

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

June 13, 2025

[REDACTED] CEO
MOUNT TREXLER MANOR CORPORATION
[REDACTED]

RE: ACTION RECOVERY
#1, 5201 ST. JOSEPHS ROAD
LIMEPORT, PA, 18060
LICENSE/COC#: 23181

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/23/2025 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 #: 23181 License Expiration: 03/20/2026
 Address: #1, 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: R-4 Date: 05/11/2023 Issued By: Upper Saucon Twp.

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: 04/23/2025

Inspection Dates and Department Representative

04/23/2025 - 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: 1
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

04/23/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/22/2025

05/23/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/13/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/30/2025

Inspections / Reviews (*continued*)

06/03/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/10/2025

06/13/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b6 - Interest Bearing Account

1. Requirements

2600.

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

- 6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home held money for resident #1 from 10/01/24 to 12/31/24, during which time the balance of those funds did not fall below 242.88. The home has not offered the resident an interest bearing account.

Plan of Correction

Accept (█) - 06/03/2025)

Immediate Corrective Action:

- Resident #1 was reoffered an interest-bearing account on 4/30/25 and the updated April quarterly allowance form was reviewed.
- 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.

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented (█) - 06/13/2025)

65e - 12 Hours Annual Training

2. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A received only 6 hours of annual training in training year 2024.

Plan of Correction

Accept (█) - 05/23/2025)

Immediate Corrective Action:

- Staff A will complete the remaining 6 hours by 05/31/2025.

Ongoing Compliance:

Relias training dashboard will be reviewed quarterly to identify gaps. Automatic reminders will notify staff of pending assignments. The administrator will assure compliance

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented (█) - 06/13/2025)

65f - Training Topics

3. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in Medication Self Administration, Instructions on meeting the needs (DME & RASP), Care for residents with dementia & cognitive impairment, Infection control, personal care needs of the resident, safe management techniques, and care for residents with MH or ID during training year 2024

Plan of Correction

Accept (█) - 05/23/2025

Immediate Corrective Action:

- Staff A will complete the missed training topics by 05/31/2025.

Ongoing Compliance:

- Relias training dashboard will be reviewed quarterly to identify gaps. Automatic reminders will notify staff of pending assignments. The administrator will assure compliance

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented (█) - 06/13/2025

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in fire safety training by a fire safety expert, emergency procedures, Older Adult Protective Services Act, and Falls and Accidents during training year 2024.

Plan of Correction

Accept (█) - 05/23/2025

Immediate Corrective Action:

- Staff A will complete the missed training topics by 05/31/2025.

Ongoing Compliance:

- Relias training dashboard will be reviewed quarterly to identify gaps. Automatic reminders will notify staff of

65g - Annual Training Content (continued)

pending assignments. The administrator will assure compliance

Licensee's Proposed Overall Completion Date: 05/31/2025

Implemented (█) - 06/13/2025)

101j7 - Lighting/Operable Lamp**5. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident in Room #4 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█) - 05/23/2025)

Immediate Corrective Action:

- *An operable bedside lamp was installed at the time of inspection on 04/24/2025.*

Ongoing Compliance:

- *Weekly QA inspections now require confirmation of bedside lighting in each room.*

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented (█) - 06/13/2025)

162c - Menus Posted**6. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 4/19/25 through 4/25/25 was posted. However, the week of 4/26/25 through 5/2/25 was not posted.

Plan of Correction

Accept (█) - 05/23/2025)

Immediate Corrective Action:

- *This was an oversight and corrected at the time of inspection.*

Ongoing Compliance:

- *Menu and other required postings will be added to a monitoring checklist to be reviewed weekly. The administrator will assure compliance.*

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented (█) - 06/13/2025)

184b - Labeling OTC/CAM

7. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

A bottle of [redacted] belonging to resident #1 and bottles of [redacted] belonging to resident #2 were in the medication cart but were not labeled with the resident's names.

Plan of Correction

Accept ([redacted] - 05/23/2025)

Immediate Corrective Action:

- Labels were applied on 04/24/2025 by staff responsible for medication storage.

Ongoing Compliance:

- Weekly audits of med carts will be implemented by 6/1/25. Staff retrained on labeling procedures. Administrator will assure compliance.

Licensee's Proposed Overall Completion Date: 06/01/2025

Implemented ([redacted] - 06/13/2025)

185a - Implement Storage Procedures

8. 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 #3 is prescribed [redacted] as needed. At 1:15 p.m. the medications were not available in the home.

Plan of Correction

Accept ([redacted] - 06/03/2025)

Immediate Corrective Action:

- Medications were ordered on 04/24/2025 by staff responsible for medication. [redacted] was delivered on 4/25/25. [redacted] were discontinued.

Ongoing Compliance:

- Weekly audits of med carts will be implemented by 6/1/25. Staff retrained on ordering procedures. Administrator will assure compliance.

Licensee's Proposed Overall Completion Date: 05/28/2025

Implemented ([redacted] - 06/13/2025)

224a - Preadmission Screen Form

9. 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.

224a - Preadmission Screen Form (continued)

Description of Violation

Resident #2 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/23/2025

Immediate Corrective Action:

- This was an oversight as the resident transferred from another internal program. Administrator confirmed resident's needs were appropriate and aligned with current care plan.

Ongoing Compliance:

- Transfers will be audited to assure pre-admission screeners are completed according to regulatory requirements. The administrator will assure compliance.

Licensee's Proposed Overall Completion Date: 05/22/2025

Implemented [REDACTED] - 06/13/2025