

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SALISBURY BEHAVIORAL HEALTH, INC.

LEGAL ENTITY

To operate SALISBURY BEHAVIORAL HEALTH

NAME OF FACILITY OR AGENCY

Located at 1075 EASTON ROAD, ROSLYN, PA 19001

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

(TYPE OF SERVICE(S) TO BE PROVIDED)

The total number of persons which may be cared for at one time may not exceed 13
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 17, 2010 until August 17, 2010,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 128201

Robert E. Robinson

ISSUING OFFICER

Kenneth J. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670

FAX: (717) 783-5662

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: FEB 17 2010

Mr. Francis J. McDonald, Operations Director
Salisbury Behavioral Health, Inc.
614 North Easton Road
Glenside, Pennsylvania 19038

RE: Salisbury Behavioral Health
1075 Easton Road
Roslyn, Pennsylvania 19038

Dear Mr. McDonald:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 14, 29009 of the above personal care home, the violations specified on the enclosed Violation Report were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

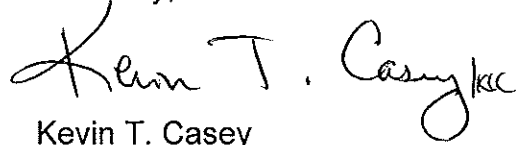
Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

Mr. Francis J. McDonald

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.


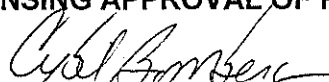
Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey" with a stylized "kcc" monogram at the end.

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Salisbury Behavioral Health 1075 Easton Road Roslyn, PA 19001		CURRENT LICENSE NUMBER 128200	
INSPECTION DATE(S) (Include all dates of the inspection) December 14, 2009		REGIONAL REPRESENTATIVE Jaime Erb, Lynn Loudenslager	
SIGNATURE OF LEGAL ENTITY 	DATE 1/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/27/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law).	On 10/25/09 at 4:10 p.m., the home took Resident #1 to Abington Hospital, due to threats of killing herself. Resident #1 was admitted to Fairmount Behavioral Health on 10/26/09 and discharged back to the home on 10/29/09. The home did not submit an incident report describing this incident to the Department at any time.	1/4/10	All incident reports will be completed and sent to DPW within 24 hours. All staff will be required to fill out reportable incidents required within 24 hours. This will be effective immediately 1/4/10. All staff will be notified with a memo until their monthly service training. The Program Director will review the shift on daily to ensure all reportable incidents are reported within 24 hours. Training on reportable incidents will be conducted for all staff on January 19th and 21st, 2010.	Steps have been taken to correct violation; full compliance is not verifiable. Date: 2/6/10 Initials (DPW): [Signature]

PCH Division
Central Region Field Office

JAN 1 2010

RECEIVED

*An incident report has been completed and submitted for resident #1 as required.
023 1/27/10*

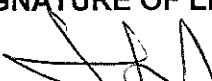
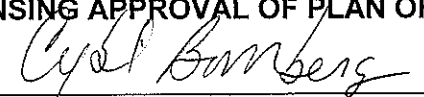
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22a1, 224a 22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department. 224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	Resident #2 was admitted to the home on 7/17/08. A preadmission screening was not completed.	1/4/10	All residents will have a pre-admission screening completed w/ 30 days prior to admission. The administrator will see that the pre-admission screening will be done 30 days prior to admission. This will be effective immediately 1/4/10 The procedure will be reviewed with the administrator by the program director to ensure compliance. 1/11/10 The program director will review all new admissions paperwork prior to residents admission. The program director will review with the administrator all paperwork required for admission by 1/11/10	Steps have been taken to correct violation; full compliance is not verifiable 1/31/10 Date Initials (DPW)

The administrator will develop a checklist to be used for each resident record to ensure that all required documents are completed timely - CS 1/27/10

