

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH

Located at 451 LEHIGH STREET, ALLENTOWN, PA 18103

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

The total number of persons which may be cared for at one time may not exceed 20
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: No residents with mobility needs may be served - Bedrooms 301, 302, 303 & 304

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

and shall remain in effect from September 21, 2011 until March 21, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 216741

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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 - 01/11



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:

SEP 28 2011

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

RE: Salisbury Behavioral Health PCH of Lehigh County
 451 Lehigh Street
 Allentown, Pennsylvania 18103

Dear Ms. Benner:

As a result of the Department of Public Welfare's (Department) licensing inspection on July 20, 2011 and August 9, 2011 of the above personal care home, the violations specified on the enclosed Violation Reports 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
144c	III	20	\$3	\$60	15 calendar days from mailing date of this letter
226a	III	20	\$3	\$60	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

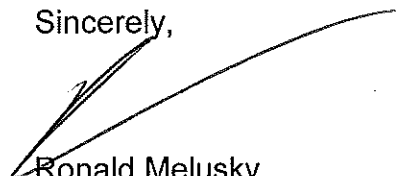
Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

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:

Jacob Herzing, Enforcement Manager
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

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,



Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO, 451 LEHIGH STREET ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 216740	
INSPECTION DATES (Include all dates of the inspection) 6/7/2011		REGIONAL REPRESENTATIVE Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Lisa Lasko, Administrator			
SIGNATURE OF LEGAL ENTITY <i>Lisa Lasko</i>	DATE 9-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aime Graziano</i>	DATE 9-2-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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 the guidelines in § 2600.15 (relating to abuse reporting covered by law).	Resident #1 fell on 7/13/11 at 1:45pm. The resident was sent to the hospital by ambulance after a 911 call was made. The home failed to submit an incident report to the department. RECEIVED AUG 11 2011 SCRANTON FIELD OFFICE Adult Residential Licensing	10/15/11	Administrator will ensure all reportable incidents are called, faxed or mailed within the 24 hour time frame Administrator will conduct an in-service for all staff on incident reporting. Attendance will be taken. Upon completion training overview and sign-in sheet will be faxed to NE Regional office. A Graziano	Steps have been taken to correct violation; full compliance is not verifiable 9-2-11 Date: _____ Initials (DPW): <i>AG</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO, 451 LEHIGH STREET ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 216740	
INSPECTION DATES (include all dates of the inspection) 07/20/2011		REGIONAL REPRESENTATIVE Ryan Novak	
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 <i>Lisa Parks</i>	DATE 9-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dore Graziano</i>	DATE 9-2-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	The home manages the finances for Resident #2. The home does not have an accurate balance for Resident #2. The record indicates a balance of \$226.00, however the home only has \$216.00 on hand. On 6/13/11 The balance of Resident #2's account was \$230.00. On 6/13/11 a \$20.00 withdrawal was made. The home recorded a balance of \$220.00. The home is inaccurately documenting the residents funds.	10/15/11	Administrator has re-calculated resident #2's balance. The money shown as a discrepancy to [redacted] account has been requested via check request and will be repaid to [redacted] account. Administrator will ensure all balances for resident's funds are accurately accounted daily. Adm will fax new fin. record w/ res. signature showing corrections to NC Regional Office A. Graziano	Steps have been taken to correct violation; full compliance is not verifiable Date: 9-2-11 Initials (DPW): GJ

No. 01/6 P. 3

Sep. 2. 2011 11:49AM

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

NAME AND ADDRESS OF PERSONAL CARE HOME SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO, 451 LEHIGH STREET ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 216740	
INSPECTION DATES (include all dates of the inspection) 07/20/2011		REGIONAL REPRESENTATIVE Ryan Novak	
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 <i>Kira Hasko</i>	DATE 9-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dore Hrazar</i>	DATE 9-2-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
2053 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	On 7/18/11 and 7/19/11 a cash disbursement of \$5.00 was made to resident #2. The home did not obtain the resident's signature for the receipts of these disbursements on each day.	10/15/11	Administrator will ensure that Resident's sign for their money daily. A lock box has been purchased for administrator to deposit funds into to ensure safe keeping of resident's funds. Also staff have been instructed that in administrator's absence they must sign out resident funds daily. Adm will fax August records to NE Regional to document	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date: 9-2-11 Initials (DPW) <i>OK</i></p>

