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

August 28, 2026

[redacted], ADMINISTRATOR
MOUNT TREXLER MANOR CORPORATION
5201 ST JOSEPHS RD, PO BOX 1001
LIMEPORT, PA, 18060

RE: MOUNT TREXLER MANOR
5201 ST JOSEPHS RD
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 07/21/2026 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**: *07/02/2027*

Address: *5201 ST JOSEPHS RD, 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 RD, PO BOX 1001, LIMEPORT, PA, 18060*

Phone: *6109659021* **Email**: *JYANACEK@NEWVITAEWELLNESS.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *06/22/1999* **Issued By**: *Dept of L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *43* **Waking Staff**: *32*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *07/21/2026*

Inspection Dates and Department Representative

07/21/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *74* **Residents Served**: *43*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *26* **Are 60 Years of Age or Older**: *11*

Diagnosed with Mental Illness: *43* **Diagnosed with Intellectual Disability**: *5*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

07/21/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/16/2026*

08/19/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/27/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/26/2026*

Inspections / Reviews *(continued)*

08/28/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/27/2026*

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

On 7/21/26, the home's Licensing Inspection Summary (LIS) was not posted in a conspicuous and public place in the home. The LIS was posted behind a locked bulletin board located by the main entrance preventing. access to the LIS.

Plan of Correction ***Accept ([redacted] - 08/19/2026)***

Administrator reviewed 55 Pa. Code §2600.3(c) with the management team.

7/21/2026, The current licensing inspection summary is in the unlocked bulletin board which is in a conspicuous and public location where it is readily accessible to residents, visitors, and other interested individuals without requiring staff assistance or a key.

The Administrator or designee will inspect the required postings weekly for 30 days and monthly thereafter to ensure that the current license, current licensing inspection summary, and Chapter 2600 remain posted in a conspicuous and public location and are accessible without staff assistance. Any missing, damaged, or inaccessible posting will be replaced or corrected immediately.
Responsible Person: Administrator or designee

Proposed Overall Completion Date: 08/17/2026

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 08/28/2026)

65i - Training Record

2. Requirements

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The record of training for Medication Self Administration training completed on 11/19/25 did not indicate the content of course, or training source.

Plan of Correction ***Accept ([redacted] - 08/19/2026)***

Administrator reviewed 55 Pa. Code §2600.65(i) with the management team.

The training record for the medication self-administration training was updated on 3/23/2026 but was not presented to the surveyors. See attached. The training course for November does include the required training source and course content.

All training records will include the staff person trained, date of training, training source, content of the training, and length of the course.

65i - Training Record (continued)

The Administrator or designee will review training documentation monthly for 3 months and then quarterly thereafter to ensure all required elements are documented. Any incomplete training record identified will be corrected immediately.

Responsible Person: Administrator or designee

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 08/28/2026)

91 - Telephone Numbers

3. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the landline telephone located in the lounge near the 400 hallway.

Plan of Correction ***Accept ([redacted] - 08/19/2026)***

Administrator reviewed 55 Pa. Code §2600.91 with the management team.

The landline telephone located in the lounge near the 400 hallway had been replaced by the telephone vendor on the day prior to the inspection. The replacement of the telephone resulted in the removal of the emergency telephone numbers that were on the handset of the phone. The emergency telephone number posting was inadvertently not replaced within 24 hours.

The required emergency telephone numbers were reposted immediately on day of inspection and a laminated posting of the numbers was placed on the wall. The posting includes the nearest hospital, police department, fire department, ambulance, poison control, local emergency management, and personal care home complaint hotline. All phones was completed to assure everything was in compliance. Please see attached audit

The Administrator or designee will review all telephones weekly for 30 days and monthly thereafter to ensure that the required emergency telephone numbers are present, legible, current, and accessible. Any missing or damaged posting will be replaced immediately.

Responsible Person: Administrator or designee

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 08/28/2026)

103e - Left Overs

4. Requirements

2600.

103e - Left Overs *(continued)*

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 approximately 10:02 a.m., a bag of bagels and a bag of waffles were unlabeled and undated in the freezer in the dining room near the 400 hallway.

Plan of Correction ***Accept ([redacted] - 08/19/2026)***

Administrator reviewed 55 Pa. Code §2600.103(e) with the management team and dietary staff.

At the time of the inspection, at approximately 10:00 a.m., a bag of bagels and a bag of waffles were found unlabeled and undated in the freezer of the small kitchen/dining area located near the 400 hallway. This refrigerator/freezer is separate from the home's main kitchen refrigerator and is designated for a small group of residents for breakfast service only.

The items were immediately removed from storage and discarded. All refrigerators and freezers were audited to ensure food was labeled and dated, see attached.

Staff responsible for food storage were reminded that leftover prepared food must be labeled with the name of the food and the date prepared prior to being stored for future use.

The Administrator or designee will monitor all food storage areas, including the separate breakfast kitchen refrigerator/freezer, weekly for 30 days and monthly thereafter to ensure that applicable leftover food is properly labeled and dated. Any unlabeled or undated leftover food will be immediately removed and discarded.

Responsible Person: Administrator or designee

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 08/28/2026)

103f - Refrigerator/Freezer Temps

5. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At approximately 10:01 a.m., there was no thermometer in the refrigerator in the dining room near the 400 hallway.

