

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 1482 CHERRY LANE, EAST STROUDSBURG, PA 18301

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 28
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 September 20, 2012 until September 20, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **212130**

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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 05 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 June 21, 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 read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 21213 - 06/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2. DESCRIPTION OF VIOLATION
 The home's license was posted in the receptionist's office and not in a public and conspicuous location.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The violation was corrected at the time of inspection. A copy of the homes current license was posted on the bulletin board. We have framed most of the DPW required forms and mounted them on the wall. This should make it easier to monitor weekly and more difficult for anyone to remove. The administrator will monitor weekly to assure ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Cathy Ridner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CATHY RIDNER* Date *7/13/2012*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *8/7/12* (Date) Verification of Legal Entity Representative Signature *8/7/12* (Date)

The above plan of correction was approved by *AR* (Initials)

Fully Implemented*
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21213 - 06/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2. DESCRIPTION OF VIOLATION
 The home did not maintain a quarterly accounting report document reflecting resident #1's and resident #2's PNA funds that were being managed by the home. The home was not completing quarterly reports that were being submitted to the resident or their designee.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The administrator/designee completed a quarterly financial review with the residents. The review will be completed quarterly for all the residents that receive assistance with their personal spending. We developed our own audit form. The administrator will monitor and assure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Cathy Rioner</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date <i>7/12/2012</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>8/7/12</i> (Date)	Verification of Legal Entity Representative Signature <i>8/7/12</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21213 - 06/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

- 2600.65(b) - 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 and conditions.

2. DESCRIPTION OF VIOLATION

Staff person A (hired 1/20/12) began working at the home on 1/30/12. The staff person did not receive the required training to be completed within the first 40 hours of scheduled work until 2/21/12 and therefore the training was not completed in a timely manner.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The administrator will review the direct staff schedule at hire to ensure the required training/orientation is completed within 40 scheduled working hours. The administrator will monitor and assure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Cathy Ridner</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CATHY RIDNER</i>		Date <i>7/12/2012</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>8/2/12</i> (Date)	Verification of Legal Entity Representative Signature <i>8/7/12</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21213 - 06/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2. DESCRIPTION OF VIOLATION

The home's emergency preparedness plan was located in the administrator's office and was not posted in a public and conspicuous location.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The violation was corrected at the time of inspection. A copy of the emergency procedures was posted on the bulletin board. We have framed most of the DPW required forms, and mounted them on the wall. This should make it easier to monitor weekly and more difficult for anyone to remove. The administrator will monitor weekly to assure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cathy Rioner

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

CATHY RIONER

Date 7/12/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/7/12
(Date)

Verification of Legal Entity Representative Signature

8/7/12
(Date)

The above plan of correction was approved by

AR
(Initials)

- Fully Implemented
- Partly Implemented - Adequate Progress
- Partly Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21213 - 06/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.132(f) - Alternate exit routes shall be used during fire drills.

2. DESCRIPTION OF VIOLATION

The home's monthly fire drill records indicate the home is routinely not alternating exit routes during monthly fire drills. Exits "front and side" were used during the drills conducted on 1/31/12, 2/28/12, 3/30/12, 4/28/12, 5/25/12 and 6/20/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The administrator will monitor and assure alternate evacuation / exit routes will be used during monthly fire drills. The administrator will monitor for ongoing compliance. See attached fire drill records. This practice has already been implemented.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Cathy Rickner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CATHY RICKNER* Date *7/12/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *8/7/12* (Date) Verification of Legal Entity Representative Signature *8/7/12* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21213 - 06/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600
 2600.143(a) - The home shall have a written emergency medical plan that includes the following:
 (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
 (2) Emergency transportation to be used.
 (3) An emergency-staffing plan.

2. DESCRIPTION OF VIOLATION
 The home's emergency medical plan did not specify the home's emergency staffing plan in the event a medical emergency occurred and additional staffing was needed.

3. PLAN OF CORRECTION (POC) - (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

THE ADMINISTRATOR AMENDED THE MEDICAL SAFETY POLICY TO INCLUDE THE HOME'S EMERGENCY STAFFING PLAN. THE POLICY WILL BE ATTACHED TO THIS VIOLATION REPORT FOR REVIEW.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cathy Ridner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CATHY RIDNER* Date *7/13/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/7/12 Verification of Legal Entity Representative Signature 8/7/12
 (Date) (Date)

The above plan of correction was approved by *[Signature]* Fully Implemented
 (Initials) Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented