



December 3, 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 annual inspection on August 27, 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.

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, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: ACTION RECOVERY

License Number: 22687

Address: 5201 ST. JOSEPH'S ROAD,, LIMESPORT, PA 18060

County: LEHIGH

Region: NORTHEAST

Administrator

Name: Tantrell Hunt

Phone: 6109659021

Email: JYANACEK@NEVVITAEWELLNESS.COM

Legal Entity

Name: MOUNT TREXLER MANOR CORPORATION

Address: 5201 ST. JOSEPH'S ROAD, LIMESPORT, PA, 18060

Certificate(s) of Occupancy

Type: C-2 LP

Date: 06/22/1999

Issued By: PA L7I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 8

Waking Staff: 6

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

08/27/2019 - On-Site: Ann O'Haire

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8

Residents Served: 8

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 8

Are 60 Years of Age or Older: 0

Diagnosed with Mental Illness: 8

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 6

81b - Resident Personal Equipment

Regulations

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident bedroom #113 had an enabler bar attached to the resident's bed which had opening large enough to entrapment the resident's head or limbs.

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 enabler bar device attached to the residents's bed was removed at the time of inspection and replaced with an alternative device. Please see attached photo.

The administrator will ensure compliance of all DME equipment used by residents and make sure that they are clean, in good repair and free of hazard.

Legal Entity Representative

Tantrell Hunt, B.S.

Signature

Tantrell Hunt, BS Administrator

Printed Name and Title

10/17/19

Date

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

The above plan of correction is approved as of 10/17/19
(Date)

Plan of correction implementation status as of 10/17/19
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

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

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident # 1's DME did not have a date when the resident had a medical evaluation completed by the physician and the form was dated when it was completed. It cannot be determined if the resident was seen by a physician within required timeframes of 60 days prior to admission and 30 days following admission.

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.)

We contest this violation despite the physician error in not providing a date. The date of the visit was confirmed by the medical appointment form which indicates an accurate date of 7/24/19 @ 2:00 pm. To prevent future occurrences all DME forms will be approved after completion by the administrator. See attached forms.

The administrator will also put a system in place to check all forms to ensure that they are filled out correctly, within 60 days prior to admission or within 30 days after admission.

Legal Entity Representative

Tantrell Hunt, B.S.

Signature

Tantrell Hunt, BS Administrator

Printed Name and Title

10/17/19

Date

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224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2, DOA 03/18/18, didn't have a pre-admission form completed.

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.)

This pre-admission form was an oversight as the individual responsible was out on FMLA. The administrator will ensure that this is taken care of going forward. Type text here

The pre-admission screening form will be documented 30 days prior to admission and this process will be overseen by the administrator.

Legal Entity Representative

Tantrell Hunt, B.S.

Signature

Tantrell Hunt, BS Administrator

Printed Name and Title

10/17/19

Date

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