Plan of Correction ***Accept ([redacted] - 08/19/2026)***

The Administrator reviewed 55 Pa. Code §2600.103(f) with the management team and dietary staff.

An operable thermometer was immediately placed in the refrigerator to ensure that food is maintained at the required temperature of 40°F or below. All refrigerators and freezers were audited to ensure a thermometer was present.

Dietary and responsible staff were reminded that thermometers are required in all refrigerators and freezers used

103f Refrigerator/Freezer Temps (continued)

to store the home's food supply and that staff are to notify the Administrator or designee immediately if a thermometer is missing or not functioning.

The Administrator or designee will monitor all refrigerators and freezers weekly for 30 days and monthly thereafter to verify that an operable thermometer is present and that temperatures are maintained within the required range. Monitoring will be documented, and any missing or nonfunctioning thermometer will be replaced immediately.

Responsible Person: Administrator or designee

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 08/28/2026)

123b - Emergency Procedures Posted

6. Requirements

2600.
123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home. The emergency preparedness plan was posted behind a locked bulletin board located by the main entrance without a signage posted as to who to contact for accessibility

Plan of Correction ***Accept ([redacted] - 08/19/2026)***

Administrator reviewed 55 Pa. Code §2600.123(b) with the management team.

7/21/2026, The current Emergency Procedures are in the unlocked bulletin board which is in a conspicuous and public location where it is readily accessible to residents, visitors, and other interested individuals without requiring staff assistance or a key.

The Administrator or designee will inspect the required postings weekly for 30 days and monthly thereafter to ensure that the current license, current licensing inspection summary, and Chapter 2600 remain posted in a conspicuous and public location and are accessible without staff assistance. Any missing, damaged, or inaccessible posting will be replaced or corrected immediately.

Responsible Person: Administrator or designee

Proposed Overall Completion Date: 08/17/2026

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 08/28/2026)

141b1 - Annual Medical Evaluation

7. Requirements

141b1 - Annual Medical Evaluation *(continued)*

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1 's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]
Resident #1's medical evaluation did not indicate whether the resident can be serviced in a personal care home setting to meet their needs.

Plan of Correction ***Accept ([redacted] - 08/19/2026)***

Administrator reviewed 55 Pa. Code §2600.141(b)(1) with the management team, Care Coordinators and Medical Assistant.

The Administrator will ensure that Resident #1's medical evaluation is reviewed with the medical provider and that the required determination regarding the resident's ability to be served in the personal care home setting is obtained and documented. All Medical Evaluations were audited to ensure they were completed timely and required information was present.

Going forward, the Administrator or designee will maintain an annual medical evaluation tracking system for all residents that identifies the date of each completed evaluation and the next due date, including the Department's 15-day grace period.

Upon receipt of each medical evaluation, the Administrator or designee will review the document for completeness, including verification that the evaluation contains the required information and indicates whether the resident's needs can be met in the personal care home setting.

The Administrator or designee will audit all residents' medical evaluation due dates monthly for 3 months and quarterly thereafter. Any evaluation approaching or exceeding its due date will be immediately followed up on, and any incomplete evaluation will be returned to the medical provider for correction.

Responsible Person: Administrator or designee

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented ([redacted] - 08/28/2026)

171b5 - First Aid Kit

8. Requirements

2600.
171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the home's vehicle used to transport residents does not include a thermometer, tweezer, and breathing shield.

171b5 - First Aid Kit *(continued)*

Plan of Correction ***Accept (- 08/19/2026)***

Administrator reviewed 55 Pa. Code §2600.171(b)(5) with the management team and staff responsible for resident transportation.

The first aid kit located in the vehicle used to transport residents was inspected and found to be missing a thermometer, tweezers, and a breathing shield. The required items were immediately obtained and placed in the vehicle's first aid kit. Vehicles were inspected to ensure first aide kits had all required supplies. See attached.

The Administrator or designee will inspect all first aid kits, including those maintained in vehicles used to transport residents, to verify that all required supplies are present, readily accessible, and in usable condition.

A first aid kit checklist will be completed monthly and whenever a vehicle is placed into service following maintenance or replacement of supplies. Any missing, expired, or damaged item will be replaced immediately.

Responsible Person: Administrator or designee

Licensee's Proposed Overall Completion Date: *08/17/2026*

Implemented (- 08/28/2026)

225c - Additional Assessment

9. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident #1's current assessment was completed on [redacted] However, the resident's previous assessment was completed on [redacted]

Plan of Correction ***Accept (- 08/19/2026)***

Administrator reviewed the requirements of 55 Pa. Code §2600.225(c) with the management team.

The Administrator or designee will maintain a tracking system for all required resident assessments, including the date of the last completed assessment and the next due date. Staff responsible for completing assessments will be notified at least 60 days prior to the due date, with follow-up at 30 days prior if the assessment has not been completed. All RASPs were audited to ensure timeliness of completion, see attached.

The Administrator or designee will review assessment due dates monthly to ensure all required assessments are completed within the required timeframe. Any assessment approaching its due date will be followed up on promptly to ensure timely completion.

Responsible Person: Administrator or designee

Licensee's Proposed Overall Completion Date: *08/17/2026*

225c Additional Assessment *(continued)*

Implemented ([redacted] - 08/28/2026)