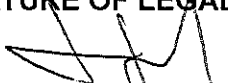

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600


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22a3, 225a 22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department. 225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #2 was admitted to the home on 7/17/08. Resident #2 did not have an assessment completed within 15 days of admission to the home; the only assessment for Resident #2 present in the home is dated 7/21/09.	1/4/10	<p>All residents will have an assessment completed within 15 days of admission.</p> <p>The administrator will see that the assessment is completed within 15 days of admission.</p> <p>This will be effective immediately 1/4/10</p> <p>The procedure will be reviewed with the administrator by the program director to ensure compliance 1/11/10</p> <p>The program director will review all new admissions paperwork prior to the resident's admission</p> <p>The program director will review with the administrator all paperwork required for admission by 1/11/10</p>	<p>Steps have been taken to correct violation, full compliance is not verifiable</p> <p>1/27/10</p> <p>Date Initials (DPW)</p>

The administrator will develop a checklist to be used for each resident record to ensure that all required documents are completed timely. 1/27/10



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22a4, 227a 22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission. 227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #2 was admitted to the home on 7/17/08. Resident #2 did not have an support plan completed within 30 days of admission to the home; the only support plan for Resident #2 present in the home is dated 8/17/09.	1/4/10	All residents will have a support plan completed within 30 days of admission to the home. The administrator will see that the support plan is completed within 30 days of admission. This will be effective immediately 1/4/10 The procedure will be reviewed with the administrator by the program director to ensure compliance 1/11/10 The program director will review all new admissions paperwork prior to the residents admission The program director will review with the administrator all paperwork required for admission by 1/11/10	Steps have been taken to correct violation; full compliance is not verifiable 2/3/10  Date Initials (DPW)

The administrator will develop a checklist to be used for each resident record to ensure that all required documents are completed timely. CB 1/27/10



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
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22a5, 25a 22a5 The following admission document shall be completed for each resident - Resident-home contract completed prior to admission or within 24 hours after admission. 25a Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.	Resident #2, admitted 7/17/08, has a contract signed by the resident on 1/5/09.	1/4/10	<p>All residents will have a Resident Home contract within 24 hours of admission to the home (or prior to)</p> <p>The administrator will see that the Resident Home contract is completed within 24 hours after admission this will be effective immediately. 1/4/10</p> <p>The procedure will be reviewed with the administrator by the program director to ensure compliance. 1/11/10</p> <p>The program director will review all new admissions paperwork prior to the residents admission</p> <p>The program director will review with the administrator all paperwork required for admission by 1/11/10</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/3/10 </p> <p>Date Initials (DPW)</p>

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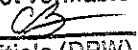
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25c1 The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.	The personal needs allowance was increased to \$85 on January 1, 2009. The contracts for all residents' receiving SSI benefits do not specify this change.	1/31/10	The new resident P.C.H. agreement will be changed to \$85 for personal needs allowance. The Asst. Operations Director will make the change with document. The contract is revised as of 1/4/10. All residents will sign and receive a copy of their new contract by 1/31/10. The contract has been revised by the Asst. Operations Director. The Asst. Operations Director will review annually the contract and make all change required by DPW. Staff will be made aware of contract changes during staff trainings, Jan 19th & 20th 2010.	2/2/10 

The resident have been receiving more than the required \$85.00 monthly PNA effective 1/1/09 which is documented in the residents financial management records. 
 1/27/09



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51, 52 51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	Although direct care staff person A indicated on an employment application that the staff person had moved from Florida in 2008, the home did not complete an FBI background check as required by OAPSA.	1/4/10	FBI checks will be completed for all staff who have not been a resident for more than 2 years. The office manager will be responsible for compliance effective 1/4/10. The office manager review all employment applications to ensure that staff who are hired meet this requirement. Staff who have not resided in PA for 2 yrs will have an FBI check done. All direct applications will be reviewed by the Assit Operations Director in conjunction with the office manager. The Assit Operations Director will meet with the office manager and review the criminal check policy for S.P.W. 1/11/10	Steps have been taken to correct violation; full compliance is not verifiable 2/3/10  Date Initials (DPW)



Staff person A has been removed from the work schedule pending receipt of the FBI background checks. as 1/27/10 as.

