



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 30 2019

Mr. Guy Vilim
Law Office of Guy Vilim LLC
11 South Olive Street, 2nd Floor
Media, Pennsylvania 19063

RE: Mt. Trexler Manor
5201 St. Joseph Road, PO Box 1001
Limeport, Pennsylvania 18060

Dear Mr. Vilim:

This is to acknowledge receipt of your request to appeal the Department's decision to Revoke the regular license and issue a First Provisional license for Mt. Trexler Manor. Your request has been forwarded to the Department of Human Services, Bureau of Hearings and Appeals. You will be contacted regarding the date and time of the hearing.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

cc: Megan Rubenstein (Northeast), Office of General Counsel

Law Office of Guy Vilim LLC
11 South Olive Street
2nd Floor
Media, PA 19063
(610) 566-0711
FAX (610) 566-7711

Human Services Licensing
DEC 28 2018

TO: Shivani Patel
Bureau of Hearings and Appeals
Pennsylvania Department of Human Services

FAX: (717) 783 5662

RE: PROVIDER APPEAL AND REQUEST FOR HEARING

Please find following the Provider Appeal and Request for Hearing from Tri-County
Respite, Inc.

14 PAGES FOLLOW

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
BUREAU OF HEARINGS AND APPEALS**

**TRI-COUNTY RESPITE, INC.,
Appellant**

:

:

v.

:

**DEPARTMENT OF HUMAN SERVICES
OFFICE OF DEVELOPMENTAL PROGRAMS,**

:

:

Appellee

PROVIDER APPEAL AND REQUEST FOR HEARING

Tri-County Respite, Inc. (referred to hereinafter as "TCR" or "Appellant") hereby appeals from the agency decision by the Department's Bureau of Human Services Licensing (referred to hereinafter as "DHS") that REVOKED TCR's license # 216630 and replaced it with a FIRST PROVISIONAL license. TCR states the following in support of its Request for Hearing and Appeal:

1. The Appellant is Tri-County Respite, Inc., 5201 St. Joseph Road, PO BOX 1001, Limeport, PA 18060.
2. At all times relevant hereto, TCR has held a Certificate of Compliance to operate a Personal Care Home, identified as License # 216630.
3. On December 17, 2018, DHS notified TCR that it had revoked its license # 216630 and replaced it with a Provisional License # 216631 pursuant to 62 P.S. § 1026(b)(1) and 55 Pa. Code § 20.71(a)(2). In this notice, DHS advised TCR that "All violations specified on the License Inspection Summary must be corrected by the dates specified

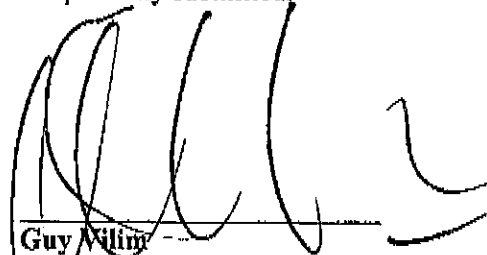
on the License Inspection Summary and continued compliance with 55 Pa. Code 2600 must be maintained.

4. The reasons for this appeal and the issues raised in this appeal are:
 - a. DHS' notice stated that "All violations specified in the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary..." However, DHS has not provided Appellant with a document titled License Inspection Summary nor one identified as such. Consequently, Appellant has not been provided notice of violations it must correct.
 - b. DHS enclosed a document titled "Violation Report" that states that Appellant had made inadequate progress on its Plan of Correction¹ as of November 20, 2018. However, DHS has not advised Appellant, formally or informally, of any lapses in Appellant's completion of its Plan of Correction, nor has it provided Appellant with a new Violation Report itemizing repeated or new violations.
 - c. Appellant completed its Plan of Correction other than those requirements that are ongoing policies and procedures—all of which have been implemented.
 - d. Pursuant to 62 P.S. § 1008, Appellant must be issued a regular license upon full compliance by the facility.
 - e. Consequently, DHS did not have grounds to revoke TCR's license on December 17, 2018.

¹ This Plan of Correction was approved by DHS on November 16, 2018.

WHEREFORE, TCR prays that DHS schedule this matter for a hearing on the facts and issues presented.

