.
- Pre-pureed meals are purchased and provided to residents on a pureed diet.
- Registered Speech Pathologist was consulted and provided training to direct care staff, kitchen staff, and floor supervisors showing the consistency and how to prepare each type of swallowing specific diet. (see attached).
- Registered Dietician was consulted regarding completing an assessment and recommendations for menus and meal plans for Mount Trexler Manor.
- Swallowing specific diets were placed on an easier to read format and posted in the kitchen and meal books (see attached).
- Residents with swallowing specific diets will be re-assessed by a medical provider to determine the accuracy of the diet.

The administrator or designee will insure compliance.



David Rush, Administrator
Mount Trexler Manor

AG

11-20-18