

Department of Human Services
Bureau of Human Service Licensing

February 9, 2021

██████████ ADMINISTRATOR
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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/01/2020 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

Inspections / Reviews

12/01/2020 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *12/18/2020*

12/21/2020 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/31/2020*

2/9/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident bedroom [redacted] does not have a light source next to the bed.

Plan of Correction

Accept

Resident #1 in room [redacted] did not have a lamp or other source of lightning that can be turned on at bedside. Resident has a history of destroying property in [redacted] bedroom. [redacted] has previously broken lamps, windows, and lamps. The lamp was removed for [redacted] safety.

Resident has agreed to allow staff to put a battery powered LED light on [redacted] wall above [redacted] nightstand. Resident is not in agreement with having a lamp or mirror in [redacted] room. Resident has spoken with [redacted] therapist and reviewed coping strategies to assist when [redacted] is angry. The Administer will order a surplus of LED lights to have to ensure compliance. The Administrator or designee will ensure quality assurance checks of the rooms are completed on a regular basis to assure regulatory items are present in each room.

Completion Date: 12/17/2020

Update - 12/21/2020

Please send/attach picture of bedside lighting and updated resident RASP.

Document Submission

Implemented

Push Lights on his wall to replace lamp
Updated RASP

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 #2's (DOA [redacted]) intial medical evaluation was not completed.

141a - Medical Evaluation (continued)

Plan of Correction**Accept**

Resident #2 did not have an initial medical evaluation completed within 30 days after admission. (DOA)

Resident #2 attended appointment for medical evaluation on 10/15/2020 to have MA-51 completed and scripts ordered. (PCP) declined to complete MA-51 due to Resident #2 being a new patient. The PCP was willing to complete scripts for Resident #2 and did so, but declined to fill out the MA-51 due to lack of sufficient medical history. sent a fax to Resident #2's previous placement for additional medical history. To date the medical information has not been faxed back from . Resident #2 will be seen on 12/23/2020 @11:40 am to complete the MA-51. Despite not having the necessary medical history faxed back from has agreed to proceed. The PCP explained that Resident #2 will no longer be considered a new patient and is now comfortable filing out the medical papers. Resident #2's appointment for this examination has been delayed due to a facility-level quarantine related to COVID-19 exposure; PCP has not offered a tele-health option. To ensure compliance, the Administrator or designee will audit new resident's charts prior to the 30-day deadline for DMEs and problem solve challenge areas.

Completion Date: 12/17/2020

Update - 12/21/2020

Please send/attach new DME-medical evaluation.

Document Submission**Implemented**

Resident #2 MA-51 attached

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 medical evaluation dated does indicate an immunization history, if any. Section 6 the immunization history of the medical evaluation was left blank.

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

Resident #1 immunization history in section 6 was left blank.

mmunization history section #6 is now checked "Unknown" for immunization history. To ensure compliance, the Administrator or designee will review completed DMEs to assure they are completed properly and to prevent blank spaces.

Completion Date: 12/17/2020

Update - 12/21/2020

Please send/attach proof of resident #1's DME.

Document Submission**Implemented**

DME Attached

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident 2 has an order for [REDACTED]. The pharmacy label on the [REDACTED] stated [REDACTED].

Plan of Correction**Accept**

The original container for prescriptions medications shall be labeled with the pharmacy label that includes the prescribed dosage and instructions for administration.

Resident #2 had an order for [REDACTED]. The pharmacy label on the [REDACTED] [REDACTED] The pharmacy labeled the medication incorrectly and therefore it was unopened. The medication was never used and later returned to the pharmacy. The Administrator or designee will review all received medications and compare them to the MAR and physician's order to ensure the proper medication, labeling, and instructions are present for each physician's order.

Completion Date: 12/17/2020

Document Submission**Implemented**

The 2nd unopened container was returned to the pharmacy.