

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

July 10, 2024

[REDACTED]  
MOUNT TREXLER MANOR CORPORATION  
[REDACTED]

RE: MOUNT TREXLER MANOR  
5201 ST. JOSEPH RD, PO BOX 1001  
LIMEPORT, PA, 18060  
LICENSE/COC#: 21663

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/05/2024 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: 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: [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: 49 Waking Staff: 37

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Complaint, Incident Exit Conference Date: 06/05/2024

**Inspection Dates and Department Representative**

06/05/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 74 Residents Served: 49

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 1

**Number of Residents Who:**

Receive Supplemental Security Income: 32 Are 60 Years of Age or Older: 17  
Diagnosed with Mental Illness: 49 Diagnosed with Intellectual Disability: 7  
Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

**06/05/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/05/2024

**07/03/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 07/08/2024  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/10/2024

Inspections / Reviews *(continued)*

07/10/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met.

Plan of Correction

Accepted [redacted] 07/03/2024)

Box not checked was an oversight. Preadmission screening form was corrected at time of inspection. All charts were audited to ensure prescreening forms were in compliance. In order to prevent re-occurrence, the Administrator or designee will review all admission screening forms for accuracy.

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

Implemented [redacted] - 07/10/2024)