



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: drush@newvitaewellness.com
MAILING DATE: March 4, 2020

Ms. Judith O. Yanacek
President and Chief Executive Officer
Mount Trexler Manor Corporation
5201 St. Joseph's Road
Limeport, Pennsylvania 18060

RE: Action Recovery
AR2
License #: 227290

Dear Ms. Yanacek:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 29, 2020 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 "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: ACTION RECOVERY
Address: 5201 ST. JOSEPHS ROAD,, AR2,, LIMEPORT, PA 18060
County: LEHIGH Region: NORTHEAST

License Number: 22729

Administrator

Name: Tantrell McKeiver -Hunt Phone: 6109659021 Email: drush@newvitaewellness.com

Legal Entity

Name: MOUNT TREXLER MANOR CORPORATION
Address: 5201 ST. JOSEPHS ROAD, LIMEPORT, PA, 18060

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 8 Waking Staff: 6

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

01/29/2020 - 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: 2
Have Mobility Need: 0 Have Physical Disability: 1

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home conducted a fire drill on 1/28/20 but failed state the time of day this drill was conducted on the fire drill log.

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 fire drill in question was conducted on the day before inspection. The time had yet to be logged on the fire drill form. Fire drills are completed by MTM and the time/date are relayed to Action Recovery. This process had yet to happen but was attainable at the time of inspection and was documented immediately. The Administrator will ensure that fire drill information is logged in completion going forward.

Legal Entity Representative

Tantrell Hunt, B.S.

Signature

Tantrell Hunt, BS Administrator

Printed Name and Title

2/17/2020

Date

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

The above plan of correction is approved as of 2-27-2020
(Date)

Plan of correction implementation status as of 2-27-2020
(Date)

Implemented

Not Implemented

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

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 #1's preadmission screening form dated 05/01/19 did not indicate that the home was able to meet the resident's needs.

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.)

At the time of intake, the employee did not check the box on the pre-screen form indicating that the home was able to meet the needs of Resident #1. This was an oversight and omission of information. To prevent reoccurrence the Administrator will review all completed paperwork before being filed. The Administrator will ensure compliance.

Legal Entity Representative

Tantrell Hunt, B.S.

Signature

Tantrell Hunt, BS Administrator

Printed Name and Title

2/17/2020

Date

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(Date)

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252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident #1's record didn't contain information regarding the resident identifiable marks, if any.

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 individual completing the demographic face sheet for Resident #1 used an asterik (*) to indicate "N/A or None" in the box labeled "identifiable marks". Action Recovery will no longer use an asterik (*) to indicate this response. Training was completed on all face sheets. The Administrator will ensure compliance and review all face sheets going forward.

Legal Entity Representative

Tantrell Hunt, B.S.

Signature

Tantrell Hunt, BS Administrator

Printed Name and Title

2/17/2020

Date

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