

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

November 4, 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 09/26/2024 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: 07/02/2025  
 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: [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: 50 Waking Staff: 38

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 09/26/2024

**Inspection Dates and Department Representative**

09/26/2024 On Site [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 74 Residents Served: 50  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 34 Are 60 Years of Age or Older: 14  
 Diagnosed with Mental Illness: 50 Diagnosed with Intellectual Disability: 7  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

09/26/2024 - Partial  
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 10/21/2024

10/23/2024 - POC Submission  
 Submitted By: [Redacted] Date Submitted: 11/04/2024  
 Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 10/28/2024

Inspections / Reviews *(continued)*

11/04/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/04/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

11/04/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/04/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident’s support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [redacted] support plan dated [redacted] was not updated after the prior event when the resident falsely accused the same peer of sexual assault on [redacted] and what the home will do to address this behavior.

Plan of Correction

Accept ([redacted] 11/04/2024)

Support plan was updated to add behavior and how to address behavior. Please see attached update.

Care Coordinators will be trained on significant changes. Any change in functional level, new diagnosis, and/or critical incidents will be reviewed during team huddles.

If any significant change is noted the RASP will be updated.

RASP will be randomly audited by administrator or designee to ensure all significant changes have been completed.

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented ([redacted] 11/04/2024)