

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

March 28, 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 02/08/2023 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:** 02/21/2024  
**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:** L&I

## Staffing Hours

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

## Inspection Information

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 02/08/2023

## Inspection Dates and Department Representative

02/08/2023 - On-Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 8 **Residents Served:** 7

## Secured Dementia Care Unit

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

## Hospice

**Current Residents:** 0

## Number of Residents Who:

**Receive Supplemental Security Income:** 7 **Are 60 Years of Age or Older:** 0  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 2 **Have Physical Disability:** 0

## Inspections / Reviews

02/08/2023 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/06/2023

03/08/2023 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 03/27/2023  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/15/2023

Inspections / Reviews *(continued)*

03/20/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/24/2023

03/28/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 65f - Training Topics

## 1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

**Description of Violation**

*Staff A and Staff B did not complete training in care for residents with dementia cognitive impairment, infection control/cleanliness/mobility concerns, and safe management techniques for training year 2022.*

*Staff C did not complete care for residents with dementia cognitive impairment, infection control/cleanliness/mobility concerns, personal care service needs of the resident and safe management techniques for training year 2022.*

*Staff D did not complete Medication self-administration, instructions on meeting the needs (DME & RASP), care for residents with dementia cognitive impairment, personal care service needs of the resident, safe management techniques and care for residents with MH or ID for training year 2022.*

**Plan of Correction**

Accept [REDACTED] - 03/08/2023)

*Staff A and Staff B were reassigned training on care for residents with dementia cognitive impairment, infection control/cleanliness/mobility concerns, and safe management techniques.*

*Staff C was reassigned, care for residents with dementia cognitive impairment, infection control/cleanliness/mobility concerns, personal care service needs of the resident and safe management techniques.*

*Staff D was reassigned Medication self-administration, instructions on meeting the needs (DME & RASP), care for residents with dementia cognitive impairment, personal care service needs of the resident, safe management techniques and care for residents with MH or ID.*

*Administrator has completed 2023 training calendar. Training has been scheduled monthly for the year. All staff will be expected to complete training from January 2023 – August 2023. Make up training will be completed August 2023 – December 2023.*

*Training will be completed by 3/30/2023.*

*The Administrator will ensure compliance for annual training.*

**Licensee's Proposed Overall Completion Date: 03/07/2023**

Implemented [REDACTED] - 03/28/2023)

## 65g - Annual Training Content

## 2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

**Description of Violation**

*Staff A did not complete fall and accident prevention and new population groups training for training year 2022.*

**Plan of Correction**

Accept [REDACTED] - 03/20/2023)

*Plan of Correction*

- *The new 2023 yearly training plan was implemented and updated.*
- *An audit of staff training was conducted on 2/18/2023 by Residential Manager of all overdue trainings.*
- *Staff A no longer works with AR. They were reassigned to another program.*

**65g Annual Training Content (continued)**

- Staff A was re assigned training for fall and accident prevention that must be completed by 3/24/2023.
- The Residential Manager will ensure training compliance monthly.
- The Administrator will ensure compliance for annual training.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented ( ) - 03/28/2023

**101j6 - Mirror****3. Requirements**

2600.

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

6. A mirror.

**Description of Violation**

Room # 307 did not have a mirror.

**Plan of Correction**

Accept ( ) - 03/08/2023

Resident in room 307 had previously broken the mirror and television in his room. Resident has a history of self talk which results in breaking glass. For safety purposes mirror was replaced with cardboard.

The resident's RASP has been updated and doctor has written a script in support of not having a mirror in bedroom.

The administrator and care coordinator will ensure compliance.

Licensee's Proposed Overall Completion Date: 03/07/2023

Implemented ( ) - 03/28/2023

**101j7 - Lighting/Operable Lamp****4. Requirements**

2600.

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

7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

5. Residents in rooms 307 did not have an operable lamp or other source of lighting that could be turned on at bedside.

**Plan of Correction**

Accept ( ) - 03/08/2023

New Vitae disputes this violation. Resident in room 307 had an operable lamp or other source of lighting that could be turned on at bedside.

Resident sleeps at the foot of the bed by choice at times. Resident has an operable lamp at the head of bed.

Resident can reach bedroom wall light switch from bed when sleeps at the foot. This would not constitute as a violation.

To maintain compliance New Vitae will complete routine room checks and install an additional push light at the foot of the bed. The Administrator and Staff Supervisors will ensure compliance with the residential program.

101j7 Lighting/Operable Lamp (continued)

Licensee's Proposed Overall Completion Date: 03/07/2023

Implemented ( ) - 03/28/2023)

103i - Outdated Food

5. Requirements

2600.

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

Description of Violation

A sandwich was in the refrigerator in the kitchen. The sandwich was not labeled with a resident's name or a date.

Plan of Correction

Accept ( ) - 03/20/2023)

Plan of Correction

- A sandwich was in the refrigerator in the kitchen. The sandwich was not labeled with a resident's name or a date.
- Lunch had just ended and the resident who requested the sandwich as an alternative meal had not come downstairs to retrieve it.
- Proper storage techniques were reviewed with the kitchen staff by the Director of Operations on 2/9/2023.
- Food will be labeled properly and immediately going forward.
- Overnight staff will check proper food storage and labeling daily.
- Director of Operations will review safe food handling practices with kitchen staff monthly.
- Administrator will ensure compliance off food safety.

Licensee's Proposed Overall Completion Date: 03/15/2023

Implemented ( ) - 03/28/2023)

221c - Post Activity Calendar

6. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

There was no activities posted for the month of February.

Plan of Correction

Accept ( ) - 03/20/2023)

Plan of Correction

- The resident activity calendar was re posted on 2/9/2023.
- Care Coordinator will ensure that the activity calendar is completed and posted monthly.
- Residents will be given a copy of the calendar during their monthly resident meeting.
- Administrator will ensure calendar is posted on AR units monthly.

Licensee's Proposed Overall Completion Date: 03/15/2023

221c - Post Activity Calendar (continued)

Implemented [REDACTED] - 03/28/2023)

225a - Assessment 15 Days

7. 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 #1 was admitted on [REDACTED]. The resident's initial assessment was completed on [REDACTED] more than 15 days after Resident #1's date of admission.

Plan of Correction

Accept ( [REDACTED] - 03/20/2023)

Plan of Correction

- The 15-day assessment was 4 days overdue.
- The Care Coordinator was supervised on the correct annual due dates for initial and existing clients on 2/10/2023.
- The Care Coordinator updated the tickler system for all upcoming dates for assessments on 2/27/2023.
- The Administrator will monitor ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/15/2023

Implemented [REDACTED] - 03/28/2023)

252 - Record Content

8. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #2 had a photograph that expired on [REDACTED]

Plan of Correction

Accept ( [REDACTED] - 03/20/2023)

Plan of Correction

- Resident #2 had a photograph that expired on [REDACTED].
- Resident #2 took a new/current picture on [REDACTED].
- All residents will have annual picture day to ensure compliance at Structured Day.
- Annual picture day was held Friday, March 3, for the year of 2023.
- Structured Day facilitators will be responsible for capturing yearly photographs January of every year.
- Care Coordinator will be responsible for uploading them to credible and placing them in their binders.
- The Administrator will monitor ongoing yearly compliance.

Licensee's Proposed Overall Completion Date: 03/15/2023

Implemented [REDACTED] - 03/28/2023)