

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY PUBLIC

January 23, 2023

[REDACTED], ADMINISTRATOR  
MOUNT TREXLER MANOR CORPORATION  
5201 ST. JOSEPHS ROAD  
LIMEPORT, PA, 18060

RE: ACTION RECOVERY  
5201 ST. JOSEPHS ROAD  
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 11/17/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name:** ACTION RECOVERY **License #:** 22729 **License Expiration:** 02/21/2023  
**Address:** 5201 ST. JOSEPHS ROAD, 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:** 06/22/1999 **Issued By:** PALI

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 9 **Waking Staff:** 7

## Inspection Information

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Incident **Exit Conference Date:** 11/17/2022

## Inspection Dates and Department Representative

11/17/2022 - On-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

## Number of Residents Who:

**Receive Supplemental Security Income:** 8 **Are 60 Years of Age or Older:** 0  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 1 **Have Physical Disability:** 0

## Inspections / Reviews

11/17/2022 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/17/2022

01/08/2023 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 01/11/2023  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 01/13/2023

Inspections / Reviews *(continued)*

01/23/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2023

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**

*Resident 1 was hit in the head by Resident 2 after an altercation. This resulted in Resident 1 going to the hospital and receiving 2 staples in their head.*

**Plan of Correction**

Accept (████ - 01/08/2023)

*Action Recovery feels that 42C: "A resident shall be treated with dignity and respect." would be a more appropriate violation. Due to the following facts.*

*Resident 1 was hit in the head by Resident 2 after an altercation. This resulted in Resident 1 going to the hospital and receiving 2 staples in their head.*

*Action Recovery disagrees with the citation for abuse based on the following facts:*

- *Resident 1 engaged resident 2 by striking resident 2 in the leg with their cane when the individual declined to give the remote control to Resident 1.*
- *Staff intervened immediately to separate the two individuals.*
- *Resident 2 reached over staff and bopped resident 1 on the top of the head with the remote control resulting in 2 staples. The perpetrator was the injured individual.*

*At the time of the incident, Resident 1 was on a 30-day notice from the organization for level of care change and was awaiting transfer to a new program. Action Recovery utilized increased supervision and monitoring to meet the needs of the individual while she awaited transfer. Action Recovery increased staffing ratios while Resident 1 resided with them. We also moved resident numerous times throughout her time here. Resident 1 transferred to the new program during the time of the inspection.*

*To prevent future recurrence Action Recovery will discharge residents that are in breach of home rules and add additional staffing if necessary.*

**Licensee's Proposed Overall Completion Date: 01/01/2023**

Implemented (████ - 01/23/2023)