



Mailing Date: February 25, 2013
Sent via email to: [REDACTED]

Ms. Cathy Ridner, Administrator
Salisbury Behavioral Health, Inc.
7462 Penn Drive
Allentown, Pennsylvania 18106

RE: Salisbury Behavioral Health PCH of Monroe County
1482 Cherry Lane Road
East Stroudsburg, Pennsylvania 18301

Dear Ms. Ridner:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 25, 2013 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.

Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Violation Report

Violation Report: 21213 - 01/25/2013 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600

2a. DESCRIPTION OF VIOLATION

On 12/26/2012 at approximately 4:39pm the home's fire alarm activated do to a fire in the home, resident #1 refused to leave the their bedroom and did not evacuate the home to the outside designated meeting place.

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.

On 1/2/13 the administrator [redacted] facilitated a interagency meeting to discuss [redacted] refusal to evacuate during the fire at the personal care home on 12/26/12. The following people attended the meeting [redacted] father - [redacted], his aunt [redacted] Blended Case Manager - [redacted] CUP MHDS Liason - [redacted] and [redacted] from the personal care home. During the meeting [redacted] was educated concerning the importance of evacuating the building during emergency evacuations. The following plan was put into place and added to [redacted] RASP on 1/2/13. Description of Service Need: During emergency evacuations [redacted] may require additional prompting to evacuate the building. [redacted] has always participated in fire drills. On 12/26/12, [redacted] refused to evacuate the building during a fire. Plan to Meet Service Needs: In the event that [redacted] will not evacuate when the fire alarm is activated, DCB will say the following to [redacted] "[redacted] I need your help, please come help me." DCB will educate and strongly encourage [redacted] to evacuate.

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 *2/20/13*

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

The above plan of correction is approved as of *2/22/13* (Date)

Plan of correction implementation status as of *2/22/13* (Date)

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

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