Compliance. Agreed

No. 0776 P. 5

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

NAME AND ADDRESS OF PERSONAL CARE HOME SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO, 451 LEHIGH STREET ALLENTOWN, PA 18163		CURRENT LICENSE NUMBER 216740	
INSPECTION DATES (Include all dates of the inspection) 07/20/2011		REGIONAL REPRESENTATIVE Ryan Novak	
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 <i>Rosa Gasko</i>	DATE 9-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Grazian</i>	DATE 9-2-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
42x A resident has the right to a system to safeguard a resident's money and property.	On 6/13/11 the home has a record of Resident #2 having a balance of \$220.00. A deposit was made on 6/17/11 for \$35.00 making the balance of the account \$255.00. On 6/23/11 a \$5.00 withdrawal was made and the balance of the account became \$200.00. The home cannot account for the missing \$50.00.	10/1/11	Administrator will ensure all balances of residents funds are done accurately and daily. Administrator has submitted a check request in the amount of 50.00 for reimbursement to resident #2's account once received the monies will be replaced. Adm will fax updated resident fin. record and copy of check to NE	Steps have been taken to correct violation; full compliance is not verifiable Date 9-2-11 Initials (DPW)

Regional Office
 A. Luciano

Sep. 2. 2011 11:49AM

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

NAME AND ADDRESS OF PERSONAL CARE HOME SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO, 451 LEHIGH STREET ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 216740	
INSPECTION DATES (Include all dates of the inspection) 07/20/2011		REGIONAL REPRESENTATIVE Ryan Novak	
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 <i>Jane Lasko</i>	DATE 9-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jane Lasko</i>	DATE 9-2-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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.	<ul style="list-style-type: none"> Employee A completed the initial medication training on 11/11/09. There was no initial annual practicum completed for 2010. Employee B completed the initial medication training on 5/6/09. The initial annual practicum was completed on 5/6/10. There was no annual practicum completed for 2011. Employee C completed the initial medication training on 5/25/10. There was no initial annual practicum completed for 2011. Employee D completed the initial medication training on 4/19/09. The initial annual practicum was completed on 4/17/10. There was no annual practicum completed for 2011. Employee E completed the initial medication training on 5/25/10. There was no initial annual practicum completed for 2011. Administrator F completed the initial medication training on 7/18/09. There was no initial annual practicum completed for 2010 or 2011. 	10/15/11	<p>Administrator will ensure that all staff have had their initial annual practicum completed prior to their year anniversary.</p> <p>Adm will fax all update info to NE Regional Dors for Review. Tracking system will be set up by Adm to insure all med training is completed w/in required time frames.</p> <p>A. Carziano</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date _____ Initials (DPW) _____</p>

No. 0776 P. 6

Sep. 2. 2011 11:49AM

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

NAME AND ADDRESS OF PERSONAL CARE HOME SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO, 451 LEHIGH STREET ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 216740	
INSPECTION DATES (Include all dates of the inspection) 07/20/2011		REGIONAL REPRESENTATIVE Ryan Novak	
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 <i>Jana Hasko</i>	DATE 9-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jane Grayson</i>	DATE 9-2-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
190b A staff person is permitted to administer insulin injections following successful completion of a Department-approved medication administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.	According to Resident #5's medication administration records, on 7/11-7/14/11, 7/17-7/19/11 and 7/23-7/24/11 Staff person G who has not successfully completed the Department-approved diabetes patient education program administered insulin to Resident #8.	10/1/11	Administrator will ensure that all untrained staff persons have received the approved CDE training prior to injecting insulin. All untrained staff will be trained on 8/23/11 Adm will fax emp. training documents to NE Regional office upon completion. AGraziano	Steps have been taken to correct violation; full compliance is not verifiable Date: 9-2-11 Initials (DPW): <i>AG</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO, 451 LEHIGH STREET ALLENTOWN, PA 18105		CURRENT LICENSE NUMBER 216740
INSPECTION DATES (Include all dates of the inspection) 07/20/2011	REGIONAL REPRESENTATIVE Ryan Novak	
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 <i>Lisa Hawks</i>	DATE 9-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dee Grayson</i>
		DATE 9-2-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The following medications were not initialed in the medication administration record as being administered: <ul style="list-style-type: none"> Resident #3's 8am dose of nasonex on 7/13/11 Resident #4's 8am dose of 40mg Celexa on 7/10/11 Resident #5's 12pm dose of 500mg Ketaphormin on 7/13/11 Resident #5's 1pm dose of 50 mg Thorazine on 7/13/11 Resident #5's 8pm blood sugar check on 7/9/11 	10/1/11	Administrator will ensure that all staff are triple checking their initials prior to leaving shift to verify that they have not missed any. Adm will conduct weekly MARs reviews to insure compliance. A. Gravano	Steps have been taken to correct violation; full compliance is not verifiable 9-2-11 R.A. Initials (DPW)

