

Department of Human Services
Bureau of Human Service Licensing

January 16, 2022

[REDACTED]
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 09/28/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk

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: *07/02/2022*
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: <i>C-2 LP</i> | Date: <i>06/22/1999</i> | Issued By: <i>L&I</i> |
| Type: <i>I-2</i> | Date: <i>03/25/2013</i> | Issued By: <i>City of Bethlehem</i> |
| Type: <i>C-1</i> | Date: <i>03/26/1999</i> | Issued By: <i>DOH</i> |

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *51* Waking Staff: *38*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *09/28/2021*

Inspection Dates and Department Representative

09/28/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *74* Residents Served: *51*

Secured Dementia Care Unit

| | | | |
|--------------------|-------|-----------|-------------------|
| In Home: <i>No</i> | Area: | Capacity: | Residents Served: |
|--------------------|-------|-----------|-------------------|

Hospice

Current Residents: *0*

Number of Residents Who:

| | |
|---|--|
| Receive Supplemental Security Income: <i>19</i> | Are 60 Years of Age or Older: <i>15</i> |
| Diagnosed with Mental Illness: <i>51</i> | Diagnosed with Intellectual Disability: <i>3</i> |
| Have Mobility Need: <i>0</i> | Have Physical Disability: <i>0</i> |

Inspection Dates and Department Representative (*continued*)

Inspections / Reviews

09/28/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/19/2021*

12/13/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/17/2021*

01/16/2022 - Document Submission

Reviewer: [REDACTED]

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

On 8/6/21 resident #1 kicked resident #2 at the smoking shed causing resident #2 to fall and suffer a minor head injury requiring two staples.

Plan of Correction

Accept

Resident 2 presented to staff bleeding from [redacted] head and reported resident 1 kicked [redacted] causing [redacted] to fall. The event was unobserved by staff. Resident 2 was taken for medical evaluation and received 2 staples to close a minor wound on [redacted] head. When questioned, resident 1 indicated [redacted] kicked resident number 2 because [redacted] continued to ask [redacted] for cigarettes. Resident number 2 indicated [redacted] was surprised because there have never been issues between them.

Resident number 1 was counseled regarding appropriate ways to handle conflict. Resident number 1 was placed on increased monitoring at the time to monitor for further incident. Currently resident number 2 moved to a sister facility for increased independence.

To prevent recurrence, staff will monitor resident 1 for signs of increased irritation or anxiety to help prevent future incidents. Staff will utilize increased monitoring and supervision if needed.

Document Submission

Implemented