



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: February 20, 2019

Ms. Judith O. Yanacek  
President and Chief Executive Officer  
Mount Trexler Manor Corporation  
5201 St. Joseph's Road  
Limeport, Pennsylvania 18060

RE: Action Recovery – AR1  
License #: 226870

Dear Ms. Yanacek:

As a result of the Department's Bureau of Human Services Licensing inspection on November 6, 2018 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Anne Graziano".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Violation Report



**Violation Report:** 22687 - 11/06/2018 - Novak, Ryan

**PCH Name:** ACTION RECOVERY

**1. REGULATION 55 Pa.Code §2600**

2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

**2a. DESCRIPTION OF VIOLATION**

A bottle of pink cleaning agent was located on top of a cabinet in the kitchen. The bottle did not have the original manufacturer's label attached.

**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 bottle was immediately discarded. Staff were educated in a staff meeting dated 11/7/18 regarding the proper procedures for storing and the storage location for cleaning products.

The administrator or designee 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** 12/5/18

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

The above plan of correction is approved as of 12-19-18  
(Date)

The above plan of correction was approved by AR  
(Initials)

Plan of correction implementation status as of 12-19-18  
(Date)

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

**Violation Report:** 22687 - 11/06/2018 - Novak, Ryan

**PCH Name:** ACTION RECOVERY

**1. REGULATION 55 Pa.Code §2600**

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

**2a. DESCRIPTION OF VIOLATION**

The dresser drawer located in Resident #1's room is broken. The front panel of the drawer is hanging off the dresser.

**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 broken dresser drawer was corrected at the time of inspection. Staff were educated on the proper procedure for reporting maintenance needs. Staff were reminded of the Quality Assurance check sheet during a staff meeting on 11/7/18.

The administrator will insure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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**Violation Report:** 22687 - 11/06/2018 - Novak, Ryan

**PCH Name:** ACTION RECOVERY

**1. REGULATION 55 Pa.Code §2600**

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

**2a. DESCRIPTION OF VIOLATION**

A garbage can filled with empty cigarette packs and cups was located in the homes designated smoking area, posing a possible fire hazard.

**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 trashcan was immediately removed. Staff were educated regarding placing trashcans in the smoking area during a staff meeting on 11/7/18.

The administrator will insure compliance.

Repeat Violation: No

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(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

David Rush, Administrator

Date

12/5/18

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**Violation Report:** 22687 - 11/06/2018 - Novak, Ryan

**PCH Name:** ACTION RECOVERY

**1. REGULATION 55 Pa.Code §2600**

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's most recent DME was completed on 10/3/17.

Resident #3's most recent DME was completed on 7/6/18, the previous was completed on 6/9/17.

**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.*

Resident #2's DME was 2 days past the grace period. Resident #3 had their DME completed on 11/15/18.

Social Services were remediated regarding the regulations pertaining to time frames for completing DMEs.

The administrator will insure compliance.

Repeat Violation: No

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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) David Rush, Administrator

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Violation Report: 22687 - 11/06/2018 - Novak, Ryan

PCH Name: ACTION RECOVERY

**1. REGULATION 55 Pa.Code §2600**

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**

It has been determined through staff interviews that resident #3 receives a modified consistency 3 - dental soft diet which consists of moist foods cut in bite sized pieces. Resident #3's RASP dated 7/30/18 indicates the resident is on a regular diet no tomatoes, the RASP has not been updated to reflect the residents dietary needs.

**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's diet for "modified consistency; 3 dental soft" was provided after a hospitalization from 1/19-1/25/18. The resident had a DME completed on 7/16/18 that prescribed a regular diet. The resident's RASP reflects the DME dated 7/16/18. Despite the change in diet, the staff continued to follow the modified diet.

The resident's PCP was contacted on the date of inspection and agreed to keep the modified diet. Social Services was re-educated regarding the regulations pertaining to resident RASPs.

The resident was assessed by LVPG Rehab Services on 11/13/18. Results of assessment indicate "No dysphagia observed – maintain soft diet – food cut well – Regular liquids"

To prevent recurrence the following occurred:

- Resident diets will be posted in the following locations for staff access and review: main kitchen, diet sheets in the meal book, RASP and RASP book.
  - Verbal communication of swallowing specific diet changes will be communicated in rounds meeting.
  - Swallowing specific diet changes will become a standing staff meeting agenda item.
  - Social services cross-referenced resident RASP, DME and Diet sheets to insure consistent diet. Updates were made as needed.
  - Residents with swallowing specific needs were re-assessed. 3 residents assessed. (see attached).
  - Swallowing specific diets were placed on an easier to read format. (see attached)
  - TRAINING:
    - o Online Training for dysphagia through PHMC (1.5 hours) see attached roster
    - o Staff meeting (1/23/19) with Dysphagia training by advocacy alliance (see attached roster and training materials)
    - o Staff Meeting make-ups to occur on 1/30/19 and 2/6/19.
    - o Medical Issues to include Dysphagia and Swallowing issues added to New Hire Orientation
- . (See attached training materials).

The administrator will insure compliance.

Repeat Violation: No

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Date 12/5/18

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(Initials)Plan of correction implementation status as of 2-7-19  
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