

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

May 13, 2026

[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 04/02/2026 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 #:** 23181 **License Expiration:** 03/20/2027  
**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:** 6 **Total Daily Staff:** 13 **Waking Staff:** 10

## Inspection Information

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 04/02/2026

## Inspection Dates and Department Representative

04/02/2026 - 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:** 1  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

## Inspections / Reviews

04/02/2026 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/27/2026

04/28/2026 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 05/12/2026  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/05/2026

Inspections / Reviews (*continued*)

05/05/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/12/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/12/2026

05/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/12/2026

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

At 9:42 a.m., the home did not have the current facility license posted. The license that was posted expired March 26, 2025.

## Plan of Correction

Accept ( ) - 04/24/2026)

This was an oversight and corrected at the time of inspection by replacing the expired license with the current facility license.

To prevent recurrence, weekly audits of all required postings will be completed for 90 days to ensure required regulatory postings remain in place and up to date. After that period, review of required postings will be incorporated into routine environmental and compliance monitoring.

The administrator will be assure compliance.

Licensee's Proposed Overall Completion Date: 04/22/2026

Implemented ( ) - 05/13/2026)

## 102f - Towel/Washcloth/Soap

## 2. Requirements

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

## Description of Violation

At 10:02 a.m., there was an unlabeled washcloth, and loofa hanging in the shared bathroom shower stall for room's 5 and 7.

## Plan of Correction

Accept ( ) - 04/24/2026)

Immediately upon identification the items were removed from the shared shower stall. Staff reviewed the personal care item setup for residents to assure each resident had individually identified bathing items available for use.

To prevent recurrence, all resident hygiene items in shared bathrooms will be labeled or otherwise clearly identified for individual resident use. A full audit of shared bathrooms and resident hygiene items was conducted.

In addition, staff will be re-educated on the expectation that all resident personal hygiene items in shared areas must be individually identifiable. Residents will be educated in resident house meeting as well.

The Administrator or designee will monitor compliance through weekly environmental check for 60 days and then routinely thereafter. The Administrator will assure compliance.

Licensee's Proposed Overall Completion Date: 04/22/2026

Implemented ( ) - 05/13/2026)

## 103e - Left Overs

**3. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*At 9:40 a.m., there was a pie in the kitchenette freezer that was not labeled or dated.*

**Plan of Correction**

Accept ( ) - 04/24/2026)

*The resident had returned from a home visit with the pie and placed it in the freezer without a label or date. The item was discarded at the time of inspection.*

*To prevent recurrence, staff will be re-educated on the requirement that all leftover or resident food items stored in refrigerators or freezers must be labeled and dated at the time they are placed into storage. Education will include monitoring of food items brought back from home visits or outside visits to ensure proper labeling occurs promptly.*

*In addition, routine kitchen and kitchenette audits will be completed to monitor compliance with food storage and labeling requirements.*

*The Administrator or designee will be responsible for assuring ongoing compliance.*

**Licensee's Proposed Overall Completion Date: 04/22/2026**

Implemented ( ) - 05/13/2026)

**162e - Menu Changes****4. Requirements**

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

**Description of Violation**

*At 10:00 a.m., the home did not have weekly menus posted for the week 3/29/26-4/4/26 and week 4/5/26-4/11/26.*

*Repeat Violation: 4/23/25.*

**Plan of Correction**

Accept ( ) - 04/24/2026)

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

*To prevent recurrence, weekly audits of all required postings will be completed for 90 days to ensure required regulatory postings remain in place and up to date. After that period, review of required postings will be incorporated into routine environmental and compliance monitoring.*

*The administrator will be assure compliance.*

**Licensee's Proposed Overall Completion Date: 04/22/2026**

Implemented ( ) - 05/13/2026)

**181c - Self-administration Assessment****5. Requirements**

2600.

181c - Self-administration Assessment (continued)

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident 1's medical evaluation dated [redacted] states the resident cannot self-administer medications. At 2:35 p.m., the resident's [redacted] were not stored on the medication cart. Staff confirmed that the resident self-administers these medications at bedside.

Plan of Correction

Accept [redacted] - 04/24/2026

The resident previously had an order permitting self-administration of these medications. During completion of the annual medical evaluation, this authorization was not carried forward and dropped off the updated documentation. Once identified, a new order authorizing self-administration of these medications was obtained.

To prevent recurrence, the home will review resident assessments, medical evaluations, and medication orders at the time of annual renewal and upon any medication change to ensure self-administration status is clearly identified and consistent across all documentation. Staff responsible for medication management and review of annual assessments will be re-educated on the requirement that physician-authorized self-administration must be reflected accurately in the resident record and support plan.

The Administrator or designee will monitor compliance through periodic chart audits to ensure physician assessments, medication orders, and medication storage practices remain consistent with the resident's authorized medication administration status.

Licensee's Proposed Overall Completion Date: 04/22/2026

Implemented [redacted] - 05/13/2026

190a - Completion Medication Course

7. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff member A did not complete their annual Medication Training Practicum; their last completed practicum was on [redacted]. The staff member has been regularly scheduled and administering medications to residents as of 4/2/26.

Plan of Correction

Accept [redacted] - 05/05/2026

At the time of inspection, the medication administration trainer was not available to provide documentation of completed Medication Training Practicums for review. As a result, documentation confirming Staff Member A's

**190a Completion Medication Course (continued)**

*practicum completion was not immediately accessible during the inspection process.*

*Staff Member A had, in fact, completed the required Medication Training Practicum within the time frame required by regulation and was qualified to administer medications. Documentation verifying compliance was subsequently provided to the Department.*

*Based on the above, Action Recovery respectfully requests removal of this citation, as the staff member was in compliance with the regulatory requirement and the issue at the time of inspection was the availability of documentation, not failure to complete the required practicum.*

*Upon review with licensing staff it was indicated the documentation of practicum observations was filled out incorrectly. The staff person had the required observations. The medication trainer was instructed on the correct way to fill out the required forms.*

**Licensee's Proposed Overall Completion Date: 05/05/2026**

**Implemented (█) - 05/13/2026)**

**221c - Post Activity Calendar****8. Requirements**

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

**Description of Violation**

*At 10:01 a.m., the home did not have a current weekly activity calendar posted. The activity calendar that was posted was dated March 2026.*

**Plan of Correction**

**Accept (█) - 04/24/2026)**

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

*To prevent recurrence, weekly audits of all required postings will be completed for 90 days to ensure required regulatory postings remain in place and up to date. After that period, review of required postings will be incorporated into routine environmental and compliance monitoring.*

*The administrator will be assure compliance.*

**Licensee's Proposed Overall Completion Date: 04/22/2026**

**Implemented (█) - 05/13/2026)**