

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

August 14, 2025

[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 07/08/2025 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: MOUNT TREXLER MANOR License #: 21663 License Expiration: 07/02/2026  
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: L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 53 Waking Staff: 40

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 07/08/2025

**Inspection Dates and Department Representative**

07/08/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 74 Residents Served: 46

**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: 16  
Diagnosed with Mental Illness: 46 Diagnosed with Intellectual Disability: 7  
Have Mobility Need: 7 Have Physical Disability: 7

**Inspections / Reviews**

**07/08/2025 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/01/2025

**08/04/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 08/13/2025  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/11/2025

Inspections / Reviews *(continued)*

08/12/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/13/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/19/2025

08/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/13/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

Description of Violation

Inspection information was requested at 9:17a.m., 10:19a.m., and again at 10:45a.m. Licensing Representative went to the office of Staff Member A to check on records and Staff Member A stated that they needed to double check things first. Complete records were not produced until 12:00p.m.

Plan of Correction

Accept ( [redacted] - 08/12/2025)

We respectfully want to clarify the recent citation, which states that records were delayed because the Administrator was "double checking" them. We would like to clarify that this statement does not accurately reflect the circumstances.

The records were not delayed due to the Administrator reviewing or "double checking" them. Rather, the delay of staff files occurred because HR department was busy finalizing payroll and Administrator was having difficulty exporting the resident census.

We understand and appreciate the importance of timely record submission and have reviewed our processes to prevent future delays.

Resident Census list was retrieved from EMR system and LOAs, Insulin and Sliding scale were added to it, given at 9:40am which delayed resident records.

Updated current resident list, Employee files and Policy and Procedure book will be available immediately at time of conference entrance.

-Administrator has been given instructions to pull census from EMR on 7/8/2025

-Staff files will be available to the Administrator to access and deliver in a timely manner.

-Policy Book is up to date with all current policies present as of 7/11/2025.

Person Responsible: Administrator

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented ( [redacted] - 08/14/2025)

141a 1-10 Medical Evaluation Information

2. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

The Medical Evaluation for Resident 3, signed [REDACTED], does not have a date the resident was evaluated and the date the form was completed.

**Plan of Correction**

Accept ( [REDACTED] - 08/12/2025)

The Medical Evaluation form has been sent to the physician at the VA for completion on 7/14/25, however due to the VA administration needed, this may take some time. All DMEs were reviewed to ensure dates are present and completed on 7/17/25. Staff accompanying residents to appointments will be in-serviced on the importance of ensuring form is filled out accurately by 7/31.

All Medical Evaluation forms will be reviewed before filed in chart by Administrator or designee.

Person Responsible: Administrator

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented ( [REDACTED] - 08/14/2025)

187a - Medication Record

**3. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

Resident 1 has a sliding scale for Flasp 100unit/ML Flextouch to be administered as follows:

Blood Glucose reading of 150-170-add one unit; 170-190-2 units; 191-210-3 units; 211-230-4 units; 231-250-5 units; >215-6 units.

However, Resident 1’s Medication Administration Record does not indicate how many units were given on any day for the month of July. Per Staff interviews, they state they do give Resident 1 their insulin as directed each reading. Both Staff members were able to indicate the correct units without looking at the scale.

Resident 2 has a sliding scale for ASPART 100unit ML to be administered as follows:

Blood Glucose reading of 15-189 administer 1 unit; 190-229-2units; 230-269-3 units; 270-309-4 units; 310-349-5 units; > 350-6 units.

However, Resident 2’s Medication Administration Record does not indicate how many units were given on any day for the month of July. Per Staff interviews, they state they do give Resident 2 their insulin as directed each reading. Both

**187a - Medication Record (continued)**

Staff members were able to indicate the correct units without looking at the scale.

**Plan of Correction****Accept (█ - 08/12/2025)**

Number of units were documented in QuickMAR notes, but the Medication Administration Record was not configured correctly to document units given on two residents. Immediately, all other residents with sliding scale MARs were reviewed to ensure section for units were configured.

All residents with sliding scales were audited on 7/8 to ensure configuration was present.

Both records have been corrected to include section to document the units on 7/17/25.

All Med Techs will be trained to ensure MARs are accurately configured. If any MAR is not accurate, they are to contact the Administrator or designee immediately. This was completed on 7/29/25.

All residents with sliding scales will be randomly audited for accurate configuration.

Person Responsible: Administrator

Licensee's Proposed Overall Completion Date: 08/29/2025

**Implemented (█ - 08/14/2025)**