

Department of Human Services
Bureau of Human Service Licensing

November 24, 2020

JUDITH JANACEK, PRESIDENT/CEO
MOUNT TREXLER MANOR CORPORATION
5201 ST. JOSEPHS ROAD
LIMEPORT, PA 18060

RE: ACTION RECOVERY
5201 ST. JOSEPHS ROAD
AR2
LIMEPORT, PA, 18060
LICENSE/COC#: 22729

Dear Ms. Janacek,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/18/2020 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)

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 #: *22729* License Expiration Date: *02/21/2021*
 Address: *5201 ST. JOSEPHS ROAD, AR2, LIMEPORT, PA 18060*
 County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: *Tantrelle Hunt* Phone: *6109659021* Email:
THUNT@NEWWITAEWELLNESS.COM,
lindscott@pa.gov, mmoskalczy@pa.gov

Legal Entity

Name: *MOUNT TREXLER MANOR CORPORATION*
 Address: *5201 ST. JOSEPHS ROAD, LIMEPORT, PA, 18060*
 Phone: *6109659021* Email: *JYANACEK@NEWWITAEWELLNESS.COM*

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: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *07/27/2020*

Inspection Dates and Department Representative

08/18/2020 - Off-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: *0* 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*

Inspections / Reviews

08/18/2020 - Partial

Lead Inspector: *Ann O'Haire*Follow-Up Type: *POC Submission*Follow-Up Date: *09/21/2020*

9/30/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *10/05/2020*

11/24/2020 - 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 with a chair several times on the evening of 8/11/20. Resident #2 suffered a bloody nose and facial lacerations as a result of this resident to resident altercation.

Plan of Correction**Accept**

On 8/11/2020 Resident #1 and #2 had a physical altercation. Prior to this incident neither of them had ever had any previous incidents or conflicts with one another. The incident in question was unprovoked and Resident #1 appeared psychiatrically unstable during and after the event. Prior to the event Resident #1 medication had been readjusted by his team. During the event the residents were immediately separated by staff. Resident #1 was sent to Lehigh Valley Hospital on a 302 and later transported to Wilkes-Barre Veterans hospital where he remained for a week. Resident #2 went to Lehigh Valley Hospital and was discharged the same evening.

Resident #1 was relocated to another facility after being discharged from the hospital. Resident #2 was instructed to follow-up with his PCP and Psychiatric team. Both residents were counseled on abuse and the house rules. Staff was debriefed on the incident. A staff meeting was held to discuss milieu management and how to maintain a safe community. AR will continue to monitor residents for signs and symptoms of psychiatric instability as well as partner with the clinical team for additional interventions. The Administrator will continue to ensure the health and safety of all individuals.

Completion Date: 09/21/2020

Document Submission**Implemented**

There was a staff meeting to discuss milieu management on 9/1/2020 (See Attached). Resident #1 was discharged on 9/4/2020.