

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: _____

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 March 13, 2012 until March 13, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 216740

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

MAR 13 2012

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

RE: Salisbury Behavioral Health Personal Care Home of Lehigh County
451 Lehigh Street
Allentown, Pennsylvania 18103

Dear Ms. Benner:

As a result of the Department of Public Welfare's licensing inspection on January 11, 2012 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 be '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 PERSONAL CARE HOME OF LEHIGH CO, 451 LEHIGH STREET ALLENTOWN, PA 18103		CURRENT LICENSE NUMBER 216741	
INSPECTION DATES (Include all dates of the inspection) 01/11/2012		REGIONAL REPRESENTATIVE Leslie Patton, Jason Harvey	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Lisa Lasko, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Lisa Lasko</i>	DATE <i>1/31/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE <i>2/24/12</i>

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract in the record for resident #1 dated 4/1/2011 was not signed by the resident until 4/21/2011 and the payer until 4/27/2011. <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <p style="text-align: center;">FEB - 8 2012</p> SCRANTON FIELD OFFICE Adult Residential Licensing	1-13-12 ↓ * Ongoing	Administrators have been in contact with local rep-payee's; most are agreeable to sign and return a faxed copy on date of change or new contract. For all new admissions room & board contract will be signed by the rep-payee prior to or on the day of admission. * - The administrator will monitor for future/ongoing compliance. <i>M. Moskalczyk</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>M. Moskalczyk</i> Date: <i>2/24/12</i> Initials (DPN)

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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Hwa Lasko</i>	DATE 1/31/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskialczyk</i>	DATE 2-27-12

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
57c Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.	The home currently serves 19 residents, 4 of whom have mobility needs. Based upon an interview of staff person A, who is the administrator, and a review of the staff schedule, the home's staff was not available to provide one additional hour of personal care service for the 4 residents who have mobility needs on 1/1/12. 23 hours of direct care were required to be available, but only 19.5 hours were available	1-31-12 + Ongoing	The Administrator's have reviewed all medical evaluations and have developed and implemented a new staffing schedule that accurately documents hours of Direct care. *The Administrators will be reviewing this daily to ensure hours are documented in conjunction with the needs of the residents.	Steps have been taken to correct violation; full compliance is not verifiable Date <u>2/27/12</u> Initials (DPW) <u>AL</u>

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

No. 3529 P. 2

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 216741	
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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 <i>J. Koskaly</i>	DATE 2/28/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>J. Koskaly</i>	DATE 2/28/12

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
57d At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.	Based upon an interview of staff person A, who is the administrator, and a review of the staff schedule, it was determined that 75% of the personal care service hours were not available during waking hours on 1/1/12. 16.5 hours of personal care service were available on 1/1/12 during waking hours, 17.25 hours were required to be available.	1-31-12	See page 2 The Administrators have not had accurate account of direct care staff hours provided on a daily basis. The Administrators have reviewed all medical evaluations and have developed and implemented a new staffing schedule that accurately documents hours of direct care provided on a daily basis. The administrators will be reviewing this daily to ensure hours are documented in conjunction with the needs of the residents.	Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____

Feb. 28. 2012 3:00PM

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

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SIGNATURE OF LEGAL ENTITY <i>Jwa Asko</i>	DATE 1/31/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Proskalczyk</i>	DATE 2/24/12

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
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 number were not posted on or near the telephone located in the sitting area near the first floor elevator entrance.	1-31-12	The required phone numbers have been replaced by the community phone. The Administrators have developed a bi-weekly checklist to ensure all numbers are posted. A frame has been purchased and anchored to the wall to prevent easy removal of phone numbers	<div style="text-align: right;"> Steps have been taken to correct violation; full compliance is not verifiable Date <i>2/24/12</i> Initials (DPW) <i>MP</i> </div>

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SIGNATURE OF LEGAL ENTITY <i>Jwa Kasko</i>	DATE 1/31/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moshalczyk</i>	DATE 2/24/12

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
101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	Single occupancy rooms #4 and #16 did not have a chair.	1-31-12	The two bedrooms had chairs placed in their replaced on day of inspection. The Administrator's have revised the Direct care Staff task sheet to reflect the required items a resident shall have in their bedrooms. The Administrators have developed a bi-weekly Checklist to verify that all items required by DPW are in each resident bedroom.	MM 2/24/12

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SIGNATURE OF LEGAL ENTITY <i>[Handwritten Signature]</i>	DATE 1/31/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Handwritten Signature]</i>	DATE 2/24/12

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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bedside lamp located in single occupancy room #1 did not contain a light bulb. The bedside lamp located in single occupancy room #4 was not able to be plugged in due to there not being an electrical outlet near the lamp.	1/31/12	Room #1 received a light bulb for bedside lamp at time of inspection. Room #4's lamp was extended by a surge protector and was plugged in at time of inspection. The Administrators have revised the Direct Care staff task sheet to reflect the items required by DPW. *The Administrators have developed a bi-weekly checklist to verify that all items required by DPW are in each resident bedroom. The administrator to monitor for ongoing compliance.	Steps have been taken to correct violation; full compliance is not verified. Date: <i>[Handwritten Date]</i> Initials (DPW): <i>[Handwritten Initials]</i>

