

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

April 8, 2024

[REDACTED]
MOUNT TREXLER MANOR CORPORATION
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/18/2024 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]

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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 6 Waking Staff: 5

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 01/18/2024

Inspection Dates and Department Representative

01/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 8 Residents Served: 6
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 6 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: 0

Inspections / Reviews

01/18/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/08/2024

04/08/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/03/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/08/2024

Inspections / Reviews *(continued)*

04/08/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2024

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 [redacted] am resident [redacted] punched resident [redacted] in the face. Resident [redacted] fought back punching resident [redacted] in the face. Resident [redacted] sustained injuries and was sent to the hospital where 3 stitches to the lip were required.

Plan of Correction

Accept [redacted] - 03/05/2024)

Plan of Correction:

- Resident [redacted] has 1:1 staffing 24 hours daily.
- Resident [redacted] has had a medication adjustment.
- Resident [redacted] has received a 30-day discharge and NV is actively seeking alternative placement to support [redacted] declining level of care.
- Resident [redacted] Physician Certification Form has been updated for long term care.
- Both residents were separated on the unit. Resident [redacted] is in the front of the unit and resident [redacted] is in the back of the unit.
- Both residents will no longer transport together.
- Resident [redacted] has agreed to restart therapy.
- Weekly meetings have been set up with the management team to follow Resident [redacted] program compliance.
- 2600.42b will be maintained and the Administrator will ensure compliance and safety of all residents.

Licensee's Proposed Overall Completion Date: 03/03/2024

Implemented [redacted] 04/08/2024)