

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

June 13, 2025

[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 04/02/2025 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: 02/21/2026
 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] 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: 7 Waking Staff: 5

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/02/2025

Inspection Dates and Department Representative

04/02/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8 Residents Served: 7

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

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

Inspections / Reviews

04/02/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/03/2025

05/16/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/12/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/23/2025

Inspections / Reviews *(continued)*

05/27/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/12/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/11/2025

06/13/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/12/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The Licensing Inspection Summary dated 2-27-24 was not posted in a public conspicuous area of the home.

Plan of Correction

Accept (█) - 05/27/2025)

Plan of Correction:

- On 04/02/2025, the Administrator posted the current Licensing Inspection Summary in a conspicuous area of the home. A designated staff member (Administrative Assistant) has been assigned to inspect the document display weekly to ensure all required items are present and current.
- A monthly checklist will be used to verify posting compliance and reviewed by the Administrator during routine audits.
- The Administrator will create a weekly checklist of required postings.
- The Administrator will oversee ongoing compliance and review the weekly and monthly checks for accuracy.

Completion Date: 04/02/2025

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented (█) - 06/13/2025)

20b1 - Financial Records

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

Description of Violation

The home manages the finances for residents. The home did not provide the financial transaction records for resident #1, #2, and #3 for the month of March 2025.

Plan of Correction

Directed (█) - 05/27/2025)

Action Recovery respectfully contests the regulatory citation. We were requested to provide individual allowance statements for residents #1, #2, and #3 for the months of February and March, which were duly provided. Additionally, we were asked to submit the Quarterly Allowance Statement for the same residents. Unfortunately, this document was not available by April 2nd.

We believe this situation falls within the grace period established by the Department, which allows for a 5-day extension for documents required less than a year. Given that the request was made on April 2nd, the Quarterly Allowance Statement should be considered within this grace period

Immediate Corrective Action:

- All residents were reoffered an interest-bearing account and the updated April quarterly allowance form reviewed.

20b1 - Financial Records (continued)

- Quarterly allowance sheets were reviewed to determine if any other residents needed to be re-offered an interest-bearing account.

Ongoing Compliance:

Routine review of residents' quarterly allowance statements and account balances will occur.

- The Administrator will assure compliance.

Proposed Overall Completion Date: 05/23/2025

(Directed)

Please note this regulation is not regarding quarterly statements. The residents financial transactions should always be current and accurate. The home will use the Department's model form to keep a record of all financial transactions with residents. This record will be current when financial transactions are made. The record will include the dates, amounts of deposits, amounts of withdrawals and the current balance.

Directed Completion Date: 06/11/2025

Implemented (█) - 06/13/2025)

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Staff Person A, hired on █ does not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (█) - 05/27/2025)

Plan of Correction:

- On 4/3/25, Staff Person A was reassigned to a non-direct care role in housekeeping. The HR Director confirmed that the provided diploma is under review for equivalency from the █, pending official translation.
- Hiring protocols were updated to require document validation before orientation. HR staff will review acceptable credential verification.
- HR Director will ensure qualification compliance.

Completion Date: 04/03/2025

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented (█) - 06/13/2025)

144c1 - Smoking Area Guidelines

4. Requirements

144c1 - Smoking Area Guidelines (continued)

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

Description of Violation

At approximately 9:45 a.m. in excess of 15 cigarette butts were observed on the ground in the shared smoking area of the home.

Plan of Correction

Accept (█ - 05/27/2025)

Plan of Correction:

- *On 04/02/2025, the Maintenance Supervisor cleaned the smoking area. A joint agreement was established with the adjacent program to alternate daily cleanup responsibilities.*
- *Signage was posted in the smoking area reminding residents to use receptacles.*
- *Staff will perform morning and afternoon walkthroughs to ensure cleanliness.*

Completion Date: 04/02/2025

Licensee's Proposed Overall Completion Date: 05/23/2025

Implemented (█ - 06/13/2025)