

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

March 29, 2024

[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 02/27/2024 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]  
Human Services Licensing Supervisor

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: 5201 ST. JOSEPHS ROAD, LIMEPORT, PA, 18060  
 Phone: [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: 8 Waking Staff: 6

## Inspection Information

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 02/27/2024

## Inspection Dates and Department Representative

02/27/2024 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 8 Residents Served: 8

## Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

## Hospice

Current Residents: 0

## Number of Residents Who:

Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 0  
 Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

## Inspections / Reviews

02/27/2024 Full

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

03/22/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/27/2024  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/29/2024

Inspections / Reviews *(continued)*

03/27/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/29/2024

03/29/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 2/27/2024, at 945am, the Licensing Inspection Summary from 3/8/23 was posted on the home's bulletin board located on the first floor in the dayroom of Action Recovery II; the resident privacy coding was attached to the Licensing Inspection Summary.

The resident privacy posting was removed while on site.

Plan of Correction

Accept (██████) /22/2024)

Plan of Correction

- The POC was removed earlier in the week from the bulletin by a resident. The staff who reposted the posting neglected to remove the privacy page.
- Violations and retraining of staff on 2600 privacy protocol was conducted on 3/6/24.
- The Administrator will ensure compliance of 2600.17 regulations

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented (JH - 03/29/2024)

103f - Refrigerator/Freezer Temps

2. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 2-27-24 at approximately 10:15am the stand-alone Freezer in the kitchen/day area of Action Recovery II did not have a thermometer inside.

Plan of Correction

Accept (██████) - 03/22/2024)

Plan of Correction:

- A new thermometer was placed in the stand-alone freezer on 2/27/2024.
- The staff task check list was updated to include checks for both stand-alone units (freezer and refrigerator) to have thermometers.
- Staff will ensure the thermometer's readings are within 2600.103 f regulation.
- The program manager will ensure compliance of regulations.

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented (██████) - 03/29/2024)

125a - Combustible Storage

3. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

125a

At least 8 cigarette butts were found lying on the ground outside of the designated smoking area next to the door of a wooden storage shed.

Two 20 lb. propane tanks were found located in the wooden shed also used for supplies and food storage.

The tanks were removed.

Plan of Correction

Accept [redacted] - 03/22/2024)

Plan of Correction:

- The cigarette butts found on the ground were immediately cleaned up.
- The propane tanks were removed from the wooden shed and properly restored in another location by maintenance on 2/28/24.
- Maintenance will ensure compliance of combustible storage.
- The Administrator will ensure compliance of regulations.

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented [redacted] - 03/29/2024)

132c - Fire Drill Records

4. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home's fire drill log did not include documented fire drills from November and December of 2023 or January, February, or March of 2023.

Plan of Correction

Accept [redacted] - 03/22/2024)

Plan of Correction:

- The home's fire drill log did not include documented fire drills from November and December of 2023 or January, February, or March of 2023. However, all fire drills were conducted per regulatory standards.
- The documentation error of the fire log was a transcribing error to a new form.
- The original form used for additional stakeholders the previous month was shown to licensing representative via computer on 2/27/24.
- The correct fire drill log was attached to the POC.
- All fire logs will be transcribed by the clerical assistant going forward.
- The Administrator will ensure compliance of 132 C fire drill records.

132c - Fire Drill Records (continued)

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented ( ) - 03/29/2024)

183d - Prescription Current

5. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1 is prescribed 5 units SQ of ( ) insulin three times per day before meals. The manufacturer directions indicate the insulin is to be used within 28 days of the insulin being opened. The home did not have documentation when the insulin bottle was opened.

Resident #2 has a bottle of ( ) two times per day. The home did not have documentation when the bottle was opened.

Plan of Correction

( ) - 03/22/2024)

Plan of Correction:

- Resident #1, Novolog insulin was not documented when opened. Resident #2 Flonase Spray was not documented when opened.
- The Director of Wellness verbally retrained med techs on 2/28/24.
- A cart audit was performed on the med cart and the date of opening was documented on the Flonase an Novalog.
- Director of Wellness retrained all med tech on 3/6/24 on the five medication rights.
- Director of Wellness will perform routine weekly cart audits.
- The Administrator will ensure compliance of prescription medications.

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented ( ) - 03/29/2024)

185a - Implement Storage Procedures

6. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 had a glucometer reading on ( ) but was incorrectly transcribed as ( )

Plan of Correction

Accept ( ) - 03/22/2024)

- Plan of Correction:
- Resident #1 Glucometer reading was incorrectly transcribed.
- The Director of Wellness verbally retrained med techs on 2/28/24.
- A cart audit was performed on all glucometers on 2/29/24.
- Director of Wellness retrained all med tech on 3/6/24 on proper diabetes glucometer recordings.
- The Director of Wellness will perform monthly glucometer audits.
- The Administrator and Director of Wellness will ensure compliance of proper storage procedures.

**185a - Implement Storage Procedures (continued)**

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented ( ) - 03/29/2024

**187d - Follow Prescriber's Orders****7. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

The home did not conduct an accucheck reading as ordered on [REDACTED] and at [REDACTED] for resident #1. There was no reason provided on those dates why the accucheck was not completed.

**Plan of Correction**

Accept ( ) - 03/22/2024

- Plan of Correction:
- Resident #1 [REDACTED] readings were not recorded as "LOA Structured Day" in Quick Mar.
- Resident #1 was out of the facility on 2/13/24 at 8 am and 2/16/24 at 12 pm. Medication was given on both days at Structured Day programing from 8 am – 4 pm.
- A cart audit was performed on all glucometers on 2/29/24.
- Director of Wellness retrained all med tech on 3/6/24.
- The Director of Wellness will perform routine monthly glucometer audits.
- The Administrator and Director of Wellness will ensure compliance of proper storage procedures.

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented ( ) - 03/29/2024