

Department of Human Services  
Bureau of Human Service Licensing

December 4, 2020

MOUNT TREXLER MANOR CORPORATION  
5201 ST. JOSEPH RD, PO BOX 1001  
LIMEPORT, PA, 18060

RE: MOUNT TREXLER MANOR  
5201 ST. JOSEPH RD, PO BOX 1001  
LIMEPORT, PA, 18060  
LICENSE/COC#: 21663

Dear Ms. Yanacek,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/18/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSE INSPECTION SUMMARY**

**Facility Information**

Name: *MOUNT TREXLER MANOR* License #: *21663* License Expiration Date: *07/02/2021*  
 Address: *5201 ST. JOSEPH RD, PO BOX 1001, LIMEPORT, PA 18060*  
 County: *LEHIGH* Region: *NORTHEAST*

**Administrator**

Name: *David Rush* Phone: *6109659021* Email:  
*JYANACEK@NEWVITAEWELLNESS.com,*  
*lindscott@pa.gov, mmoskalczy@pa.gov*

**Legal Entity**

Name: *MOUNT TREXLER MANOR CORPORATION*  
 Address: *5201 ST. JOSEPH RD, PO BOX 1001, LIMEPORT, PA, 18060*  
 Phone: *6109659021* Email: *JYANACEK@NEWVITAEWELLNESS.COM*

**Certificate(s) of Occupancy**

Type: *C-1* Date: *06/22/1999* Issued By: *PA L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *53* Waking Staff: *40*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *06/18/2020*

**Inspection Dates and Department Representative**

*06/18/2020 - Off-Site: Ann O'Haire*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *74* Residents Served: *53*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *26* Are 60 Years of Age or Older: *12*  
 Diagnosed with Mental Illness: *53* Diagnosed with Intellectual Disability: *5*  
 Have Mobility Need: *0* Have Physical Disability: *0*

## Inspections / Reviews

## 06/18/2020 - Partial

Lead Inspector: *Ann O'Haire*Follow-Up Type: *POC Submission*Follow-Up Date: *07/24/2020*

## 11/6/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *12/06/2020*

## 12/4/2020 - Document Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Not Required*

## 42b - Abuse

**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

*Resident #1 struck resident #2 during an incident were resident #2 repeatedly made derogatory gestures towards resident #1. This behavior angered resident #1 which resulted in him striking resident #1 causing resident #1 to suffer a cut and bruise above his right eye.*

**Plan of Correction - 11/06/2020****Accept**

*During the incident, there were not any other witnesses. Resident #2 initially could not identify the individual that had struck him. Resident #2 was eventually able to identify the other individual. Resident number #1 was transferred to another location.*

*To prevent recurrence, the residents will be encouraged to work with their therapists for conflict resolution. The resident will be encouraged to seek staff out to assist with problem solving conflicts.*

**Completion Date:** 11/01/2020

**Update - 11/01/2020**

*Within 30 days of receipt of this plan of correction:*

*All staff, including the administrator, will receive training in resident rights. Documentation of training shall be maintained by the home and available for review by the Department upon request.*

*Please submit proof of training to the Department upon completion.*

**Document Submission - 12/04/2020****Implemented**

*Document Attached*