



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

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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 74
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 July 2, 2019 until July 2, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216630**

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



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

July 2, 2019

RE: Mt. Trexler Manor
License # 216630

Dear Ms. Yanacek:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 23, 2019 and April 24, 2019, of the above facility, the violations 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.

A regular license is being issued based on the enclosed violation report. As a result of your facility's recent adjustment of the use of physical space, we are revising your licensed capacity. Your license is enclosed.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

Violation Report

Facility Information

Name: *MT TREXLER MANOR* License Number: *216631*
 Address: *5201 ST JOSEPH RD PO BOX 1001, LIMEPORT, PA 18060*
 County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: *Dave Rush* Phone: *6109659021* Email: *DRUSH@NEWVITAEWELLNESS.COM*

Legal Entity

Name: *TRI COUNTY RESPITE INC*
 Address: *5201 ST. JOSEPH RD, PO BOX 1001, PA, 18060*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/22/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
 Reason: *Provisional, Incident*

Inspection Dates and Department Representative

04/23/2019 - On-Site: Ryan Novak, Amy Deluca
04/24/2019 - On-Site: Ryan Novak, Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *74* Residents Served: *49*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: <i>24</i>	Are 60 Years of Age or Older: <i>12</i>
Diagnosed with Mental Illness: <i>49</i>	Diagnosed with Intellectual Disability: <i>5</i>
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>

MT TREXLER MANOR

216631

20b6 - Interest Bearing Account

Regulations

2600.

20.b.6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

Resident #1 had an account balance that exceeded \$200 during the months of April 2018 through September 2018. The home did not document that the resident was offered the opportunity to have the money deposited into an interest-bearing account during this timeframe.

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

Legal Entity Representative



Signature

David Rush, Administrator

Printed Name and Title

5/31/19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6-21-19
(Date)

Plan of correction implementation status as of 6-21-19
(Date)

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

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

Mt. Trexler contests this citation. The regulation requires that, if a resident has more than \$200 for more than 2 consecutive months, the resident receive notice of this fact and "an offer of assistance" in setting up an interest-bearing account. The regulation does not state that the regulation has been violated if the resident chooses not to sign a form affirmatively declining to set up such an account. Nonetheless, the citation attempts to impose such an additional requirement and asserts that a violation exists if a specific box on a form is not initialed in order to document that the resident affirmatively declines to establish such an account. This requirement does not exist in the regulations. During the inspection, Mt. Trexler produced written evidence for resident #1 that she received notice, as required, when she had more than \$200. For each of these periods, resident #1 signed a form stating that she had received the required notice. In addition to this notice, the same form also included a space where the resident could initial that they affirmatively decline to open an interest-bearing account. In the instances cited as a violation, the resident declined the opportunity to initial the second place on the form after signing the first. The resident's choice to decline to sign the second place does not constitute proof that Mt. Trexler failed to offer her assistance in establishing an account. Quite the contrary, the resident's signature on the form demonstrates that the issue of her money, and what to do about it, were discussed and that assistance was offered, as required. This conclusion is bolstered further by the additional evidence in periods before and after those cited, in which the resident chose to affirmatively sign the form in both places and declined to open an account. This proves that she was well aware of the opportunity of opening an account and had chosen, over a long period, not to do so. Her decision to not sign the second portion of the form during the periods cited proves nothing more than that – she declined to sign. What the full documentary evidence shows is that this resident was fully aware of the option of creating an account and, for the periods under inspection, simply continued her long-standing decision to decline to open an account.

Additionally, Mount Trexler Manor asks for technical assistance and regulatory clarification based on a conversation that occurred with DHS. During the conversation DHS indicated a resident that waives their right to an interest-bearing account and does not drop below the requisite \$200 balance would not need to sign to waive opening an interest-bearing account in each consecutive month the individual would have a balance over \$200. The resident above's balance never dropped below \$200 for the last 2 years as evidenced in the provided Quarterly Allowance Statements.

To provide for cleared direction, Mount Trexler Manor will amend the "Quarterly Allowance Statement" to provide for better clarification provided by the resident.

David Rush, Administrator



6-21-19

ag

MT TREXLER MANOR

216631

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Direct care staff member A hired 1/22/19, B hired 3/19/19 and ancillary staff member C hired 3/5/19 did not receive training in general fire safety on the 1st day of work.

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 organization's HR Clerk, that was also a fire safety trainer, left the organization therefore the day 1 orientation no longer included onsite fire safety training. This was an omission. The staff members in question were provided fire safety training. An audit of all staff members hired from the date of the employee's leaving and the date of inspection was completed by May 15th. All new hire staff will be trained. Additionally, Annual Fire Safety Training is scheduled to occur on 5/29/19. See attached record of training. All staff that missed the training will be trained by June 15th.

