



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: February 26, 2019

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 inspection on December 17, 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 "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 21663 - 12/17/2018 - Deluca, Amy

PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

A plastic urinal bottle half full of urine was observed on resident #1's bedside table.

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 plastic urine bottle was immediately removed. Staff were remediated regarding portable urinals; care; and upkeep. Staff were reminded of house quality assurance check sheets.

The administrator will insure compliance.

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
2/8/19**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**The above plan of correction is approved as of 2-13-19
(Date)The above plan of correction was approved by MM
(Initials)Plan of correction implementation status as of 2-13-19
(Date)

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

Violation Report: 21663 - 12/17/2018 - Deluca, Amy

PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash can in the home's kitchen containing food garbage was not covered with a lid.

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 staff member working in the kitchen exited the kitchen without securing the lid. The trash can lid was immediately replaced. The staff member in question was remediated regarding the expectation for keeping the lid on the trash can.

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)	Date
David Rush, Administrator	2/8/19

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Violation Report: 21663 - 12/17/2018 - Deluca, Amy

PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident # 2 receives regular blood glucose checks with insulin administered on a sliding scale before meals as well as a straight order of 8 units of insulin before breakfast and 10 units before both lunch and dinner. A review of the resident's Medication Administration Record (MAR) for November 2018 indicates that some staff are recording the straight units of insulin added to the sliding scale units under the sliding scale order and some staff are only recording the sliding scale units administered. Staff are not properly recording the actual number of sliding scale units of insulin on the resident's MAR.

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.

Med Techs were remediated regarding proper documentation for sliding scale insulin.
Staff were re-educated regarding reading medication orders in the eMAR.

The nursing department will implement routine audits of sliding scale documentation and provide training and education of med techs as needed.

The administrator will insure compliance.

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Violation Report: 21663 - 12/17/2018 - Deluca, Amy

PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the home on 5/15/2018. The resident's support plans dated 5/15/18 and 8/15/2018 do not indicate that the resident required a rolling walker to ambulate due to an unsteady gate.

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 Social Services Department was remediated regarding updating individual RASPs as support needs change. The Social Services Department will implement routine reviews of resident RASPs to insure updated information.

Then administrator will insure compliance.

Repeat Violation: No

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PCH Name: MT TREXLER MANOR

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

Resident #1 has a habit of frequently urinating on his/her bedroom floor according to staff interview. The resident has requested to use a plastic urinal bottle when the resident is in bed. The resident's behaviors and bladder management needs are not addressed in the resident's support plan dated 1/5/2018.

Resident #4 requires 1-hour checks for prompting and cuing to toilet him/herself. This is documented on the home's toileting schedule. The resident's toileting needs are not addressed in support plan dated 6/26/2018.

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 Social Services Department was remediated regarding updating individual RASPs as support needs change. The Social Services Department will implement routine reviews of resident RASPs to insure updated information.

Then administrator will insure compliance.

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Printed Name and Title of Legal Entity Representative
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Date 2/8/18

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