



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209

1-800-833-5095

FAX: (570) 963-3018

Sent via email to: [REDACTED]

MAILING DATE: May 11, 2012

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 March 14, 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.

Sincerely,

Anne Graziano
Regional Licensing Administrator

Enclosure
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) 03/14/2012		REGIONAL REPRESENTATIVE Florence Babiarz, 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)			
SIGNATURE OF LEGAL ENTITY <i>Cathy Lerner</i>	DATE 4/4/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Giazini</i>	DATE 5-7-12

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
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	Direct Care Staff persons "A" and "B" have not completed the annual practicum for medication administration for training year 2011. The Administrator has been advised that staff members cannot dispense medications until they receive the annual medication training.	<i>a administrator</i> <i>Q</i> 5-7-12 4-4-12 <i>Q</i>	<i>DIRECT STAFF "A" AND "B" DID NOT ADMINISTER MEDICATIONS UNTIL THEY COMPLETED THE ANNUAL MEDICATION TRAINING. STAFF "A" COMPLETED THE TRAINING ON 3/21/12. STAFF "B" COMPLETED THE TRAINING ON 3/16/12. DOCUMENTATION OF THE COMPLETED TRAINING HAS BEEN ATTACHED TO THIS VIOLATION REPORT. THE ADMINISTRATOR WILL IMPLEMENT A TRACKING SYSTEM TO ENSURE ALL STAFF ARE IN COMPLIANCE WITH THEIR ANNUAL PRACTICUMS. ALL DOCUMENTATION WILL BE COMPLETED</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date <i>5-7-12</i> Initials <i>Q</i> (DPW) *

RECEIVED
APR 09 2012
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 PCH OF MONROE COUNTY, 1020 CHERRY LANE EAST STROUDSBURG, PA 18301		CURRENT LICENSE NUMBER 212130	
INSPECTION DATES (Include all dates of the inspection) 03/14/2012		REGIONAL REPRESENTATIVE Florence Babiarz, 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)			
SIGNATURE OF LEGAL ENTITY <i>Cathy Adams</i>	DATE 4/4/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Graziano</i>	DATE 5-7-12

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
(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	<p>RECEIVED</p> <p>APR 09 2012</p> <p>SCRANTON FIELD OFFICE Adult Residential Licensing</p>		* home submitted corrected documentation via fax on 5-8-12.	