No. 0776 P. 8

Sep. 7. 2011 11:49AM

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

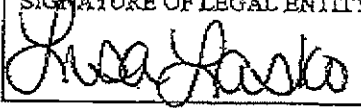

NAME AND ADDRESS OF PERSONAL CARE HOME SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO, 451 LEHIGH STREET ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 216740	
INSPECTION DATES (include all dates of the inspection) 07/20/2011		REGIONAL REPRESENTATIVE Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Rosa Glasko</i>	DATE 9-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane L. ...</i>	DATE 9-2-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			See page 7	Steps have been taken to correct violation; full compliance is not verifiable Date <u>9-2-11</u> Initials (DRW) <u>DRW</u>

No. 07/16 P. 9


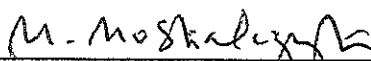
Sep. 2. 2011 11:49AM

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

NAME AND ADDRESS OF PERSONAL CARE HOME SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO, 451 LEHIGH STREET ALLENTOWN, PA 18105		CURRENT LICENSE NUMBER 216740	
INSPECTION DATES (include all dates of the inspection) 07/20/2011		REGIONAL REPRESENTATIVE Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce this plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 9-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9-2-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	The home did not complete an annual support plan for Resident #1 admitted 3/22/10. The most recent support plan completed is dated 4/12/10.	10/1/11	Administrator will ensure that all support plans are completed on an annual basis or if there is significant change Adm will develop a tracking sheet w/ due dates to insure annual support plans are updated as required. A Corviano	Steps have been taken to correct violation; full compliance is not verifiable Date: 9-2-11 Initials (DPW): CS
RECEIVED AUG 1 2011 SCRANTON FIELD OFFICE Adult Residential Licensing				

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

NAME AND ADDRESS OF PERSONAL CARE HOME SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO, 451 LEHIGH STREET ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 216740	
INSPECTION DATES (Include all dates of the inspection) 08/09/2011		REGIONAL REPRESENTATIVE Betty Bloch, Ryan Novak	
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 	DATE 8/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8-31-11

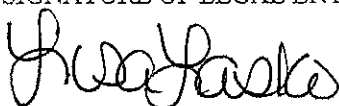
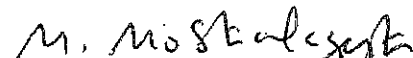
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
41d A copy of the resident's rights and complaint procedures shall be given to the resident and; if applicable, the resident's designated person upon admission.	<p>The following complaint procedures in the resident's home contracts did not have the updated personal care complaint hotline number:</p> <ul style="list-style-type: none"> • Resident #1 contract dated 4/6/11 • Resident #2 contract dated 2/28/11 • Resident #3 contract dated 3/28/11 • Resident #4 contract dated 4/1/11 	8.26.11 <i>angus</i>	<p>Administrator has corrected the master copy of the resident home contract. Addendums have been signed by all residents. In the future, the Administrator will ensure that all changes are completed immediately.</p> <p>The administrator will monitor for future compliance -</p>	MM 8-31-11


RECEIVED

AUG 30 2011



SCRANTON FIELD OFFICE
Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO, 451 LEHIGH STREET ALLENTOWN, PA 18105		CURRENT LICENSE NUMBER 216740	
INSPECTION DATES (Include all dates of the inspection) 08/09/2011		REGIONAL REPRESENTATIVE Betty Bloch, Ryan Novak	
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 	DATE 8/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8.31.11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
<p>44g</p> <p>The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the</p>	<p>The Complaint Procedures posted in the living room did not have the most current personal care home hotline number listed. The number posted was 1-800-254-5164; the current phone number is 1-877-401-8835.</p>	<p>82611</p>	<p>Administrator has updated the complaint procedures to include the correct complaint hotline phone number, the corrected policy was posted in residents living room. In the future the administrator will ensure all policies are up to date and phone numbers are correct.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation; full compliance is not verifiable Date: 8/31/11 Initials (DPW):  </p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO, 451 LEHIGH STREET ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 216740	
INSPECTION DATES (Include all dates of the inspection) 08/09/2011		REGIONAL REPRESENTATIVE Betty Bloch, Ryan Novak	
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 	DATE 8/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8.31.11



REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
home.				<i>Cont. from previous page</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO, 451 LEHIGH STREET ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 216740	
INSPECTION DATES (Include all dates of the inspection) 08/09/2011		REGIONAL REPRESENTATIVE Betty Bloch, Ryan Novak	
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SIGNATURE OF LEGAL ENTITY <i>Jusa Jasko</i>	DATE 8/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE 8.31.11

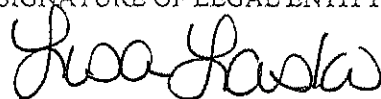
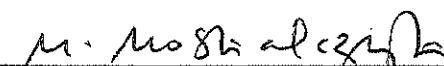
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65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	<p>Staff person A (hired 1/26/11) did not receive trainings in the following required areas prior to or during the first work day:</p> <ul style="list-style-type: none"> • Evacuation procedures • Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable • The designated meeting place outside the building or within the fire-safe area in the event of an actual fire • Smoking safety procedures, the home's smoking policy and locations of smoking area • Telephone use and notification of emergency services <p>Staff person B, whose original hire date was 4/29/08 at a different home operated by the same legal entity and who transferred employment to this home on 5/30/11, did not receive the following trainings specific to this home prior to or during the first work day:</p> <ul style="list-style-type: none"> • Evacuation procedures 	8.26.11	<p>Administrator will ensure all new staff have received the required training prior to or on the first workday. all trainings required prior to or during the first work day have been reviewed by staff persons A+B.</p> <p>The administrator will monitor records for ongoing compliance - <i>Mur</i> 8.31.11</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date Initials (DPW)</p>

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

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location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (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.	<ul style="list-style-type: none"> • Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable • The designated meeting place outside the building or within the fire-safe area in the event of an actual fire • Smoking safety procedures, the home's smoking policy and locations of smoking area • Telephone use and notification of emergency services 			<i>Cont. from previous page -</i>

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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 (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Staff person A (hired 1/26/11) did not receive trainings in the following required areas within 40 scheduled work hours: <ul style="list-style-type: none"> • Resident rights • Emergency medical plan • Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act • Reporting of reportable incidents and conditions 	8.26.11	All trainings have been reviewed with staff Person A. In the future the Administrator will ensure that all staff receive their required trainings within the first 40 hours of work.	MM 8.31.11

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SIGNATURE OF LEGAL ENTITY <i>Juan Gasko</i>	DATE 8/5/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalewicz</i>	DATE 8-31-11

REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Staff person C did not receive the required 2010 annual training in 1) emergency preparedness procedures and recognition and response to crises and emergency situations and 2) the Older Adult Protective Services Act. The last documented trainings in these areas were dated 12/12/09 and 12/09, respectively. The training year was identified as 1/1/10 - 12/31/10 by staff person D, who is the home's administrator.	8-26-11	Staff person C received these trainings. In the future the administrator will ensure that all staff have received their required trainings. The administrator will monitor staff records ongoing compliance. <i>mm- 8-31-11</i>	8-31-11


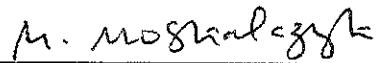
Steps have been taken to correct violation; full compliance is not verifiable
Date: 8-31-11
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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				<i>Conf from previous page.</i>

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92 Windows, including windows in doors, shall be in good repair and securely screened when doors or windows are open.	The screen in the window located in the second floor "C" bathroom had a vertical slash in it which measured approximately 6" in length. This bathroom did not have an operable fan in it.	8-26-11	Administrator will ensure that all fans are operable and that all accessible windows are in good repair. Both the fan and screen have been replaced as of 8/18/11	mm 8-31-11

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	<p>When facing the commode in the second floor "C" bathroom, a stream of water was observed on the floor from the right-side of the base of the commode, where it meets the floor, towards the wall closest to the hallway. When the commode was flushed, small bubbles of water were observed near this area at the base of the commode. In this same bathroom, the slats of the mini-blinds were caked with dust.</p> <p>In the third floor "F" bathroom, the slats of the ceiling vent located in were caked with dust.</p>	8.26.11	<p>Bathroom C's toilet was remounted and that eliminated the bubbles from the side of the base. A maintenance work order has been submitted to replace blinds this will be completed on 8/30/11. All staff have been educated and shown how to remove the dust from ceiling vents.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">Date: 8-31-11 Initials: (DPW)</p>

