

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

October 27, 2023

[REDACTED], CEO  
MOUNT TREXLER MANOR CORPORATION  
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 09/22/2023 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]  
Acting Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: MOUNT TREXLER MANOR License #: 21663 License Expiration: 07/02/2024  
 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: 5201 ST. JOSEPH RD, PO BOX 1001, LIMEPORT, PA, 18060  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 06/22/1999 Issued By: PA L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 47 Waking Staff: 35

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Incident Exit Conference Date: 09/22/2023

**Inspection Dates and Department Representative**

09/22/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 74 Residents Served: 47  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 19 Are 60 Years of Age or Older: 15  
 Diagnosed with Mental Illness: 47 Diagnosed with Intellectual Disability: 6  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

09/22/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/20/2023

10/20/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 10/26/2023  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/26/2023

Inspections / Reviews *(continued)*

10/27/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/26/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

The refrigerator Freezer located on the 2nd floor kitchenette was found to have heavy grime and staining in the freezer unit of the refrigerator.

Plan of Correction

Accept (████) - 10/20/2023)

This freezer is a resident freezer that had a spill from resident use. This was cleaned at time of inspection.

To prevent future recurrence, staff will incorporate checking the freezer during their quality assurance checks.

The administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented (████) - 10/27/2023)

105g - Lint Removal and Duct Cleaning

2. 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

The dryer located in the main resident laundry room had a lint screen trap that was full of lint and not cleaned between laundry loads.

Plan of Correction

Accept (████) - 10/20/2023)

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

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented (████) - 10/27/2023)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141a 1 10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

*The Documentation of Medical Evaluation form for resident #1 with an evaluation date of [REDACTED], was not signed by the physician.*

**Plan of Correction**

**Accept ( [REDACTED] - 10/20/2023)**

*The physician marked the DME see attached page. The attached page with the doctor signature was on the instructions of the MA 51. All information cited in the regulation was present and on the required form.*

*To prevent recurrence completed DME's will be audited for accuracy.*

*The administrator will ensure compliance.*

**Licensee's Proposed Overall Completion Date: 10/20/2023**

**Implemented ( [REDACTED] - 10/27/2023)**

187a - Medication Record

**5. Requirements**

2600.  
 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

*Resident #2 has a PRN prescription for an [REDACTED]. The pharmacy label indicates to inhale 2 puffs by mouth 4 times a day as needed for wheezing. The Medication Administration record states to inhale 2 puffs by mouth every 4 hours as need for wheezing. The instructions on the Medication Administration Record are not correct.*

**Plan of Correction**

**Accept ( [REDACTED] - 10/20/2023)**

*All PRN medications were audited to ensure pharmacy labels matched the orders. Med Tech staff were retrained regarding reviewing and auditing medication labels with original orders.*

*To prevent recurrence, routine audits of PRN medication will occur when new medications are received and periodically afterwards to ensure compliance with the regulation. Med techs will be responsible for the audits.*

*The administrator will ensure compliance*

**Licensee's Proposed Overall Completion Date: 10/20/2023**

187a Medication Record *(continued)*

*Implemented ( [REDACTED] /27/2023)*