

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

January 8, 2024

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

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/29/2023 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: ACTION RECOVERY License #: 22687 License Expiration: 09/26/2024  
 Address: 5201 ST. JOSEPH'S 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. JOSEPH'S ROAD, LIMEPORT, PA, 18060  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 06/22/1996 Issued By: PA L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 7 Waking Staff: 5

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Incident Exit Conference Date: 11/29/2023

**Inspection Dates and Department Representative**

11/29/2023 - 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: 1  
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

11/29/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/16/2023

01/08/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 01/08/2024  
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

01/08/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

144c1 - Smoking Area Guidelines

1. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The outside smoking area contained two chairs that had a cushioned seat and back that were not marked as non-flammable.

Plan of Correction

Accept [redacted] - 01/08/2024)

Plan of Correction

- The chairs were discarded from the smoke shack immediately on 11/29/2023.
- The cushion chairs were replaced with metal chairs.
- PCH staff will ensure the smoking area is clean and clear of flammable objects. daily.
- Administrator will ensure compliance for fire safety.

Licensee's Proposed Overall Completion Date: 01/07/2024

Implemented [redacted] - 01/08/2024)

252 - Record Content

2. Requirements

2600.

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

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident #1's resident record did not address if the resident had any identifiable marks.

Plan of Correction

Accept [redacted] - 01/08/2024)

Plan of Correction

- Care Coordinator updated Resident 1 face sheet on 11/29/2023 with "None" for identifiable marks.
- Care Coordinator will review all face sheets monthly and update them as needed.
- The Administrator will ensure compliance of Care Coordinator books monthly by performing monthly audits.

Licensee's Proposed Overall Completion Date: 01/07/2024

Implemented [redacted] - 01/08/2024)