

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

April 1, 2024

[REDACTED]
MOUNT TREXLER MANOR CORPORATION
[REDACTED]

RE: ACTION RECOVERY
5201 ST. JOSEPHS ROAD
LIMEPORT, PA, 18060
LICENSE/COC#: 22729

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/16/2024 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 #: 22729 License Expiration: 02/21/2025
 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: [REDACTED]
 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: 6 Waking Staff: 5

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 02/16/2024

Inspection Dates and Department Representative

02/16/2024 - 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: 6 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 3

Inspections / Reviews

02/16/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/21/2024

04/01/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/01/2024
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews (*continued*)

04/01/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

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

Resident [REDACTED] Documentation of Medical Evaluation signed by the resident's physician on [REDACTED] does not contain the date the resident was evaluated, or the date the form was completed.

Plan of Correction

Accept [REDACTED] - 04/01/2024)

Plan of Correction:

- The date of the examination was not filled out in the upper corner of the DME form. The date [REDACTED] was, however, filled out on the bottom of the form. Once the oversight was seen the care coordinator called and asked the PCP to completely fill out the empty box.
- Resident [REDACTED] medical evaluation was faxed to [REDACTED] PCP for completion with highlighted areas to be filled out.
- The PCP responded by saying that fax cannot recognize highlighted areas thus not completing the form. The care coordinator went to the office and had the doctor fill out the form correctly on [REDACTED].
- The care coordinator will no longer highlight the areas needing to be filled out. The service coordinator will indicate the areas with a check mark when faxing.
- The care coordinator was supervised on [REDACTED] about the importance of all areas that must be filled out per 2600 medical evaluation information regulations.
- The Administrator will ensure compliance of medical evaluation information with monthly chart audits.

Licensee's Proposed Overall Completion Date: 03/25/2024

Implemented [REDACTED] - 04/01/2024)

227g -Support Plan Signatures

2. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [REDACTED] Resident Assessment Support Plan dated [REDACTED] is not signed by the resident. The signature page was not notated that the resident refused or was unable to sign.

Plan of Correction

Accept [REDACTED] - 04/01/2024)

Plan of Correction:

227g -Support Plan Signatures (continued)

- Resident [REDACTED] did not agree with [REDACTED] support plan and refused to sign. Resident [REDACTED] has [REDACTED] shook [REDACTED] head no when staff asked [REDACTED] to sign [REDACTED] support plan.
- The care coordinator checked the box (declined to participate) on [REDACTED].
- The care coordinator was supervised on [REDACTED] about the importance of all areas that must be filled out per 2600 medical evaluation information regulations.
- The Administrator will ensure compliance of medical evaluation information with monthly chart audits.

Licensee's Proposed Overall Completion Date: 03/25/2024

Implemented [REDACTED] - 04/01/2024)