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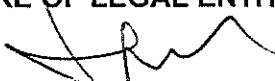
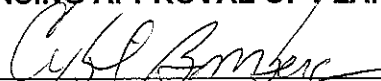
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54a Direct care staff persons shall have the following qualifications: (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	-Direct care staff person A, hired 6/8/09, did not have a high school diploma, GED, or active registry status. -Direct care staff person B, hired 9/18/09, did not have a high school diploma, GED, or active registry status.	1/4/10	all direct care staff must have proof of a H.S. diploma or G.E.D. The office manager will ensure a copy is kept in the employee record effective 1/4/10 The office manager will maintain compliance by doing an employee record check of all hiring requirements The asst operations director will review all new hire applicants paperwork assuring diploma or G.E.D. is present. The asst operations director will meet with the office manager to review the staffing requirements to ensure compliance 1/11/10	2/3/10 

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65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.	Direct care staff person A, hired 6/8/09, did not complete any of the training required by this regulation.	1/11/10	<p>all direct care staff will have fire safety and emergency preparedness prior to the first workday.</p> <p>The Program Director will complete the orientation with all new staff prior to the staff persons first shift. 1/4/10</p> <p>a staff orientation will be provided with new requirements for new hires, from the Program Director</p> <p>Asst Operations Director will review all orientation list within staffs first day. Reviewing completion</p> <p>Asst Operations Director will meet with Program Director and review all new hire orientation issues/topics by 1/11/10</p>	1/27/10 CB

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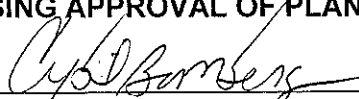
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(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.		1/11/10	See response on page 9	<u>cont'd</u>

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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	Direct care staff person A, hired 6/8/09, did not complete any of the training required by this regulation.	1/4/10	All direct care staff will have direct care staff training with in the first 40 hours of work Program Director will complete direct care staff training with all new staff prior to 40 hours of working, effective 1/4/10 A staff orientation will be provided with requirements for new hires from the Program Director Asst Operations Director will review all orientation checklists within staff's first 40 hours of working Asst Operations will meet with the Program Director to review all new hire orientation training by 1/11/10	1/27/10 CB

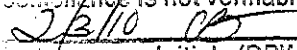
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81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident #2 has 2 half length bedrails on the resident's bed (one on each side of the bed) for positioning. The home did not have a physician's assessment indicating the need for the bed rails. The home is not conducting a physical check of Resident #1 while the bed is in use.	1/4/10	All residents requiring bedrails will have a physician assessment documenting need or a script. All residents requiring bedrails will have a 15 minute check while bed is in use. Program director will ensure and monitor for compliance effective 1/4/10 Asst. Operation director will review all documentation regarding residents using bedrails, ensuring documentation of need. Program director will get a Dr. order for bedrails and notify all staff that a 15 min check needs to be completed. Training to will occur at next staff mtg. Jan. 19th + 21st	1/27/10 CB

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
85a Sanitary conditions shall be maintained.	<p>Resident room #8 had crackers and other food debris on the floor; an open bag of potato chips; plastic plate with blue icing; and smears of blue icing on the desk.</p> <p>Resident room #10, which is currently unoccupied, had a large black stain on the carpet and an upholstered chair that was heavily stained.</p> <p>The refrigerator next to the deep freezer had multiple stains and crumbs on the bottom shelf.</p> <p>The ceiling vents in the hallway next to the kitchen had a thick accumulation of dust.</p> <p>Repeat Violation: 9/22/08, et al</p>	1/4/10	<p>Sanitary conditions will be maintained at all times. Program director will monitor for compliance effective 1/4/10 a daily check list will be completed by staff.</p> <p>The site administrator will complete a daily rounds to ensure the building is in good clean condition.</p> <p>The checklist will be reviewed weekly along with the administrator weekly inspection.</p> <p>Training for staff will occur at the next staff mtg on Jan. 19th and 21st.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">  Date: 1/27/10 Initials (DPW) </p>

