

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 PCH OF MONROE COUNTY

Located at 1020 CHERRY LANE, EAST STROUDSBURG, PA 18301

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

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: No Residents with mobility needs may be served - Bedrooms 116 through 119

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 19, 2011 until September 19, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 212130

Robert E. Robinson

ISSUING OFFICER

R. C. King

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

SEP 28 2011

Ms. Cathy Ridner, Administrator
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. Ridner:

As a result of the Department of Public Welfare's licensing inspection on August 11, 2011 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.

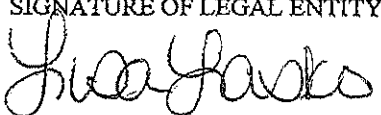
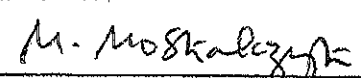
Sincerely,



A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

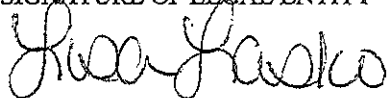
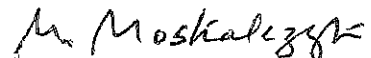
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY, 1020 CHERRY LANE EAST STROUDSBURG, PA 18301		CURRENT LICENSE NUMBER 212130	
INSPECTION DATES (Include all dates of the inspection) 08/11/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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

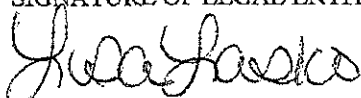
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
41d A copy of the resident's rights and complaint procedures shall be given to the resident and, if applicable, the resident's designated person upon admission.	The following complaint procedures in the resident's home contracts did not have the updated personal care complaint hotline number: Resident #1 contract dated 1/5/11 Resident #2 contract dated 5/2/11 Resident #3 contract dated 6/1/11 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> AUG 30 2011 SCRANTON FIELD OFFICE Adult Residential Licensing	8/26/11 ongoing	Administrator has corrected the master copy of resident home contract. Addendums to existing contract have been signed by all residents. In the future the administrator will ensure all changes are completed immediately. Administrator will monitor for future compliance. 	MM 8/31/11 

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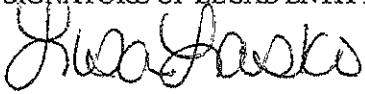
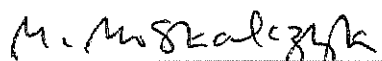
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82a Poisonous materials shall be stored in their original, labeled containers.	The following cleaning supplies were found in the kitchen out of there original containers and not labeled with the manufacturer's label: <ul style="list-style-type: none"> • Bleach and Water • Simply Green 	8/26/11 ongdy	Administrator will ensure that all cleaning products are kept in their original labeled container.	<div style="text-align: center;"> <p>Steps have been taken to correct violation. full compliance is not verifiable</p> <p>8/31/11 Date</p> <p>AMW Initials (D-P-W)</p> </div>

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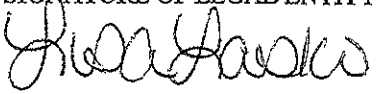
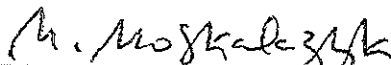
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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The bathroom in room # 114 had a 2 foot rectangular blue and purple striped rug outside of the bathtub. The rug did not have a slip resistant backing, creating a possible fall risk.	8/26/11 ORG	Administrator will ensure that all rugs have a slip resistant backing. The rug has been removed from bedroom 114, if resident wishes to have a rug, one with a slip resistant backing will be purchased. The administrator will monitor for future compliance.	MM 8/31/11 MM 8/31/11

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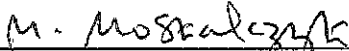
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103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	<p>1 bag of shredded cabbage was found unlabeled in the home's walk in refrigerator in the basement</p> <p>The following items were found in the home's walk in freezer in the basement unlabeled:</p> <ul style="list-style-type: none"> • 3 bags of frozen cauliflower • 1 bag of frozen brussel sprouts <p>The following items were found in the home's freezer in the kitchen unlabeled:</p> <ul style="list-style-type: none"> • 1 bag of hamburger rolls • 1 bag of hot dog rolls • 1 bag of cinnamon rolls 	8-26-11	<p>All staff have been educated that all items removed from original box/container must be labeled and dated with the item that is inside.</p> <p>Administrator will ensure this is being done by doing weekly checks of all freezers and refrigerators.</p>	MM 8/31/11

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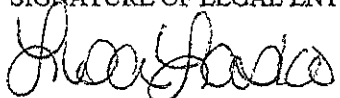
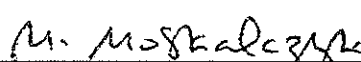
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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) immunization	The medical evaluation for resident #1 admitted 1/5/11, did not have anything noted for whether the resident is free of communicable diseases.	8/26/11	Upon receipt of all medical evaluations, The Administrator will review all information to ensure that it has been documented completely. The administrator will monitor for ongoing compliance. M.M	Steps have been taken to correct violation; full compliance is not verifiable Date: 8/31/11 Initials (DPW): M.M

