

Department of Human Services
Bureau of Human Service Licensing

October 26, 2021

[REDACTED], ADMINISTRATOR
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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/15/2021, 06/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]
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: *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: [REDACTED] Phone: *6109659021* Email: [REDACTED]

Legal Entity

Name: *MOUNT TREXLER MANOR CORPORATION*
Address: *5201 ST. JOSEPH RD, PO BOX 1001, LIMEPORT, PA, 18060*
Phone: *6109659021* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/22/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *56* Waking Staff: *42*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/16/2021*

Inspection Dates and Department Representative

06/15/2021 - On-Site: [REDACTED]
06/16/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *74* Residents Served: *56*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *22* Are 60 Years of Age or Older: *18*
Diagnosed with Mental Illness: *56* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/13/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/20/2021*

10/26/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted]/20 Resident #1 was administered the [redacted]. [redacted] MAR indicated [redacted] should have been administered [redacted]. The home did not report this medication error to the department until [redacted]/20.

Plan of Correction

Accept

The reportable incident was submitted one day late. This was an oversight. Medication technicians were reminded of the reporting requirements to ensure timely reporting.

The administrator will ensure compliance.

Completion Date: 12/11/2020

Document Submission

Implemented

26a - Quality Management Plan

1. Requirements

2600.

- 26.a. The home shall establish and implement a quality management plan.

Description of Violation

The Homes Quality Management meeting dated 2/19/21 did not indicate who was in attendance.

Plan of Correction

Accept

Mount Trexler Manor disputes this violation. The Department's interpretation of the regulation states, "The persons involved in the review." and does not specify the name of the person is required. Mount Trexler Manor has a quality management plan that identifies the positions responsible for participating in the quality management plan.

To prevent recurrence of this violation, Mount Trexler Manor will list the names of the participants in future meetings.

The Administrator will ensure compliance.

Completion Date: 09/30/2021

Document Submission

Implemented

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

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

Description of Violation

The bed for resident 2 did not have sheets. Staff verified it was not [redacted] laundry day and could not state why [redacted] did not have sheets on [redacted].

101j3 - Bed/Linens/Pillows/Blankets (continued)

Plan of Correction

Accept

Mount Trexler Manor disputes this violation. The resident in question had all of the requisite items required by regulation on bed, but 2nd sheet and comforter was balled up in the middle of unmade bed. The resident has a habit of unmaking bed and balling sheets and comforter in the middle of his bed. The regulation does not specify the resident's bed must be made when they are not in it.

Completion Date: 09/30/2021

Update - 10/13/2021

VIOLATION W/D 10-13-2021

Document Submission

VIOLATION W/D 10-13-2021 MM

Implemented

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A 5 pound bag of shredded mozzarella cheese, located in the kitchen refrigerator was opened and unsealed.

Plan of Correction

Accept

The cook was in the process of preparing dinner and had placed the cheese in the refrigerator to keep it cold while was continuing to use it. The cook was reminded of the regulation regarding proper storage of food.

The Director of Operations will perform periodic audits regarding food storage.

The Administrator will ensure compliance.

Completion Date: 09/30/2021

Document Submission

Implemented

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated bags of french fries in the storage shed freezer. Also, there was a 50oz can of chicken noodle soup, located in the dry storage area of the storage shed, that was dented.

103i - Outdated Food (continued)

Plan of Correction

Accept

The French fries were removed from their original container to minimize the storage impact in the freezer. The cooks were reminded of proper food storage and regulations pertaining to dented cans.

The Director of Operations will perform periodic audits regarding food storage.

The Administrator will ensure compliance.

Completion Date: 09/30/2021

Document Submission

Implemented

144c1 - Smoking Area Guidelines

1. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

Numerous cigarette butts were located on the ground in the foliage at the base of the smoke shack. Additionally, there was a cardboard box in the smoke shack. Both are combustible materials and a fire hazard.

Plan of Correction

Accept

Staff were reminded on the expectation to police the smoking area for cigarette butts. Residents are encouraged to dispose of cigarette butts in the receptacles. A resident left a box they were collecting in the smoke area and it was removed at the time of inspection.

To prevent recurrence, the Director of Operations will inspect the smoke area routinely to ensure staff are policing the area.

Completion Date: 09/30/2021

Update - 10/13/2021

Please send/Attach proof of staff/resident training regarding smoking guidelines-policy and procedures. 10-13-2021

Document Submission

Implemented

Please see attached documentation as requested.

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Staff person A completed [redacted] medication training with a recertification date of 8/8/20. However, Staff person B had a certification date of 7/20/20. Trainer did not indicate if [redacted] was recertified, sign or date the form. Staff person C original Medication administration training was completed on 11/20/19. On 5/2021, medication administration record review was completed with no indicated results. The medication trainer signed the form but did not indicate if staff person C was recertified or date the form.

Plan of Correction

Accept

The medication trainer did not fully complete the documentation in full. The staff that were listed as med techs were fully trained and certified despite inaccurate documentation.

The Director of Training will review all med tech training records to ensure they are fully complete and meet regulatory standard.

Completion Date: 09/30/2021

Update - 10/13/2021

Please send/Attach proof of staff medication training. 10-13-2021 [redacted]

Document Submission

Implemented

Please see attached documentation as requested.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Repeat Violation

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident 3 - At [redacted] pm on [redacted]/21 the reading on the glucometer was [redacted] but was incorrectly transcribed as [redacted]. Resident #4 has a PRN order for [redacted] every 4 hours as needed for cough and [redacted], take 2 capsules by mouth 3 times a day as needed for diarrhea. These medication was not available.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

Staff were re-educated regarding proper transcription and procedure for documenting blood glucose levels. Staff were re-educated on the importance of conducting cart audits.

Medications that were missing were discontinued the same day as inspection due to the resident not utilizing the medication for over 6 months.

To prevent recurrence routine cart and glucometer audits will be conducted by med room staff.

The Administrator will ensure compliance.

Completion Date: 09/30/2021

Update - 10/13/2021

Please send proof of staff training. 10-13-2021

Document Submission

Implemented

Please see attached documentation as requested.

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 is prescribed [redacted] However, resident 1 was administered [redacted] on [redacted]/20.

Resident 3 is on a [redacted]. On [redacted]/21, Resident 3 [redacted]. Resident 3 should have received [redacted]. However, Residents reading was transcribed as [redacted] and he was given [redacted].

Resident #4 has a PRN order for [redacted] every 4 hours as needed for cough and [redacted], take 2 capsules by mouth 3 times a day as needed for diarrhea. These medication was not available.

Plan of Correction

Accept

Mount Trexler Manor acknowledges the error for Resident 1 and submitted an incident report on [redacted]/20.

The transcription error with the blood glucose reading caused the error with the administration of Resident 3's NovoLog. Staff were re-educated on the importance of accurate documentation.

Mount Trexler Manor disagrees with the unavailability of the medication as not following the directions of the prescriber. Resident 4 has not requested the medication in over 6 months and therefore does not constitute an error to this regulation.

Completion Date: 09/30/2021

Update - 10/13/2021

Please send/Attach proof of staff training. 10-13-2021 MM

187d - Follow Prescriber's Orders *(continued)*

Document Submission

Implemented

Please see attached documentation as requested.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 5 was admitted on [REDACTED]. However, the resident's assessment was not completed until [REDACTED]

Plan of Correction

Accept

Social Services miscalculated the date when completing the initial RASP's assessment section. The Director of Social Services will monitor the timely completion of assessments and support plans.

The Administrator will ensure compliance.

Completion Date: 09/30/2021

Document Submission

Implemented