

Department of Human Services
Bureau of Human Service Licensing

October 6, 2022

[REDACTED], PRESIDENT
[REDACTED]
[REDACTED]

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 05/25/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *07/02/2023*
Address: *5201 ST. JOSEPH RD, PO BOX 1001, LIMEPORT, PA 18060*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *MOUNT TREXLER MANOR CORPORATION*
Address: [REDACTED]
Phone: [REDACTED] 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: *59* Waking Staff: *44*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/25/2022*

Inspection Dates and Department Representative

05/25/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *74* Residents Served: *59*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *20* Are 60 Years of Age or Older: *17*
Diagnosed with Mental Illness: *53* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/25/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/24/2022*

Inspections / Reviews (*continued*)

07/22/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/29/2022*

08/21/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/29/2022*

10/06/2022 - Document Submission

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

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The certificate for the two hot water tanks and two boilers from the Department of Labor and Industry expired 4/2/21. The pressure vessels were last inspected on 4/13/21.

The certificate for the elevator from the Department of Labor and Industry expired on 5/21/21. The elevator was last inspected on 3/22/21.

Plan of Correction

Accept

The building had previous annual inspections for the 3 programs licensed in this building and did not receive this citation. Mount Trexler Manor's above mentioned systems were inspected as required but the department of Labor and Industry did not send the requisite certificates. Follow-up on the status of the certificates occurred periodically since the inspections were completed with L&I stating they were backed up. Mount Trexler Manor requested duplicate copies of the certifications; which have been received. Please see attached certificates.

Completion Date: 06/24/2022

Update: 07/22/2022

no attachments have been provided. Please provide in Step 2. AG, 7-22-22

Document Submission

Implemented

The building had previous annual inspections for the 3 programs licensed in this building and did not receive this citation. Mount Trexler Manor's above mentioned systems were inspected as required but the department of Labor and Industry did not send the requisite certificates. Follow-up on the status of the certificates occurred periodically since the inspections were completed with L&I stating they were backed up. Mount Trexler Manor requested duplicate copies of the certifications; which have been received. Please see attached certificates.

25c1 - Personal Needs Allowance

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 1. Each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure. A contract to the contrary is not valid. A personal needs allowance is the amount that a resident shall be permitted to keep for his personal use.

Description of Violation

The contract dated [REDACTED] for Resident #1 doesn't indicate the current personal needs allowance.

Plan of Correction

Accept

The resident in question has a representative payee that handles their funds. It was an oversight to fill in the line for the amount of personal needs. To prevent recurrence, the Social Services Department will review contracts provided to them from the Finance Department.

The Administrator will ensure compliance.

Completion Date: 06/24/2022

25c1 - Personal Needs Allowance (continued)

Document Submission

Not Implemented

The resident in question has a representative payee that handles their funds. It was an oversight to fill in the line for the amount of personal needs. To prevent recurrence, the Social Services Department will review contracts provided to them from the Finance Department.

The Administrator will ensure compliance.

Update: 08/21/2022

No documentation was provided for this violation. Compliance was unable to be determined. Please submit evidence of compliance.

8-21-22

Document Submission

Implemented

The resident in question has a representative payee that handles their funds. It was an oversight to fill in the line for the amount of personal needs. To prevent recurrence, the Social Services Department will review contracts provided to them from the Finance Department.

The Administrator will ensure compliance.

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff member A hired did not complete the Department approved direct care competency course until

Plan of Correction

Accept

The staff member failed to submit their direct care competency test at the time of orientation; this was an oversight.

To prevent recurrence, the HR Department will review all new hires required documentation before releasing them to the program to start their shadowing process.

Then administrator will ensure compliance.

Completion Date: 06/24/2022

Document Submission

Not Implemented

The staff member failed to submit their direct care competency test at the time of orientation; this was an oversight.

To prevent recurrence, the HR Department will review all new hires required documentation before releasing them to the program to start their shadowing process.

Then administrator will ensure compliance.

65d - Initial Direct Care Training (continued)

Update: 08/21/2022

No documentation was provided for this violation. Compliance was unable to be determined. Please submit evidence of compliance.

8-21-22

Document Submission

Implemented

The staff member failed to submit their direct care competency test at the time of orientation; this was an oversight.

To prevent recurrence, the HR Department will review all new hires required documentation before releasing them to the program to start their shadowing process.

Then administrator will ensure compliance.

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

A small accumulation of lint was noted in the lint trap of dryer #2, posing a possible fire hazard. The dryer was empty and cool to touch.

Plan of Correction

Accept

Reports on the size of the lint was approximately a quarter indicating the lint trap was cleared after the dryer cycle but a small amount of lint remained stuck to the lint screen. If the lint was not removed, the entire lint screen would have been filled.

