

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 PCH OF MONROE COUNTY
NAME OF FACILITY OR AGENCY

Located at 1482 CHERRY LANE, EAST STROUDSBURG, PA 18301
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 28
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

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 September 20, 2013 until September 20, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 212130

Robert E. Robinson

ISSUING OFFICER

RC 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



SEP 12 2013

Ms. Cathy Ridner, Administrator
Salisbury Behavioral Health Inc.
3894 Courtney Street, Suite 160
Bethlehem, Pennsylvania 18017

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

Dear Ms. Ridner:

As a result of the Department of Public Welfare's licensing inspection on July 9, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) 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 License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
License Inspection Summary

Violation Report: 21213 - 07/09/2013 - O'Haire, Anne
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY.

1. REGULATION 55 Pa.Code §2600
 2800.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 The home's large main freezer had a temperature reading of 22 degrees Fahrenheit on the date of this inspection.

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 7/9/13 or maintenance man manually turned the temp of the freezer down to -6 degree. On 7/11/13 the unit was serviced by R+M DRAFT & REFRIGERATION. They cleaned the condenser coils and reported that the freezer temp was below 0°. The administrator replaced the thermometer in the freezer with a new one. Attached you will see the temp charts for the month of July 2013. R+M made recommendations for the installation of a fan where the walk in is located. We are currently working on bids to complete the recommendation to replace the fan. The work should be completed by Sept 30, 2013. The administrator will continue to monitor weekly for ongoing compliance. ATTACHED YOU WILL FIND THE R+M INVOICE.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cathy Administrator* Date *7/2/13*

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

The above plan of correction is approved as of 8/20/13 (Date) Plan of correction implementation status as of 8/20/13 (Date)

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