

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

April 28, 2026

[REDACTED], CEO
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 03/18/2026 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: ACTION RECOVERY **License #:** 22729 **License Expiration:** 02/21/2027
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:** 03/18/2026

Inspection Dates and Department Representative

03/18/2026 - 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

03/18/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/11/2026

04/16/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/27/2026
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/22/2026

Inspections / Reviews *(continued)*

04/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/27/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/27/2026

04/28/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/27/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

103g - Storing Food

1. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At 12:30p.m., the kitchen refrigerator contained a 2 lb. package of deli turkey meat that was opened and unsealed.

Plan of Correction

Accept (█) - 04/16/2026

Description of Violation:

At 12:30 p.m., the kitchen refrigerator contained a 2 lb. package of deli turkey meat that was opened and unsealed.

Plan of Correction:

- The deli meat was discarded immediately
- Perishable items were checked in the refrigerator
- Containers were purchased for new deli meat
- Staff were re-educated on proper food storage to prevent contamination and maintain freshness (sealing, storage, dates)
- The Administrator or designee will conduct routine audits to ensure compliance.

Completion Date: 4/10/2026

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented (█) - 04/23/2026

103i - Outdated Food

2. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At 12:30p.m., a 2 lb. package of deli turkey meat was located in the kitchen refrigerator that did not have a date of opening.

Plan of Correction

Accept (█) - 04/16/2026

Description of Violation:

At 12:30 p.m., a 2 lb. package of deli turkey meat was located in the kitchen refrigerator that did not have a date of opening, which is not in compliance with 2600.103(d) requiring food to be properly labeled and dated.

Plan of Correction:

- The deli meat was discarded immediately
- Perishable items were checked in the refrigerator for proper labeling and dating
- Labels were purchased for proper dating of food items
- Staff were re-educated on proper food labeling and dating in accordance with 2600 regulations.
- The Administrator or designee will conduct routine audits to ensure compliance with 2600 regulations

Completion Date: 4/10/2026

Licensee's Proposed Overall Completion Date: 04/10/2026

103i Outdated Food (*continued*)*Implemented* (█ - 04/23/2026)

141a 1 10 Medical Evaluation Information

3. Requirements

2600.

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

Resident #1's medical evaluation dated █ does not include the resident's height, weight, pulse rate, blood pressure or temperature.

Plan of Correction*Accept* (█ - 04/16/2026)*Description of Violation:*

Resident #1's medical evaluation dated █ does not include the resident's height, weight, pulse rate, blood pressure, or temperature, which is not in compliance with 2600.141(a) requiring a complete medical evaluation including vital signs.

Plan of Correction:

- *The medical provider was contacted to obtain a completed medical evaluation including all required vital signs*
- *Resident #1's medical evaluation was updated to include height, weight, pulse rate, blood pressure, and temperature*
- *All resident medical evaluations were reviewed to ensure required information is complete*
- *Care Coordinators were re-educated on medical evaluation requirements in accordance with 2600 regulations.*
- *Prior to being filed, care coordinators will check for documentation completion.*
- *The Administrator or designee will conduct routine audits to ensure compliance with 2600 regulations*

Completion Date: 4/10/2026

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented (█ - 04/28/2026)

141a 1-10 Medical Evaluation Information *(continued)*