To prevent recurrence, staff were provided a memo outlining the steps to take to ensure fire safety as it relates to operating a dryer. Additionally, the memo was placed on each dryer. Periodic reviews of the dryer logs filled out by staff and the status of the dryers will occur by the Director of Operations.

The administrator will ensure compliance

Completion Date: 06/24/2022

Document Submission

Not Implemented

Reports on the size of the lint was approximately a quarter indicating the lint trap was cleared after the dryer cycle but a small amount of lint remained stuck to the lint screen. If the lint was not removed, the entire lint screen would have been filled.

To prevent recurrence, staff were provided a memo outlining the steps to take to ensure fire safety as it relates to operating a dryer. Additionally, the memo was placed on each dryer. Periodic reviews of the dryer logs filled out by staff and the status of the dryers will occur by the Director of Operations.

The administrator will ensure compliance

105g - Lint Removal and Duct Cleaning (continued)

Update: 08/21/2022

No documentation was provided for this violation. Compliance was unable to be determined. Please submit evidence of compliance.

█ 8-21-22

Document Submission

Implemented

Reports on the size of the lint was approximately a quarter indicating the lint trap was cleared after the dryer cycle but a small amount of lint remained stuck to the lint screen. If the lint was not removed, the entire lint screen would have been filled.

To prevent recurrence, staff were provided a memo outlining the steps to take to ensure fire safety as it relates to operating a dryer. Additionally, the memo was placed on each dryer. Periodic reviews of the dryer logs filled out by staff and the status of the dryers will occur by the Director of Operations.

The administrator will ensure compliance

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

One sock was located behind dryer #2 near the dryer duct, posing a possible fire hazard.

Four socks were located behind dryer #3 on the dryer duct, posing a possible fire hazard.

Plan of Correction

Accept

A memo was distributed to all staff regarding fire safety as it relates to dryers. Additionally, the memo was placed on each dryer. Periodic reviews of the dryer logs filled out by staff and the status of the dryers will occur by the Director of Operations.

The administrator will ensure compliance

Completion Date: 06/24/2022

Document Submission

Not Implemented

A memo was distributed to all staff regarding fire safety as it relates to dryers. Additionally, the memo was placed on each dryer. Periodic reviews of the dryer logs filled out by staff and the status of the dryers will occur by the Director of Operations.

The administrator will ensure compliance

Update: 08/21/2022

No documentation was provided for this violation. Compliance was unable to be determined. Please submit evidence of compliance.

█, 8-21-22

Document Submission

Implemented

A memo was distributed to all staff regarding fire safety as it relates to dryers. Additionally, the memo was placed on each dryer. Periodic reviews of the dryer logs filled out by staff and the status of the dryers will occur by the Director of Operations.

The administrator will ensure compliance

130f - Testing Smoke Detectors

1. Requirements

2600.

130.f. Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

Description of Violation

The home did not test the fire alarms and smoke detectors monthly from 3/20-9/21.

Plan of Correction

Accept

This was an oversight due to the suspension of the regulation to cease conducting fire drills. All manual fire detectors continued to be tested. Mount Trexler Manor returned to compliance 10/21 and maintained compliance.

To prevent recurrence, Mount Trexler Manor will develop a back-up system if the regulation to cease fire drills is suspended in the future. The fire alarm will continue to be checked monthly during fire drills.

The administrator will ensure compliance.

Completion Date: 06/24/2022

Document Submission

Not Implemented

This was an oversight due to the suspension of the regulation to cease conducting fire drills. All manual fire detectors continued to be tested. Mount Trexler Manor returned to compliance 10/21 and maintained compliance.

To prevent recurrence, Mount Trexler Manor will develop a back-up system if the regulation to cease fire drills is suspended in the future. The fire alarm will continue to be checked monthly during fire drills.

The administrator will ensure compliance.

Update: 08/21/2022

No documentation was provided for this violation. Compliance was unable to be determined. Please submit evidence of compliance.

8-21-22

Document Submission

Implemented

This was an oversight due to the suspension of the regulation to cease conducting fire drills. All manual fire detectors continued to be tested. Mount Trexler Manor returned to compliance 10/21 and maintained compliance.

To prevent recurrence, Mount Trexler Manor will develop a back-up system if the regulation to cease fire drills is suspended in the future. The fire alarm will continue to be checked monthly during fire drills.

The administrator will ensure compliance.

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:

Description of Violation

Resident #2's [redacted] did not have the residents name on it.

184a - Labeling OTC/CAM (continued)

Resident #5 has an order for [REDACTED] daily hold for systolic blood pressure less than [REDACTED]. The label to the medication doesn't include the parameter.

Plan of Correction**Accept**

Resident #2's [REDACTED] was corrected at the time of inspection. Resident #5's [REDACTED] was labeled on their medication tray.

Med Tech Staff were retrained on the medication administration process and instructed to "STOP" if there was a discrepancy in the 5 rights. Med Carts will be audited regularly to ensure medications are labeled correctly.

