



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to:

iyanacek@newvitaewellness.com; drush@newvitaewellness.com

MAILING DATE: March 18, 2020

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 #: 216630

Dear Ms. Yanacek:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 3, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: MOUNT TREXLER MANOR

License Number: 21663

Address: 5201 ST. JOSEPH RD, PO BOX 1001, LIMEPORT, PA 18060

County: LEHIGH

Region: NORTHEAST

Administrator

Name: Dave Rush

Phone: 6109659021

Email: JYANACEK@NEWVITAEWELLNESS.COM

Legal Entity

Name: MOUNT TREXLER MANOR CORPORATION

Address: 5201 ST. JOSEPH RD, PO BOX 1001, LIMEPORT, PA, 18060

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 45

Waking Staff: 34

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Complaint

Inspection Dates and Department Representative

12/03/2019 - On-Site: Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 74

Residents Served: 45

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 17

Are 60 Years of Age or Older: 14

Diagnosed with Mental Illness: 45

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 0

Have Physical Disability: 0

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 12/4/19 resident #1 had an incident that required stitches at the ER, the home did not report this incident to the department.

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.)

Upon return from the hospital it was overlooked that the individual had received stitches. The Director of Wellness was re-educated regarding reportable incidents and conditions.

To prevent recurrence, staff will be retrained on Reportable Incidents and Conditions at January's staff meeting and training scheduled for January 29, 2020 with all staff missing the meeting being completed by February 15th.

The administrator will insure compliance.

Legal Entity Representative



Signature

David Rush, Administrator

Printed Name and Title

1/15/20

Date

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

The above plan of correction is approved as of 2-20-2020
(Date)

Plan of correction implementation status as of 2-20-2020
(Date)

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

Implemented
 Not Implemented