To prevent recurrence, Human resources will alert Mount Trexler Manor Administration of the date of new hire training and the staff attending. Mount Trexler Administration will insure training takes place on Day 1 at the work site.

Administrator will insure compliance.

Legal Entity Representative



Signature

David Rush, Administrator

Printed Name and Title

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04/23/2019

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MT TREXLER MANOR

216631

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b.2. Emergency medical plan.

Description of Violation

Direct care staff member A hired 1/22/19, B hired 3/19/19 and ancillary staff member C hired 3/5/19 did not receive training in the emergency medical plan.

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 organization's HR Clerk left the organization therefore Emergency Medical Plan Training was not signed off. This was an omission. All new hires receive Emergency Preparedness Training which includes Emergency Medical Plan Review. The staff members in question were provided Emergency Medical Plan Training. An audit of all staff members hired from the date of the employee's leaving and the date of inspection was completed by May 15th. All new hire staff will be trained. Additionally, Annual Emergency Preparedness Training, which includes Emergency Medical Plan, is scheduled to occur on 5/29/19. See attached record of training. All staff that missed the training will be trained by June 15th.

To prevent recurrence, Human resources will alert Mount Trexler Manor Administration of the date of new hire training and the staff attending. Mount Trexler Administration will insure training takes place within the first 40 working hours at the work site.

Administrator will insure compliance.

Legal Entity Representative



Signature

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102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There were 2 bars of soap observed on both sides of the sink in the women's common bathroom located on the 2nd floor of the home.

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 soap was immediatly discarded. The quality assurance check sheet was ammended to include checking common/shared bathrooms for soap.

The administrator or designee will insure compliance.

Legal Entity Representative



David Rush, Administrator

5/31/19

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MT TREXLER MANOR

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124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's most current notice to the fire department dated 11/9/2018 contained the incorrect capacity of the home and incorrectly identified 3 immobile residents and 1 deaf resident residing in the home. The home currently has no immobile residents and the deaf resident had already been discharged from the home.

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.)

Mt. Trexler contests that this regulation was violated. The regulation requires that the home notify fire authorities of the locations of the bedrooms of those requiring assistance needed to evacuate in an emergency. At the time if the inspection, there were no residents and, therefore, no bedroom locations that needed to be supplied to the Fire Department. It was, therefore, by definition, impossible to violate the regulation. The fact that the Fire department had old information that was overly-inclusive does not violate the regulation. The regulation does not say the home shall provide the locations of those bedrooms where assistance is needed and the home shall be certain to timely remove all previous or outdated information previously supplied. This citation imposes a requirement and an element that does not appear in the regulation itself.

In future, the administrator will ensure that updated information is provided to Fire Department authorities in a reasonable and timely manner.

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144c2 - Smoking Area Distance

Regulations

2600.

144.c.2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

A garbage can was located in the homes designated smoking area full of dried leaves, posing a possible fire hazard.

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 garbage can was removed from the smoking area at the time of inspection. Staff were reminded regarding trash cans not being placed in smoking areas.

The administrator will insure compliance.

Legal Entity Representative



David Rush, Administrator

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MT TREXLER MANOR

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187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 has an order for fludrocortisone .1mg twice daily hold if systolic blood pressure is greater than 160. On 4/20/19 at 4pm the blood pressure was 168/92, the medication was administered and should have been held.

Repeat Violation: 10/18/18

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.)

Mt. Trexler concedes a violation occurred as described. However, Mt. Trexler contests the characterization of this as a "Repeat violation." First, Mt. Trexler contested the citation in October, 2018, as a legitimate violation because the medical documentation demonstrated that no medication error occurred at that time. Further, a "repeat violation" is one that involves a failure of procedure related to either the same or some similar set of facts, such as the repeated improper medication delivery to the same resident or a repetitious failure of compliance that demonstrates a problem and a failure to correct the problem over time. Even if the October error was correct, that error and this are completely unrelated, they are unconnected in the type of errors that occurred; they do not in any way demonstrate that a procedural problem existed, that it was identified by Mt. Trexler, and that Mt. Trexler failed to correct the problem. In these circumstances, there is no justification in fact or law for characterizing this error as "Repeat."

The med tech was remediated to the error and retrained on the 5 rights of medication administration. The medication administration procedures were reviewed. An incident was sent to the department. (see attached). To prevent errors, Mount Trexler Manor will continue to use med tech meetings to review pertinent medication administration procedures and techniques. Mount Trexler Manor will also continue to utilize self-audits and supervisor oversight to minimize and eliminate medication errors. The Administrator will insure compliance.

Legal Entity Representative



David Rush, Administrator

5/31/19

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