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

August 25, 2026

[redacted], CEO
MOUNT TREXLER MANOR CORPORATION
[redacted]

RE: ACTION RECOVERY
5201 ST JOSEPHS ROAD
LIMEPORT, PA, 18060
LICENSE/COC#: 22687

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/06/2026 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 #**: *22687* **License Expiration**: *09/26/2026*

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: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *08/16/2024* **Issued By**: *Upper Saucon Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *8* **Waking Staff**: *6*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *08/06/2026*

Inspection Dates and Department Representative

08/06/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* **Residents Served**: *8*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *8* **Are 60 Years of Age or Older**: *0*

Diagnosed with Mental Illness: *8* **Diagnosed with Intellectual Disability**: *0*

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

Inspections / Reviews

08/06/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/20/2026*

08/20/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/24/2026*

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

Inspections / Reviews *(continued)*

08/25/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/24/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

183d - Prescription Current

1. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 8/6/26, [redacted] prescribed for Resident 1, were in the home's medication cart; however, the medication was discontinued on 10/7/25.

Plan of Correction ***Accept ([redacted] - 08/20/2026)***

Plan of Correction

• Discontinued [redacted] were removed from the medication cart on 8/6/26. The MAR and medication orders were reviewed to confirm the medication was discontinued and had not been administered.
• Medication staff and supervisors will be re-educated on 8/20/26 on promptly removing discontinued medications and ensuring medication carts contain only current, authorized medications.
• Management will conduct routine medication cart audits to identify and remove discontinued, expired, or unauthorized medications.
• The Administrator and med trainer will ensure compliance of prescription medications.
• Completion 8/19/2026

Licensee's Proposed Overall Completion Date: *08/20/2026*

Implemented ([redacted] - 08/25/2026)