



Sent via email to: drush@newvitaewellness.com
MAILING DATE: November 5, 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 May 15, 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: MOUNT TREXLER MANOR

License Number: 21663

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

County: LEHIGH

Region: NORTHEAST

Administrator

Name: David Rush

Phone: 6109659021

Email: JYANACEK@NEVVITAEWELLNESS.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:

Total Daily Staff: 45

Waking Staff: 34

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

Inspection Dates and Department Representative

05/15/2020 - Off-Site: Ann O'Haire

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

42c - Treatment of Residents

Regulations

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

Residents #1 and #2 got into an altercation on 05/07/20 when resident #1 began to threaten staff and resident #2 inserted himself in the situation. Resident #1 began to push resident #2 and resident #2 hit back.

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.)

Resident #1 was becoming verbally aggressive to staff when resident #2 attempted to redirect the other resident that they should not talk to staff in that manner. Resident #1 then became verbal to resident #2 and pushed him. Resident #2 retaliated by hitting resident #1. Resident #2 indicated he was protecting himself despite staff intervention at the time. Staff immediately separated the residents.

Both residents were debriefed and had a conflict resolution session. Resident #2 indicated he did not remember the incident. Resident #1 indicated he understands he was in the wrong. Both residents clinical teams were contacted for further processing of the incident.

To prevent recurrence, both residents will be encouraged to seek out staff to assist with resolving conflicts. Both residents will work with their therapists on coping strategies. Staff will be encouraged to be mindful of residents when they are entering a crisis. Both residents have had no further conflicts.

Legal Entity Representative



Signature

David Rush, Administrator

Printed Name and Title

11/3/2020

Date

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The above plan of correction is approved as of 11-4-20
(Date)

Plan of correction implementation status as of 11-4-20
(Date)

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

- Implemented
- Not Implemented