

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

February 10, 2026

[REDACTED]
MOUNT TREXLER MANOR CORPORATION
[REDACTED]
[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 01/14/2026 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: [REDACTED]		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: C-2 LP	Date: 06/22/1999	Issued By: Dept of L&I

Staffing Hours		
Resident Support Staff:	Total Daily Staff: 48	Waking Staff: 36

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Complaint	Exit Conference Date: 01/14/2026	

Inspection Dates and Department Representative		
01/14/2026 - On-Site: [REDACTED]		

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 74		Residents Served: 48	
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 32		Are 60 Years of Age or Older: 16	
Diagnosed with Mental Illness: 48		Diagnosed with Intellectual Disability: 5	
Have Mobility Need: 0		Have Physical Disability: 00	

Inspections / Reviews		
01/14/2026 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 02/06/2026
02/04/2026 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 02/10/2026	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 02/11/2026

Inspections / Reviews *(continued)*

02/05/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/12/2026

02/10/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

20b3 - Written Receipts

1. Requirements

2600.

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

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

On [REDACTED], a cash disbursement of [REDACTED] was made to Resident [REDACTED] however, the home did not obtain the Resident's signature for the receipt at the time of disbursement.

Plan of Correction

Accept ([REDACTED] - 02/05/2026)

Resident [REDACTED] received requested funds at time of request but did not sign until later.

Allowance sheets were audited for any other discrepancies completed on 1/30/2026

All cash disbursements will be signed at time of receiving money daily.

All staff that conduct disbursement of cash were trained on the importance of ensuring residents sign on the day of disbursement on 2/3/2026.

Administrator or designee will audit resident ledgers for 3 months ending 4/30/2026

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ([REDACTED] - 02/10/2026)