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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.	1 bag of French toast sticks were found unlabeled in the home's Frigidaire commercial freezer. 3 bags of frozen broccoli were found unlabeled in the home's White Kenmore freezer. 5 packages of roast beef were found unlabeled in the home's Hotpoint no frost freezer. The following items were found in the home's Beverage Air Freezer: <ul style="list-style-type: none"> • 1 bag of frozen Tilapia Filets • 1 bag of frozen Chicken breasts 	<i>8-26-11</i>	All staff have been educated that all items removed from original box/container must be labeled with what is inside and dated upon per receipt. Administrator will do a <u>weekly check</u> of all freezers/refrigerators to ensure this is being done.	<i>mm</i> <i>8-31-11</i>

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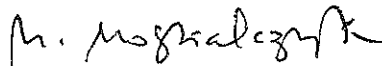
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125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	<p>The following combustible materials were found behind the dryer in laundry room C:</p> <ul style="list-style-type: none"> • Washcloth • Plastic bag • Pillow case • Dryer sheet <p>The following combustible materials were found behind the dryer in laundry room L:</p> <ul style="list-style-type: none"> • 3 dryer sheets • Trash bags • Box of opened rubber gloves 	8-26-11 ongoing	<p>Our maintenance team has removed all items from behind dryers. Shelves have been installed above all washers and dryers to ensure no items fall behind.</p> <p>Administrator will check this monthly to ensure compliance.</p>	mm 8-31-11

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132a An unannounced fire drill shall be held at least once a month.	As per staff person D, who is the administrator, if s/he is unavailable to run the fire drill s/he "leaves a manila envelope for her staff members stating how and when to run the fire drill." Staff members will be aware of the drill at the beginning of their shift, more than 30 minutes before the drill is going to be run.	8.26.11 <i>ongoing</i>	<p>Administrator will no longer be leave envelopes for staff. Administrator will be available for all fire drills.</p> <p>Monthly fire drills will be unannounced and the administrator will monitor and assure compliance with this regulation.</p> <p style="text-align: right;"><i>M.</i> 8/31/11</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date <i>8/31/11</i> Initials (DPW) <i>M</i></p>

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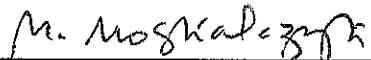
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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home did not have documentation that a fire safety inspection was completed by a fire safety expert within 12 months of the previous one. The most current letter (dated June 8, 2010) indicated one was completed on June 7, 2010 by the Allentown Fire Marshall.	8.26.11	<p>Administrator will ensure that upon completion of our fire inspection with our fire Marshall a letter is provided in addition to our permit.</p> <p>The administrator will maintain documentation and assure annual fire safety inspection / fire drill are conducted as required.</p> <p style="text-align: right;"><i>M.M. 8/31/11</i></p>	<p style="text-align: center;"><i>M.M.</i></p> <p style="text-align: center;">8.31.11</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO, 451 LEHIGH STREET ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 216740	
INSPECTION DATES (Include all dates of the inspection) 08/09/2011		REGIONAL REPRESENTATIVE Betty Bloch, Ryan Novak	
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SIGNATURE OF LEGAL ENTITY <i>Lwa Gasko</i>	DATE 8/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mognalozzi</i>	DATE 8.31.11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	As per staff person D, who is the administrator, the person who runs the fire drill will also participate in the fire drill. The home's fire drill log does not document the correct amount of staff members who participated in the drill.	8.26.11	<p>If the administrator is running a fire drill, she will not count herself as a participant. Staff has also been educated that if they run a fire drill they do not participate.</p> <p>The administrator will monitor monthly fire drills to assure ongoing compliance - <i>mm 8/31/11</i></p>	<i>mm</i> 8/31/11

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SIGNATURE OF LEGAL ENTITY <i>Josafasko</i>	DATE 8/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalezyk</i>	DATE 8.31.11

