

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

August 29, 2024

[REDACTED], ADMINISTRATOR
MOUNT TREXLER MANOR CORPORATION
5201 ST. JOSEPH RD, PO BOX 1001
LIMEPORT, PA, 18060

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/17/2024 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: MOUNT TREXLER MANOR License #: 21663 License Expiration: 07/02/2025
 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: 5201 ST. JOSEPH RD, PO BOX 1001, LIMEPORT, PA, 18060
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/22/1999 Issued By: PA L&I

Staffing Hours

Resident Support Staff: Total Daily Staff: 49 Waking Staff: 37

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 07/17/2024

Inspection Dates and Department Representative

07/17/2024 - 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: 33 Are 60 Years of Age or Older: 15
 Diagnosed with Mental Illness: 49 Diagnosed with Intellectual Disability: 6
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

07/17/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/02/2024

08/02/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/29/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/09/2024

Inspections / Reviews *(continued)*

08/29/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

187d Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

On [REDACTED], at approximately [REDACTED], Staff Member A gave Resident #1 the morning medication prescribed for Resident #2. At approximately [REDACTED], staff noticed that Resident #1 was sweaty, and lethargic with labored breathing. Resident #1 was subsequently sent to the hospital for evaluation. Shortly after, the home identified the medication administration error, resulting in the adverse reaction.

Plan of Correction

Accept [REDACTED] - 07/26/2024)

Med Tech was suspended and had Medication Remediation. Med Tech meeting/training, to be held on August 8th to go over following prescriber's orders, review of recent violation, and process of medication administration. Med Administration trainer will conduct random, unannounced med pass observations to ensure prescribed orders are being followed for the next 2 months. All new Med Techs will also have random unannounced med pass observations for 2 months as well. In addition, we are looking into the ability to utilize barcode scanners as a double check of ensuring the right person and right medications are being given.

Licensee's Proposed Overall Completion Date: 08/12/2024

Implemented ([REDACTED] 08/29/2024)