

Department of Human Services
Bureau of Human Service Licensing

May 4, 2021

[REDACTED]
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/08/2021, 03/17/2021, 03/18/2021, 03/19/2021, 03/22/2021, 03/23/2021, 03/26/2021 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: 02/21/2022
Address: 5201 ST. JOSEPHS ROAD, AR2, LIMEPORT, PA 18060
County: LEHIGH Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: MOUNT TREXLER MANOR CORPORATION
Address: 5201 ST. JOSEPHS ROAD, LIMEPORT, PA, 18060
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/02/1999 Issued By: 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: 03/26/2021

Inspection Dates and Department Representative

02/08/2021 - Off-Site: [REDACTED]
03/17/2021 - Off-Site: [REDACTED]
03/18/2021 - Off-Site: [REDACTED]
03/19/2021 - Off-Site: [REDACTED]
03/22/2021 - Off-Site: [REDACTED]
03/23/2021 - Off-Site: [REDACTED]
03/26/2021 - 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: Residents Served:

Hospice

Current Residents: 0

Resident Demographic Data as of Inspection Dates (*continued*)

Number of Residents Who:

Receive Supplemental Security Income: 8

Diagnosed with Mental Illness: 8

Have Mobility Need: 0

Are 60 Years of Age or Older: 0

Diagnosed with Intellectual Disability: 1

Have Physical Disability: 3

Inspections / Reviews

02/08/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/08/2021*

4/28/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/03/2021*

5/4/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

New Assessment and support plan was completed on [REDACTED] for resident #1 due to a significant change. The significant change occurred on [REDACTED] when resident #1 eloped from the home.

Plan of Correction

Accept

The resident eloped because [REDACTED] wanted an energy drink from the store. The issue of elopement was put into practice additional support when agitated and beverages on site daily) but not documented as a significant change on the RASP after the elopement occurred. The administrator will ensure compliance in a timely manner going forward.

Completion Date: 04/05/2021

Update - 04/28/2021

Immediately and Ongoing:

The administrator will develop a system to ensure that all assessments are done correctly, completely, and within the time frames required by this Chapter.

Please send/Attach proof of resident #1's RASP.

Document Submission

Implemented

The administrator will ensure compliance and significant changes going forward. RASP is attached as proof.