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SIGNATURE OF LEGAL ENTITY <i>Lisa Hasko</i>	DATE 1/31/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>m. moskalczyk</i>	DATE 2/24/12

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
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The following freezers had a temperature reading that exceeded 0 degrees Fahrenheit with a provided 2-degree flex: - The "Kenmore" brand freezer located in the home's kitchen had a temperature reading of 8 degrees Fahrenheit. - The "Beverage Air" brand freezer located on the right-hand side of the dishwashing room had a temperature reading of 8 degrees Fahrenheit. - The freezer section of the "Hotpoint" brand refrigerator located in the home's kitchen had a temperature reading of 6 degrees Fahrenheit.	1/31/12 + ONGOING	We received a large food delivery on the day of inspection. The freezers were opened for an extended period of time. Since inspection the freezers have maintained a zero degree or below zero degree Fahrenheit temperature. The freezers were also very full on day of inspection and the Administrators have changed our delivery from monthly to bi-weekly to prevent the fluctuation in the freezer temps. * The administrator will monitor temperature readings weekly to assure ongoing compliance.	<i>m. moskalczyk</i>

Report must be returned to
 the regional office with
 compliance report verified
 Date: *2/24/12*
 Initials: *DPW*

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141a2 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 dated 8/22/2011 did not indicate medications.	1/31/12	The Administrators have will review each medical evaluation upon completion from physician. If any area is missing information the administrators will return the medical evaluation for correction. The administrators will review each medical evaluation to ensure that it includes all required information assigned list of medications was attached to resident #1's MA-SI, that has been copied and attached to resident #1's medical evaluation	<div style="border: 1px solid black; padding: 2px; transform: rotate(-90deg); transform-origin: center;"> Steps have been taken to correct violation; full compliance is not verifiable Date: <i>2/24/12</i> Initials: <i>(DPM)</i> </div>

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SIGNATURE OF LEGAL ENTITY <i>Lisa Lasko</i>	DATE <i>1/31/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>m. mogkalyk</i>	DATE <i>2/24/12</i>

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
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>See page 8</i> <i>- Cont. from previous page.</i>	

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SIGNATURE OF LEGAL ENTITY <i>Kwa Lasko</i>	DATE <i>1/31/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mogulczyk</i>	DATE <i>2/24/12</i>

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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 2004 Ford Freestar did not contain tweezers. Repeated Violations: 08/09/2011	<i>1/31/12</i>	The Administrator's have replaced the pair of tweezers in the the Ford van. The administrator's will continue to check the first aid kits on the first of each month and when a fire drill is conducted.	<div style="text-align: center;"> <p>Steps have been taken to correct violation. Full compliance is not verified.</p> <p>Date: <i>1/27/12</i></p> <p><i>[Signature]</i></p> </div>

VIOLATION REPORT

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 11 of 13

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SIGNATURE OF LEGAL ENTITY <i>Rosa Kasko</i>	DATE 1/31/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalevich</i>	DATE 2/24/12

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 Medication Administration Record (MAR) for resident #2 did not indicate a diagnosis or purpose for Divalproex 250mg, Atrovent HFA inhaler, Omeprazole 20mg, Advair 500/50 Diskus, Benztropine 2mg, Divalproex 500mg, Lorazepam 0.5mg and Risperidone 2 mg. The MAR for resident #1 did not indicate a diagnosis or purpose for Prilosec 20mg and Celexa 40mg. The MAR for resident #3 did not indicate a diagnosis or purpose for Norvasc 10mg, Aspirin 81mg, Furosemide 20mg, Pravastatin Sodium 40mg, Omeprazole 20mg, Vesicare 5mg, Lantus Solostar 100units, Lorazepam 0.5mg, Apidra Solostar 100 units, Aricept 10mg and Gabapentin 300mg. Repeated Violations: 08/09/2011	1/31/12	The administrators have reviewed all MAR's and will continue to review MAR's on a weekly basis to ensure that all meds have a diagnosis for use. If a MAR contain a med without a diagnosis the administrators will contact the pharmacy & prescribing physician for the indication. We have transferred to a new pharmacy the administrators have discussed the need and importance for all medications to have indications listed on their MAR's The administrator/Designer will monitor	Steps have been taken to correct violation; full compliance is not verifiable Date: _____ Initials: (DPM)

The administrator/Designer will monitor MAR's monthly for required content & to assure ongoing compliance. M. Moskalevich

VIOLATION REPORT

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 12 of 13

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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 PG.) Hartzell's pharmacy has agreed to ensure that this is being done	

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

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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 #4 support plan dated 11/29/2011 does not address the resident's diagnosis of Schizoaffective Disorder and Premorbid Schizoid.	1/31/12	Administrators have corrected resident #4's RASP, addressing the diagnosis that [redacted] is being treated for. In the future when a new or updated RASP is completed the administrator will ensure that all areas of diagnosis, illness and areas under treatment by a physician are addressed in the resident's RASP	<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small;"> Steps have been taken to correct violation; full compliance is not verifiable Date: 1/31/12 Initials: (DPW) </div>