The administrator will ensure compliance.

Completion Date: 06/24/2022

Update: 07/22/2022

Please include copies of staff training in Step 2.

[REDACTED] 7-22-22

Document Submission**Implemented**

Resident #2's [REDACTED] was corrected at the time of inspection. Resident #5's [REDACTED] was labeled on their medication tray.

Med Tech Staff were retrained on the medication administration process and instructed to "STOP" if there was a discrepancy in the 5 rights. Med Carts will be audited regularly to ensure medications are labeled correctly.

The administrator will ensure compliance.

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

11. Special precautions, if applicable.

Description of Violation

Resident #3 has an order for [REDACTED] hold for systolic blood pressure less than [REDACTED]. The MAR doesn't include the [REDACTED].

Resident #5's [REDACTED] is not initialed as administered on the MAR on 5/3 & 5/16/22.

Plan of Correction**Accept**

Resident #3's MAR was corrected to add the parameter.

Med Tech Staff were retrained on the medication administration process and instructed to "STOP" if there was a discrepancy in the 5 rights. Med Carts will be audited regularly to ensure medications are labeled correctly in the cart and on the MAR.

Resident #5 has an order to hold medication if SBP is below a certain number. It appears that the medication was not administered due to this parameter and staff did not complete documentation.

187a - Medication Record (continued)

To prevent documentation errors, staff will review the MAR during Narc count to ensure documentation is completed.

The administrator will ensure compliance.

Completion Date: 06/24/2022

Update: 07/22/2022

Please include copies of staff training in Step 2.

█ 7-22-22

Document Submission

Implemented

Resident #3's MAR was corrected to add the █.

Med Tech Staff were retrained on the medication administration process and instructed to "STOP" if there was a discrepancy in the 5 rights. Med Carts will be audited regularly to ensure medications are labeled correctly in the cart and on the MAR.

Resident #5 has an order to hold medication if SBP is below a certain number. It appears that the medication was not administered due to this parameter and staff did not complete documentation.

To prevent documentation errors, staff will review the MAR during Narc count to ensure documentation is completed.

The administrator will ensure compliance.

187c - Refusal of Medication

1. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #4 refused 8pm medications on █. The doctor was not notified regarding the refusals.

Plan of Correction

Accept

Resident #4 routinely declines his medication and reporting the missed medication to the physician was an oversight.

To prevent recurrence; 3rd shift tech staff will audit for declined medications and submit refusals to physicians as needed.

The administrator will ensure compliance.

Completion Date: 06/24/2022

Update: 07/22/2022

Please provide sample of a refusal sent to the prescribing dr in Step 2.

█, 7-22-22

187c - Refusal of Medication (continued)

Document Submission **Implemented**

Resident #4 routinely declines [redacted] medication and reporting the missed medication to the physician was an oversight.

To prevent recurrence; 3rd shift tech staff will audit for declined medications and submit refusals to physicians as needed.

The administrator will ensure compliance.

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The preadmission screening dated [redacted] for Resident #6 doesn't indicate if the resident can safely handle and identify poisonous materials.

Plan of Correction **Accept**

This was an oversight and corrected at time of inspection.

The Social Services Department will audit all pre-admission screening forms for accurate completion prior to entering the document into the individual's record.

The administrator will ensure compliance.

Completion Date: 06/24/2022

Update: 07/22/2022

Please send in a copy of the audit, including findings and actions taken, if warranted, in Step 2.

[redacted], 7-22-22

Document Submission **Implemented**

This was an oversight and corrected at time of inspection.

The Social Services Department will audit all pre-admission screening forms for accurate completion prior to entering the document into the individual's record.

The administrator will ensure compliance.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #3 has an order for [redacted] hold for systolic blood pressure less than 100. The home is not taking the residents blood pressure in order to administer this medication.

187d - Follow Prescriber's Orders (continued)

Resident #5 has an order for [REDACTED] daily hold for systolic blood pressure less than 110. On 5/12/22 the blood pressure was [REDACTED], the medication was administered and should have been withheld.

Repeat violation: 6/15/21

Plan of Correction**Accept**

Resident #3's MAR was corrected to add the [REDACTED].

Med Tech Staff were retrained on the medication administration process and instructed to "STOP" if there was a discrepancy in the 5 rights.

To prevent recurrence, regular med tech meetings will occur which will include a standing agenda item to review relevant regulatory topics.

The administrator will ensure compliance.

Completion Date: 06/24/2022

Document Submission**Implemented**

Resident #3's MAR was corrected to add the [REDACTED].

Med Tech Staff were retrained on the medication administration process and instructed to "STOP" if there was a discrepancy in the 5 rights.

To prevent recurrence, regular med tech meetings will occur which will include a standing agenda item to review relevant regulatory topics.

The administrator will ensure compliance.