

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SALISBURY BEHAVIORAL HEALTH INC  
LEGAL ENTITY

To operate SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH  
NAME OF FACILITY OR AGENCY

Located at 451 LEHIGH STREET, ALLENTOWN, PA 18103  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 20  
(MAXIMUM CAPACITY)  
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  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 26, 2013 until March 26, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 216740

*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



MAR 26 2013

Ms. Cynthia Mazza, VP/COO  
Salisbury Behavioral Health, Inc.  
3894 Courtney Street Courtney/Suite 100  
Bethlehem, Pennsylvania 18017

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

Dear Ms. Mazza:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 18, 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 Human Services 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", written over a horizontal line.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 21674 - 12/18/2012 - Hummel, Jesse  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600  
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The home's record of direct care staff training does not include the staff person trained, or the source of the training.

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.

A new record of training was developed including all required information from L5i. The new record of training has been completed for staff member Heather Ortiz and is included. A new record of training will be completed for all staff members for the 2012 training year. The Administrator will monitor the DPH website for any updates to the REG including L5i and will implement any changes as required.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Lisa Lasko, Administrator			1-2-13

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

The above plan of correction is approved as of	<u>2/28/13</u> (Date)	Plan of correction implementation status as of	<u>2/28/13</u> (Date)
The above plan of correction was approved by	<u>M</u> (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: 21674 - 12/18/2012 - Hummel, Jesse  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 65 Pa.Code §2600  
 2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 is prescribed MAPAP 325 mg, 2 tablets every 4 Hours as needed for pain or fever. This medication is not recorded on the Medication Administration Record for resident #1.

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.

MAPAP order was written in MAR's by Administrator on day of inspection. Administrator will ensure that the medication record contains orders for all prescribed medications. Orders arrive during 3p-11p shift, staff will enter the orders into the MAR's, Communication sheets delivered from our pharmacy will be left in a folder on the administrator's desk and she will check these each morning for accuracy. Administrator and a staff person will conduct reviews of the MAR's and medication packs on a weekly basis to ensure all medications have corresponding orders

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Lisa Laszko*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lisa Laszko, Administrator Date 1-2-13

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