



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: drush@newvitaewellness.com**  
**MAILING DATE: August 7, 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  
License #: 226870

Dear Ms. Yanacek:

As a result of the Department's Bureau of Human Services Licensing inspection on April 23, 2019 and April 24, 2019 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 that reads "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Violation Report

## Violation Report

<b>Facility Information</b>	
Name: <i>ACTION RECOVERY</i>	License Number: <i>227290</i>
Address: <i>5201 ST JOSEPHS ROAD, LIMEPORT, PA 18060</i>	
County: <i>LEHIGH</i>	Region: <i>NORTHEAST</i>

<b>Administrator</b>		
Name: <i>Tantrell Hunt</i>	Phone: <i>6109659021</i>	Email: <i>JYANACEK@NEVVITAEWELLNESS.COM</i>

<b>Legal Entity</b>
Name: <i>MOUNT TREXLER MANOR CORPORATION</i>
Address: <i>5201 ST. JOSEPHS ROAD, PA, 18060</i>

<b>Certificate(s) of Occupancy</b>		
Type: <i>C-2 LP</i>	Date:	Issued By:

<b>Staffing Hours</b>		
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>8</i>	Waking Staff: <i>6</i>

<b>Inspection</b>		
Type: <i>Partial</i>	BHA Docket #:	Notice: <i>Unannounced</i>
Reason: <i>Complaint</i>		

<b>Inspection Dates and Department Representative</b>	
<i>04/23/2019 - On-Site: Amy Deluca, Ryan Novak, ,</i>	
<i>04/24/2019 - On-Site: Amy Deluca, Ryan Novak, ,</i>	

<b>Resident Demographic Data as of Inspection Dates</b>			
General Information			
License Capacity: <i>8</i>	Residents Served: <i>8</i>		
Secured Dementia Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>0</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>8</i>	Are 60 Years of Age or Older: <i>1</i>		
Diagnosed with Mental Illness: <i>8</i>	Diagnosed with Intellectual Disability: <i>1</i>		
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>3</i>		

16c - Written Incident Report

**Regulations**

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

On 2/2/2019 police arrived at the home responding to a 911 caller who had stated they were being threatened by another resident. Police interviewed several residents and staff identified resident #1 as the person who had called 911. The incident was not reported to the Department's regional office.

**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.)

Action Recovery contests this violation. The underlying facts are as follows:

On February 2, 2019, Resident #1 called the police and told the police that he was threatened by another resident. When he called the police, Resident #1 did not identify the source of the threats nor did Resident #1 report the threats at any time to staff at Action Recovery. When the police arrived, they interviewed Resident #1. At that time, Resident #1 was unable to identify any person who had threatened him. To date, Resident #1 has not identified any real person or any real threats that were made against him. While at the facility, the police interviewed several other people and no one had any knowledge of any threats to Resident #1. The police concluded their investigation and reported to Action Recovery that they believed it was a false alarm and that no threats had been made to Resident #1. The regulation cited (55 Pa. Code §2600.16) provides that a reportable incident includes the following: "An incident requiring the services of an emergency management agency, fire department or law enforcement agency, except for false alarms." 55 Pa. Code § 2600.16((a)(11). As this event was declared a false alarm by the emergency management/law enforcement agency involved, there was no requirement to report the incident. Further, the incident does not fall under any of the other categories of reportable incidents listed in the regulation. For this reason, there was no requirement under the regulations to report the incident and the violation needs to be corrected and withdrawn.

\*\* Action Recovery reports all incidents and conditions as specified in the regulations and will continue to do so. The administrator will ensure ongoing compliance.

Immediately & Ongoing: The administrator will review the incidents required to be reported by 2600.16a with all staff. All future - incidents will be reported as required.

Legal Entity Representative

7-29-19 *MM*

*Tantrell Hunt*

Signature

Tantrell Hunt, BS

Printed Name and Title

6/12/19

Date

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

The above plan of correction is approved as of 7-29-19  
(Date)

Plan of correction implementation status as of 7-29-19  
(Date)

The above plan of correction was approved by *MM*  
(Initials)

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

44f - Written Decision

**Regulations**

2600.

44.f. Within 7 days after the submission of a written complaint, the home shall give the complainant and, if applicable, the designated person, a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home's investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.

**Description of Violation**

*Resident #2's family member made a written complaint to the home on 3/6/2019 regarding treatment of the resident. The home sent a written response to the family member on 3/20/2019. The home did not provided a written response to the family member within 7 days as required.*

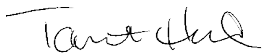
**Plan of Correction (POC)**

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There was immediate phone contact with the family member concerning the complaint. Action Recovery acknowledges a late response although daily correspondence was made. Action Recovery discussed with the Regional Office the need to extend past the 7 day written response period when formulating the written response to the complaint. Additionally, Action Recovery provided daily verbal status updates to the complainant.

To prevent reoccurrence the Administrator will provide a written response in the time frame specified in the regulations. In addition, will seek assistance from the regional licensing administration if needed. Administrator will ensure compliance.

**Legal Entity Representative**



Signature

Tantrell Hunt, BS

Printed Name and Title

6/12/19

Date

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227d - Support Plan Medical/Dental

**Regulations**

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

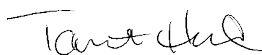
*Resident #2's support plan dated 9/14/2018 was not updated to reflect that resident #2 was engaging in such behaviors as: aggression towards staff, threatening residents, selling cigarettes to residents at exorbitant costs, and refusing medications.*

**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 residential support plan was updated at the time of inspection. To prevent reoccurrence the individual's RASP will be reviewed when behavioral changes are observed. The RASP will be updated as needed. The Administrator will ensure compliance.

**Legal Entity Representative**



Signature

Tantrell Hunt

Printed Name and Title

6/12/19

Date

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