

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 PCH OF MONROE COUNTY

NAME OF FACILITY OR AGENCY

Located at 1020 CHERRY LANE, EAST STROUDSBURG, PA 18301

(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 28
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 August 13, 2010 until August 13, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 212130

Robert E. Robinson

ISSUING OFFICER

Kevin T. 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

AUG 12 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Kimberly Benner, CEO
Salisbury Behavioral Health, Inc.
7462 Penn Drive
Allentown, Pennsylvania 18106

RE: Salisbury Behavioral Health PCH of Monroe County
1020 Cherry Lane
East Stroudsburg, Pennsylvania 18301

Dear Ms. Benner:

As a result of the Department of Public Welfare's licensing inspection on July 1, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

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 PCH of Monroe County, 1020 Cherry Lane, East Stroudsburg, Pennsylvania 18301		CURRENT LICENSE NUMBER 212130	
INSPECTION DATE(S) (Include all dates of the inspection) July 1 st , 2010		REGIONAL REPRESENTATIVE Steve Snyder, Tom Shopay and John Bungo	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) CATHERINE RIDNER-ADMINISTRATOR OF SBH PCH of Monroe County			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Catherine Ridner</i>		DATE 7-16-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>
			DATE 7/28/10

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
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	<ul style="list-style-type: none"> The floor of the activity room, across the hall from the medication room, had food particles and dead insects. The tub in the bathroom used by resident #1 and resident #2 had black mold on two sides of the tub. <p align="center">PCH Division Central Region Field Office</p>	7-16-10	Staff will ensure that the floor in the activity room is swept and mopped daily. Staff will ensure that the tub in all bathrooms are cleaned once weekly. Administrator has revised staff task sheet to help with both tasks to be completed.	Steps have been taken to correct violation; full compliance is not verifiable 7/28/10 <i>SE</i> Date Initials (DPW)

JUL 21 2010

RECEIVED

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

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Catherine Redner</i>	DATE 7-16-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Enoch</i>	DATE 7/28/10

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
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The required phone numbers were not posted by the phone located in the home's kitchen.	7-1-10 on-going	Administrator will ensure that all emergency phone numbers are posted at the home's kitchen phone. The Administrator will check all phones in the home for emergency numbers + replace as necessary. -SE * This was completed at inspection	7/28/10 SE

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ermit</i>	DATE 7/28/10

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
102k Use of a common towel is prohibited.	There was only one towel bar in the bathroom for Resident #1 and #2, where multiple towels were hanging.	7/13/10	Administrator will ensure that there are two towel bars in all double rooms. Each towel bar will be labeled for each resident with their names.	7/28/10 <i>ge</i>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Catherine Richer</i>	DATE 7-16-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emick</i>	DATE 7/28/10

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
103e 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.	The following packages of opened food were found in the kitchen's refrigerators/freezers. The items were not dated: <ul style="list-style-type: none"> • A partial bag of frozen "riblets" • A 5 lb. container of Parmesan cheese 	7-16-10	Staff will ensure that all leftover food will be labeled and dated. Administrator has revised staff task sheet to help with leftover food being labeled and dated.	7/28/10 BE

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Catherine Pedraza</i>	DATE 7-16-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ewert</i>	DATE 7/28/10

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105g-1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	In the laundry room, the middle Maytag dryer had lint in the trap, potentially creating a fire hazard.	7-16-10	Administrator will ensure that the lint trap and drum of clothes dryers are cleaned after each use. Signs were hung in laundry room as reminders. Staff was trained to remove lint after each use. * THIS WAS COMPLETED AT INSPECTION	7/28/10 SE

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Catherine Kichin</i>		DATE 7-16-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ernst</i>
			DATE 7/28/10

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
141a-2 The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (10) Mobility assessment, updated annually or at the Department's request	<ul style="list-style-type: none"> The medical evaluation for resident #3 dated 7-6-09 stated, "see medication reconciliation sheet". The sheet was not attached. Resident #3's medical evaluation listed an incorrect last name. The medical evaluation for resident #3 was blank under emergency evacuation and medication administration. 	7-30-10	Administrator will review each medical evaluation to ensure that all have been completed and have no blank areas. All MA-55 have correct resident names emergency, evacuation and medication administration has been completed. All medication reconciliation sheet is attached. Currently the MA-55 is with the physician for completion	Steps have been taken to correct violation; full compliance is not verifiable 7/28/10 SE Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Catherine Richer</i>	DATE 7-16-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Erwin</i>	DATE 7/28/10

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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.	Numerous cigarettes butts were found scattered on the ground at the main entrance and to both the right and left side of the entrance. This area is not the home's designated smoking area.	7-16-10	Staff will ensure that cigarette butts are emptied from ashtrays and swept on each shift. Administrator has revised staff task sheet to help that cigarette butts are not left on the ground. Additional no smoking and designated smoking signs have been posted. We will be holding a house meeting to review our smoking/fire safety policy. Each resident will be educated.	7/28/10 BE

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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	First aid kit of home's 2008 Chrysler Town and Country van, used to transport residents, did not contain eye coverings. <i>Repeated Violation - 6-18-09</i>	7-1-10 <i>Ongoing</i>	Administrator will ensure that the van's 2008 Chrysler Town and Country first aid kit is checked weekly. All the required contents will be kept in the van. THE EYE COVERINGS WERE PUT INTO THE FIRST AID KIT. Documentation of the weekly checks will be kept. -BE	Steps have been taken to correct violation; full compliance is not verifiable 7/28/10 BE Date Initials (DPW)

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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	One round white pill with a partial orange coating with a stamp of "200" was found on the floor in the activity room across from the medication room.	7-16-10	Staff will ensure that all residents take all medications in med room. Staff will follow DPW medication procedure. Administrator will educate all staff of the importance of ensuring that all residents swallow their medication before leaving the med. room. Documentation of the staff training will be kept. <i>EE</i>	Steps have been taken to correct violation; full compliance is not verifiable 7/28/10 <i>EE</i> Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Catherine Dickler</i>	DATE 7-16-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Grubel</i>	DATE 7/28/10

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252 Each resident's record shall include the following information: (10) A record of incident reports for the individual resident.	Resident #2's record did not contain a copy of the report for an incident that occurred on 2-21-10 at 8:35 pm that included a medication error. Repeated Violation - 6-18-09	7-1-10 ongoing	Administrator will ensure that all copies of incident reports will be filed in the resident record. A copy of the incident for resident #2 has been filed in the record. The Administrator will audit all resident records for required information. Missing information will be added immediately. - GE	Steps have been taken to correct violation; full compliance is not verifiable 7/28/10 Date <i>GE</i> Initials (DPW)