



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via e-mail to: [REDACTED]
Mailing Date: September 25, 2013

Ms. Cynthia Mazza, VP/COO
Salisbury Behavioral Health, Inc.
7462 Penn Drive
Allentown, Pennsylvania 18106

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 August 28, 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.

Sincerely,

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

Michele Moskalczyk
Regional Licensing Administrator

Enclosure

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO		License Number: 216740
Address: 451 LEHIGH STREET, ALLENTOWN, PA 18103		County: Lehigh
Administrator: Lynsey Reiss		Region: NORTHEAST
Legal Entity Name: SALISBURY BEHAVIORAL HEALTH INC		
Legal Entity Address: 3894 COURTNEY STREET, BETHLEHEM, PA 18017		
Certificate(s) of Occupancy		
C-2 LP 11/17/1999 Department of L&I	C-2 LP 07/12/1999 Department of L&I	
Staffing Hours		
Resident Support: .	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
-08/28/2013: Hummel, Jesse; Dumas, Gerald		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 20	Number of Residents who:	
Number of Residents Served: 20	Receive Supplemental Security Income: 20	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 6	
Area:	Have Mental Illness: 20	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 3	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 2	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 21674 - 08/28/2013 - Hummel, Jesse
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 5/30/13 resident #1 reported to Administrator A that the resident received notification from the bank that the resident's account was over drawn by \$600.00. It was determined that all of the transactions were made via ATM machines located within the surrounding area of the facility. Resident #1 stated to the Administrator that all of the resident transactions were made from within the bank, and that the resident never utilized an ATM machine. On 6/4/13 the local Police Department was notified of this incident. On 8/19/13 a detective from the local Police Department contacted the facility and requested that resident #1 and Administrator A report to the police station to view surveillance video from the ATM machines. Resident #1 and Administrator A determined by watching the surveillance video; that staff person B had been withdrawing money from resident #1's account.

Exploitation, including misrepresentation which results in monetary gain or profit for the perpetrator and or a monetary loss to the resident is prohibited.

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.

upon determining that staff person B had been withdrawing money from resident #1's account, staff person B was suspended and not permitted on the residential property pending an investigation. Staff person B was officially terminated on 9/5/13. Her termination status change and letter of termination are attached. The Allentown police department is investigating the criminal case against staff person B. Resident #1 and Administrator A both received letters to attend the preliminary hearing against staff person B on 9/26/13 at 1:00pm. Administrator A and Resident #1 called wells Fargo bank to find out if the bank would reimburse resident #1. The bank informed us they will not reimburse resident #1, and that the courts would have to determine restitution.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lynsey Reiss - Administrator</i>	Date <i>9/18/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9/24/13
 (Date)

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

Plan of correction implementation status as of 9/24/13
 (Date)

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

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(Cont)

Plan of correction, continued

Administrator A has met with all of the residents to discuss the importance of locking their bedroom doors at all times, utilizing their personal lock boxes or the site safe to protect any valuables, and reporting any missing valuables to Administrator A immediately. A copy of the items covered with the residents is attached. The administrator will review these items with the residents quarterly, at community meetings in November, February, and May. The administrator has checked all of the resident lock boxes to ensure they are functional and the keys work properly.

The administrator will be facilitating a mandatory staff meeting on 9/26/13. At this meeting, the administrator will address the following:

- Staff training of the resident rights.
- Staff training of abuse, including Act 13 of 1997, and the Salisbury Behavioral Health policy on abuse.
- Establish a new site policy that all staff must keep resident bedroom doors open at all times when they are in the resident rooms for cleaning purposes. Staff will also encourage the residents to be present during any room cleanings.

Lynsey Reiss
Lynsey Reiss - Administrator
9/18/13

M
9/24/13