



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: April 7, 2014

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

RE: Salisbury Behavioral Health Personal Care Home of Monroe County
1482 Cherry Lane Road
East Stroudsburg, Pennsylvania 18301
License #212130

Dear Ms. Mazza:

As a result of the Department of Public Welfare's licensing inspection on February 21, 2014 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 must be maintained.

Sincerely,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21213 - 02/21/2014 - Hummel, Jesse
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 1/21/14 at 8:28pm resident #1 and resident #2 became involved in a verbal altercation that escalated into a physical altercation. Resident #1 struck resident #2 several times knocking the resident to the ground. Resident #1 then kicked resident #2 several times while on the ground. Resident #2 was transported to the hospital for evaluation. Resident #2 suffered a closed head injury, and was treated for multiple abrasions and contusions. The facility failed to notify the local Area Agency on Aging of this resident to resident abuse as required under the Older Adult Protective Services Act.

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.

When this incident occurred on 1/21/14 the administrator did not completed the Act 13 Mandatory Abuse Report. The administrator did complete the DPW incident report. On 2/24/2014, the pch administrator Cathy Ridner called the Local Aging Dept to make the verbal report of the Act 13 Mandatory Abuse Report, Cathy spoke to [redacted] stated she would speak to her supervisor and let Cathy know if a written report would need to be filed. On 2/25/14, [redacted] stated that the written report would need to be completed and submitted. The administrator completed the written Act 13 Mandatory Abuse Report and faxed it to the aging office in Stroudsburg. All the staff at the home reviewed the Act 13 Mandatory Abuse Reporting procedure and signed stating that they reviewed it. The administrator and staff will follow the Act 13 Mandatory Abuse Reporting procedure in the future. All verbal reports will be completed within the 24 hours and written reports in 48 hours. The administrator will continue to educate current and new staff at orientation of the Act 13 Mandatory Reporting for ongoing compliance. The staff signed off that they reviewed the Act 13 Mandatory Abuse Report document and the completed 13 Abuse report is attached to the violation report.

The administrator shall monitor and assure ongoing compliance.
m
4/4/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cathy Ridner</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Cathy Ridner</i>	Date	<i>3/25/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4.4.14</u> (Date)	Plan of correction implementation status as of <u>4.4.14</u> (Date)
The above plan of correction was approved by <u><i>m</i></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: 21213 - 02/21/2014 - Hummel, Jesse
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

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 1/21/14 at 8:28pm resident #1 and resident #2 became involved in a verbal altercation that escalated into a physical altercation. Resident #1 struck resident #2 several times knocking the resident to the ground. Resident #1 then kicked resident #2 several times while on the ground. Resident #2 was transported to the hospital for evaluation. Resident #2 suffered a closed head injury, and was treated for multiple abrasions and contusions.

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 1/21/14, the staff [redacted] APD attempted to deescalate the altercation between Resident #1 and #2. After the incident [redacted] completed the 302 petition for Resident #1 to be evaluated and hospitalized at the behavioral unit. Resident #1 and Resident #2 had not demonstrated aggressive behavior prior this incident. Resident #1 was hospitalized and received a medication change while in the hospital. Resident #1 RASP was updated after he returned to the pch. Resident #2 went into respite then moved out of the pch. The staff will utilize Resident #1 RASP and his behavioral team. The staff monitors and report changes to the administrator, the resident's behavioral team and their psychiatrist. The administrator will continue to educate current and new staff at orientation of the Act 13 Mandatory Reporting for ongoing compliance. Including education concerning the resident not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

The administrator shall monitor and assure ongoing compliance.

M
 4/4/14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cathy Richter* Date *3/25/14*

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

The above plan of correction is approved as of 4/4/14
 (Date)

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

Plan of correction implementation status as of 4/4/14
 (Date)

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