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600



NAME AND ADDRESS OF PERSONAL CARE HOME Salisbury Behavioral Health 1075 Easton Road Roslyn, PA 19001		CURRENT LICENSE NUMBER 128200	
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95 Furniture and equipment shall be in good repair, clean and free of hazards.	Resident Room #8 has a single bed. The head board was found detached from the bed, creating a hazard.	1/4/10	Staff will check daily to ensure that all furniture and equipment are in good repair daily. Program director will monitor for compliance effective 1/4/10 A daily check list will be completed by staff The administrator will complete a daily round ensuring the building, furniture and equipment is free from hazard. A check list will document this by the administrator. Training for staff will occur on Jan. 19 th and 21 st	1/27/10 CB

The headboard was re-attached to the bed at the time of inspection.
 CB
 1/27/10



VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

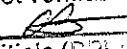
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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home did not have a fire safety inspection since 2007.	1/11/10	A fire safety inspection will be completed annually by a fire expert including documentation. Program director will monitor for compliance. Fire Marshall expert has been contacted and will do an inspection on ____. Program Director will be responsible for contacting fire Marshall expert annually. Asst Operation Director will review every 6 months to ensure that inspection has been completed. The Prog. Director will meet with Asst Operation Director to review compliance measures.	Steps have been taken to correct violation; full compliance is not verifiable 2/3/10  Date Initials (DPW)


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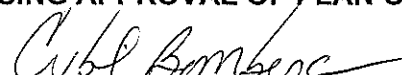
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144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	The designated smoking area had a metal bucket for used cigarette butts; however, hundreds of cigarette butts were found on the concrete floor of the smoking area. The home has not implemented its extinguishing policy and procedures.	1/4/10	<p><i>Smoking area conditions will be monitored and maintained daily.</i></p> <p><i>Prog. Dir. will monitor weekly effective 1/4/10</i></p> <p><i>a daily check list will be completed by staff daily</i></p> <p><i>Staff will ensure compliance of written safety procedures in regard to smoking areas.</i></p> <p><i>Prog. Dir. will compare and read safety manual all staff at next staff training for 19th and 21st</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"><u>2/3/10</u> </p> <p>Date Initials (DPW)</p>

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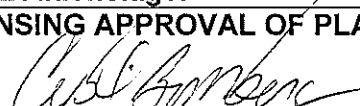
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190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	Direct care staff C and D administer medications to residents. These staff persons have not completed a Department-approved medications administration course.	1/4/10	Direct care staff C and D completed med admin documentation is included all Direct Care staff will be required to complete DPW medication course. P.D. will be responsible for compliance effective 1/4/10 a check list for all staff for requirements for all training DPW med training will be added to list. Asst Op. Dir. will be responsible for reviewing documentation prior to administration of medications DP	2/2/10 

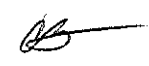
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1	2	3	4	5
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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident #2's medical evaluation dated 5/15/09 ordered custom suppression garments, nutritional services and physical and occupational therapy services. Resident #2's 8/17/09 support plan does not reflect how the home will meet these needs.	1/4/10	all residents support plans will be changed and updated for any significant changes. The home administrator will be responsible for keeping support plans updated with significant changes. effective 12/15/09 The administrator will review all medical evaluations and make sure any changes are written in support plans asap. So that the home can meet the persons needs. Prog. Dir. will review all new incoming medical information weekly to ensure that the support plans will reflect accurate information. Prog. Director will meet with the administrator to review the correct procedure to maintain support plans.	1/27/10 CB

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252 Each resident's record shall include the following information: (10) A record of incident reports for the individual resident.	The home's incident policy reads "Do not place an incident report in the clients chart or record nor make references to it." The Program Director confirmed that the home does not keep copies of reportable incidents in the resident's record.	1/4/10	All reportable incidents will be placed in the resident's record. The Program Director will do a weekly check to ensure compliance. The Ass't Operations Director will review with all staff the DPW requirement that all reportable incidents be placed in the resident record. This will occur at the next staff meeting on Jan 19th and 21st.	1/27/10 

The facility also will continue to maintain a general file of all incident reports. cs 1/27/10