Respectfully submitted,



Guy Vilim
Law Office of Guy Vilim LLC
Attorney No. 42633
Noreen Amir
Attorney No. 87387
11 South Olive Street
2nd Floor
Media, PA 19063
(610) 566-0711
Attorney for Appellant

Dated: December 27, 2018



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:

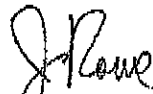
Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Ms. Yanacek

2

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,



Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary



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 TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 32
or the maximum capacity permitted by the Certificate of Compliance, 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

(ANNUAL 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.

HS 628 - 2/18cse

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 2

FCH Name: MOUNT TREXLER MANOR		License Number: 21663
Address: 5201 ST. JOSEPH ROAD, 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 ROAD, LIMEPORT, PA 18060		
Certificate(s) of Occupancy C-2 LP 08/22/1999 LABOR AND INDUSTRY		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 59	Waking Staff: 44
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
09/24/2018: Dumas, Gerald		
Off-Site Inspection Dates and Inspectors, If Applicable		
10/02/2018: Dumas, Gerald		
10/03/2018: Dumas, Gerald		
10/18/2018: Dumas, Gerald		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 90 Number of Residents Served: 59 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	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 14 Have Mental Illness: 59 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0	

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 12/16/17. 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 10/6/18, 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):

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 11-16-18
 (Date)

Plan of correction implementation status as of 11-20-18
 (Date)

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

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

Page 2a of 2

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.



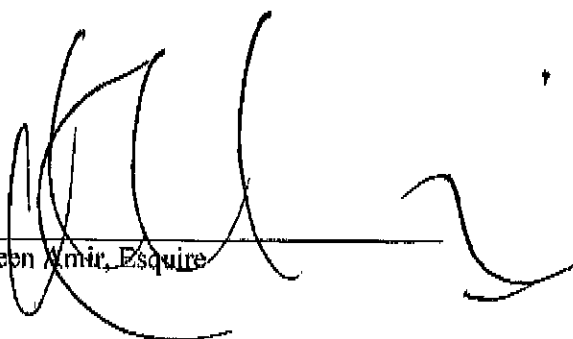
David Rush, Administrator
Mount Trexler Manor

ARJ

11-20-18

VERIFICATION OF COUNSEL

I hereby verify that the facts stated in the foregoing PROVIDER APPEAL AND REQUEST FOR HEARING are true and correct to the best of my knowledge, information, and belief, and that they have been reviewed by a representative of the Appellant and that a verification by the Appellant will be substituted for this one in due course. I understand that this verification is made subject to the penalties related to unsworn falsifications to authorities pursuant to 18 Pa. C.S. § 4904.

Dated: 12/27/18

Noreen Amir, Esquire

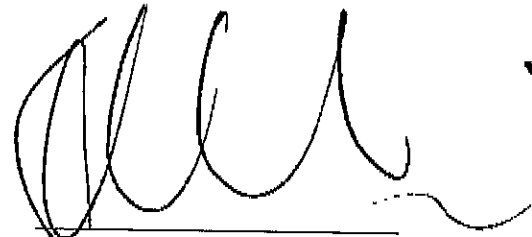
CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing PROVIDER APPEAL AND REQUEST FOR HEARING, was served this 27th day of December, 2018, via facsimile, on the following person:

Shivani Patel
Human Services Licensing Department
Department of Human Services
Room 631, Health & Welfare Building
625 Forster Street
Harrisburg, PA 17105
FAX: 717-783-5662

And by email and facsimile to:

Doris Leisch, Esquire
Chief Counsel
Office of General Counsel
Pennsylvania Department of Human Services
Health & Welfare Building
3d Floor West
P.O. Box 2675
Harrisburg, PA 17105
FAX: 717-772-0717



Noreen Amir
Law Office of Guy Villim LLC
Attorney I.D. No. 42633
11 South Olive Street
2nd Floor
Media, PA 19063
(610) 566-0711
Attorney for Appellant

Dated: December 27, 2018



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)

<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>
<small>ADDRESS OF SATELLITE SITE</small>	<small>ADDRESS OF SATELLITE SITE</small>

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 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.

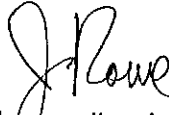
All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

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 11-16-18
(Date)

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

Plan of correction implementation status as of 11-20-18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- 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.

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- 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);

AG 11-20-18

DL 11/8/18

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