

Department of Human Services
Bureau of Human Service Licensing

May 5, 2022

[REDACTED]
MOUNT TREXLER MANOR CORPORATION
5201 ST. JOSEPH'S ROAD
LIMESPORT, PA, 18060

RE: ACTION RECOVERY
5201 ST. JOSEPH'S ROAD
LIMESPORT, PA, 18060
LICENSE/COC#: 22687

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/15/2021, 12/17/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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 #: *22687* License Expiration: *09/26/2022*
Address: *5201 ST. JOSEPH'S ROAD, LIMESPORT, PA 18060*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *6109659021* Email: [REDACTED]

Legal Entity

Name: *MOUNT TREXLER MANOR CORPORATION*
Address: *5201 ST. JOSEPH'S ROAD, LIMESPORT, PA, 18060*
Phone: *6109659021* [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: *8* Waking Staff: *6*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *12/17/2021*

Inspection Dates and Department Representative

12/15/2021 - On-Site: [REDACTED]
12/17/2021 - 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*

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: *0* Have Physical Disability: *4*

Inspections / Reviews

12/15/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/08/2022*

03/16/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/23/2022*

05/05/2022 - 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 [REDACTED], at approximately 3:45pm, resident #1 assaulted resident #2 by rapidly slapping their face and pulling out a handful of residents #2's hair. Resident #2 did not provoke the peer to peer altercation located in the home's living room.

Plan of Correction**Accept**

Resident #1 was transferred to another location. An additional therapist was added to resident #1 clinical team to assist with behavioral modification.

Retraining was completed with staff:

1. Sensitivity training
2. How to deal with difficult residents.
3. Abuse and Neglect

Resident #2 was taken to the hospital and there was no follow-up needed. Administrator will ensure compliance of staff training.

Completion Date: 12/22/2021

Update: 03/16/2022

please send in a copy of staff training and updated RASP for the resident

You may e mail it to me [REDACTED] if you wish.

AG, 3-16-22.

Document Submission**Implemented**

Please see attached training and RASP.