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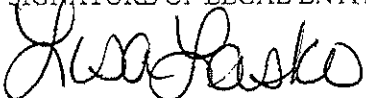
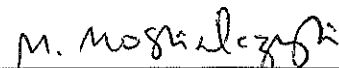
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SIGNATURE OF LEGAL ENTITY <i>Jana Jasko</i>	DATE 8/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moshkalczyk</i>	DATE 8-31-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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.	<p>In one of the home's designated smoking locations, over 20 cigarette butts were on the ground near the ashtray located in the "Front" of the building, parallel to Lehigh Street. Behind this free-standing ashtray, there was a wire fence which had bushes directly behind it and within inches of several cigarette butts.</p> <p>The home's policy and procedures for smoking include: "All smoking materials are to be extinguished in the receptacles provided to avoid a potential fire hazard and to maintain a clean environment" and "Designated outside smoking areas must be a safe distance from hear sources, hot water heaters, combustible or flammable materials."</p> <p>The home was not in compliance with its smoking policy and procedures.</p> <p>Repeated Violations: 06/16/2010</p>	8/26/11 <i>ongoing</i>	<p>Administrator will ensure that all Smoking materials are within safe distances from Combustible materials. The smoke receptacle was removed to prevent items from being to close.</p> <p>The administrator or designee will monitor smoking areas for ongoing compliance. The administrator will re-educate Staff/Residents on the content of this Smoking policy. Documentation of re-education will be</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation. Full compliance is not verifiable Date: 8/31/11 Initials (DPW): <i>MW</i></p>

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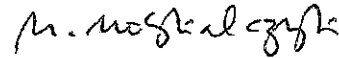
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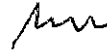
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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.	The first aid kit located in the home's 2010 Ford E-350 van did not have a thermometer in it. This van is used to transport residents.	8.26.11 ongary	Administrator will ensure that all first Aid Kits are complete and fully stocked. The thermometer was placed in the van at time of inspection.	mm 8-31-11

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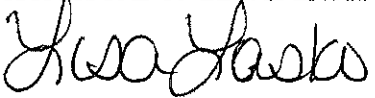
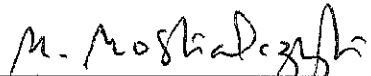
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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Two expired vials of 0.6ml Medicaine Swab Sting and Bite Relief were found stored in the first aid kit located in the home's 2004 Ford Freestar van which is used to transport residents. The expiration date on both vials was 7/2010.	8/26/11	Administrator will ensure all items in first aid kits are not past expiration dates. Home's items were removed at time of inspection	 8-31-11

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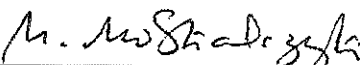
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The following medications for resident #5 were not initialed as being administered on the medication administration record on 8/7/11: <ul style="list-style-type: none"> • Calcium 500 mg 5pm dose • Divalproex 500 mg 8pm dose • Chlorpromazine HCL 8pm dose • Alprazolam .5mg 8pm dose • Docusate 100 mg 8pm dose • Quetiapine Fumarate 100 mg 8pm dose • Terazosin 2mg 8pm dose 	<i>10/1/11</i>	<p>Administrator will ensure that all administrations/ observations are initialed at that time</p> <p>Staff has been educated to check all med books at the end of each shift</p> <p>The administrator or designee will monitor medication administration records daily for ongoing compliance</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>8/31/11</i> M W Initials (D/P/W) Date</p> <p><i>pm 8/31/11</i></p>

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			Cont from Previous Page	


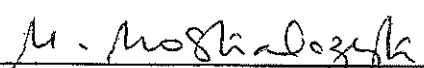
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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The pre-admission screening for resident # 4 (dated 2/11/11) had nothing noted for behavioral needs. The pre-admission screening for resident #6 (dated 5/17/11) had nothing noted for behavioral needs or other special care needs.	10/1/11	Administrator will ensure that at the time of completing a pre-admission screening all areas will be noted in. If the need has nothing Administrator will not leave any space blank it will be noted as not applicable. The administrator will monitor for ongoing compliance.	<div style="border: 1px solid black; padding: 5px; transform: rotate(90deg); transform-origin: center;"> Steps have been taken to correct violation; full compliance is not verifiable Date: <u> </u> Initials (DPW): <u> </u> </div>

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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	The assessment for resident #3 dated 8/2/11 notes the resident as being independently mobile with an ambulation device. The medical evaluation dated 3/28/11 notes resident as having difficulty understanding and following oral directions in the event of an emergency. The two forms are not in agreement. Repeated Violations: 06/16/2010	10/1/11	Administrator will ensure that the mobility section of all assessments are noted the same as identified on medical evaluation. The administrator will monitor assessments for ongoing compliance. mm 8/31/11	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> Steps have been taken to correct violation; full compliance is not verifiable Date: 8/31/11 Initials (DPW): </div>