

Department of Human Services  
Bureau of Human Service Licensing

August 12, 2021

██████████ PRESIDENT/CEO  
MOUNT TREXLER MANOR CORPORATION  
5201 ST. JOSEPH'S ROAD  
LIMESPORT, PA 18060

RE: ACTION RECOVERY  
5201 ST. JOSEPH'S ROAD  
LIMESPORT, PA, 18060  
LICENSE/COC#: 22687

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2020, 07/14/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Anne Graziano

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** ACTION RECOVERY **License #:** 22687 **License Expiration Date:** 09/26/2020  
**Address:** 5201 ST JOSEPH'S ROAD, LIMESPORT, PA 18060  
**County:** LEHIGH **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED] **Phone:** 6109659021 **Email:** [REDACTED]

**Legal Entity**

**Name:** MOUNT TREXLER MANOR CORPORATION  
**Address:** 5201 ST. JOSEPH'S ROAD, LIMESPORT, PA, 18060  
**Phone:** 6109659021 **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

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

**Inspection**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint, Incident **Exit Conference Date:** 07/14/2020

**Inspection Dates and Department Representative**

07/07/2020 - On-Site: [REDACTED]  
07/14/2020 Off Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 8 **Residents Served:** 8

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 8 **Are 60 Years of Age or Older:** 1  
**Diagnosed with Mental Illness:** 8 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0 **Have Physical Disability:** 6

## Inspections / Reviews

07/07/2020 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *10/05/2020*

4/27/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/07/2021*

5/4/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/11/2021*

8/12/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

It has been determined through interviews that Staff member A yelled at Resident #1 while waiting for Resident #1's doctor's appointment on 7/1/20. Staff member A also handled the residents arms and legs in a rough manner while putting them back into the residents wheelchair.

Plan of Correction

Accept

Staff explained that they were trying to prevent the resident from leaving the doctor appointment and rolling on the floor. Staff was retrained on abuse/neglect and resident rights on 7/8/2020. Staff was separated for [redacted] upon completion of investigation of incident on 7/14/2020. The administrator will report abuse and resident rights violations in accordance to the regulations.

The administrator will insure compliance.

Completion Date: 04/26/2021

Update - 04/27/2021

Upon Resubmission of the Plan of Correction, the Home will submit, via the Portal, a copy of the signature sheets of staff trained in Resident Rights and copy or outline of the training topics.

AG, 4-27-21

Document Submission

Implemented

Staff will be trained on Abuse and Neglect during 90 day employment.

141a - Medical Evaluation

1. Requirements

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.

Description of Violation

Resident #1 was admitted to the home on [redacted], the DME was not completed until [redacted].

Plan of Correction

Accept

A tickler system was created to monitor dates and ensure compliance. The administrator will ensure compliance of ntake paperwork going forward.

Completion Date: 04/26/2021

Update - 04/27/2021

Upon Resubmission the Home will submit a copy of the present tickler system that is IN USE to demonstrate compliance. Documentation will be submitted via the Portal.

The Home will also send in a copy of a recent medical (DME) that has been completed correctly and timely to show evidence of compliance. It may be a NEW DME or an Annual DME.

AG, 4-27-21

141a - Medical Evaluation (continued)

Document Submission

Implemented

Tickler System implemented by nurse.

Update - 08/12/2021

141a 1-10 Medical Evaluation Information

1. Requirements

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 dated [REDACTED] does not include anything for body positioning.

Plan of Correction

Do Not Accept

[REDACTED] argues this violation because the prescribing physician indicated [REDACTED] for body positioning on [REDACTED]. The mention of body positioning was during the investigation when the Target explained reasoning for adjusting the resident while at the doctor's office.

[REDACTED] has standardized practice for all residents in wheelchairs for adjustments every 2 hours. Due to the recommendation of the State; body positioning was later changed on the DME to reflect repositioning of the resident.

Completion Date: 04/26/2021

Update - 04/27/2021

The document presented during the investigation of 7-7-2020 for Resident # 1, the DME dated [REDACTED] Section # 8, "Body Positioning/Movement" is left blank. The violation stands.

The home is required to submit an acceptable Plan of Correction upon Resubmission of this Plan of Correction.

AG, 4-27-21

141a 1-10 Medical Evaluation Information *(continued)***Plan of Correction****Accept**

██████████ has standardized practice for all residents in wheelchairs for adjustments every 2 hours. Due to the recommendation of the State; body positioning was later changed on the DME to reflect repositioning of the resident.

The Administrator will review for accuracy and compliance immediately and ongoing. The administrator will develop a system to ensure that all assessments are done correctly, completely, and within the time frames required.

**Completion Date:** 05/03/2021

**Update - 05/04/2021**

Upon Resubmission of the Plan of Correction, all that is required is to note is "agreed" as all of the supporting documentation has already been submitted.

AG, 5-4-21

**Document Submission****Implemented**

Agreed