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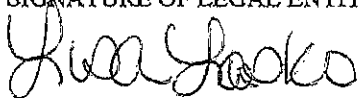
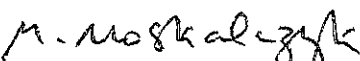
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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				<i>Cont. from previous page</i>


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141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	The medical evaluation for Resident #1 admitted on 1/5/11 had nothing noted for the date the medical evaluation was completed. Unable to determine if the evaluation was completed in a timely manner.	8.26.11	<p>Upon receipt of all medical evaluations, The administrator will review all information to ensure that it has been documented completely.</p> <p>The administrator will monitor for ongoing compliance. <i>MW</i> 8.31.11</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date <i>8.31.11</i> Initials (DPW) <i>MW</i></p>

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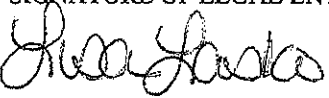
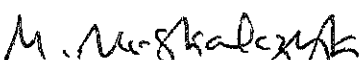
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144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	19 cigarette butts were observed on the deck under and around the picnic table. The cigarette butts are not properly being disposed of.	8.26.11	Administrator will ensure that all smoking materials have been disposed of properly. Administrator will do a weekly walk thru of the property to ensure that this is being met.	Steps have been taken to correct violation; full compliance is not verifiable Date: 8/26/11 Initials (DPW): 	

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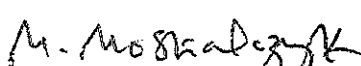
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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<p>The home did not record the dates in which the following residents' insulin pens were first punctured for use in order to determine when they could no longer be administered to these residents:</p> <p>Resident #1</p> <ul style="list-style-type: none"> • Lantus Solostar 100 units 15ml with an order date of 7/5/11 • Humalog KwikPen 3ml 100 units per ml with an order date of 6/14/11 <p>Resident #4</p> <ul style="list-style-type: none"> • Lantus Solostar 100 units 15ml with an order date of 6/14/11 <p>The manufacturers' instructions indicate to use within 28 days after opening.</p>	8-26-11	<p>Administrator will ensure that upon opening insulin, Direct care staff will date the vial, pen, etc.</p> <p>The administrator will monitor weekly - insulin for ongoing compliance.</p> <p style="text-align: right;"><i>MM</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>MM</i></p>

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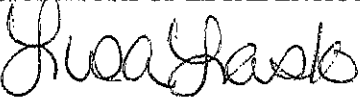
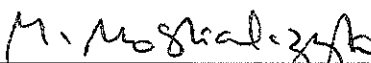
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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The opened Lantus 100u/ml for resident #5 did not include the date it was first punctured for use. Staff person B, who is the administrator, stated the home's policy is to follow the manufacturer's instructions for all medications and to label and date when the insulin is first punctured for use. The pharmacy label stated the order date was 8/2/11.	8.26.11	<p>Administrator will ensure that all insulin is dated upon opening.</p> <p>The home's policy has been changed to reflect this</p> <p>The administrator will educate staff on policy changes and will monitor weekly for ongoing compliance. All education documentation will be maintained by administrator. ^{MM} 8/31/11</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 8/31/11 Initials (DPW)</p>

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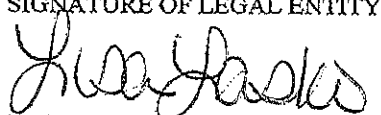
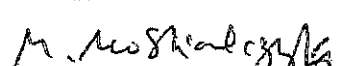
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The printed name of staff persons who administered medications to residents was not included on any of the residents' August 2011 medication administration records (MAR); only the initials and signatures of these staff persons were written on the back of each resident's individual MAR page. The home does not maintain a separate "Master Key" which includes the staff person's printed name, signature, and initials.	8.26.11	Administrator will ensure at the start of each month staff will print their name, provide initials and a signature is provided on the back of each MAR The administrator will monitor monthly for ongoing compliance with this regulation mm 8/31/11	Steps have been taken to correct violation; full compliance is not verifiable Date 8/31/11 Initials (DPW) MM

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, PA 18301		CURRENT LICENSE NUMBER 212130	
INSPECTION DATES (Include all dates of the inspection) 08/11/2011		REGIONAL REPRESENTATIVE Ryan Novak, Betty Bloch	
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
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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187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	Staff person A did not document the August 2011 medication administration record when resident #6 refused all 8:00 am medications on the day of this inspection. At 2:50 pm on this same day, all areas for the 8:00 am doses on 8/11/11 were left blank on the MAR. The medications were Flonase 0.05% Nasal Spray, QVAR 80mcg Inhaler, Ditropan 5mg tablet, Prilosec DR 20mg capsule, Ativan 1mg tablet, Depakote ER 500mg tablet, Trileptal 600mg tablet, and Polyethylene Glycol 3350.	8.26.11	<p>Administrator will ensure that when a resident refuses medication it has been documented in the required time frame.</p> <ul style="list-style-type: none"> • Refusals will be reported to the residents PCP and documentation will be maintained in the residents record. • The administrator will monitor for ongoing compliance. <p style="text-align: right;">mm 8/31/11</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center; margin: 0;">Date: 8/31/11</p> <p style="text-align: center; margin: 0;">Initials (DPW):</p> </div>