

# 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 \_\_\_\_\_

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 28  
(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 September 25, 2014 until March 25, 2015,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 212131

Robert E. Robinson  
ISSUING OFFICER

*Matthew J. [Signature]*  
ACTING 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.



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: SEP 25 2014**

Ms. Cynthia Mazza, VP/COO  
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  
License #: 212131

Dear Ms. Mazza:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 19, 2014, July 1, 2014, July 11, 2014, July 15, 2014 and August 12, 2014, of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #212130 dated September 20, 2014 to September 20, 2015 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated September 20, 2014 to September 20, 2015 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine Per day	Mandated Correction Date (to avoid Fine)
42b	II	17	\$5	\$85	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager  
Human Services Licensing  
Department of Public Welfare  
Room 631 Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Matthew J. Jones  
Director

Enclosures  
License  
Licensing Inspection Summary



Violation Report: 21213 - 06/19/2014 - Harvey, Jason

PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

Resident # 1 has a history of irritability, problems with judgment, and aggression with issues surrounding smoking. On 5/22/14 and 6/1/14 the resident had altercations with other residents in the home. The home has not implemented positive interventions to modify or eliminate the behavior.

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 6/19/2014 the administrator completed an additional page to updated <sup>Resident #2-1</sup> rasp as a <sup>Resident #2-4</sup> correction to this violation. The rasp was reviewed by all residential staff. Staff are documenting <sup>Resident #3</sup> hourly cigarette times on the dry erase board in the lobby area as a visual reminder to <sup>Resident #3</sup> and the other staff the time of <sup>Resident #3</sup> next cigarette. The home shall utilize the Rasp as a tool to assist with conflict resolution before <sup>Resident #3</sup> demonstrates aggressive behavior towards the other residents of the home. Attached to this document is a copy of the rasp update. On 6/18/2014 @ 11 am we also held a interagency meeting to discuss <sup>Resident #3-15</sup> incidents from 5/22 and 6/1/14. MHDS will be researching alternative housing options for <sup>Resident #3</sup> in a smaller home that can meet his needs. <sup>Resident #3-15</sup> case manager completed and submitted a housing referral for <sup>Resident #3</sup>. The housing director of the smaller facility will be completing an interview with <sup>Resident #3</sup> within the next few weeks. Staff will continue to offer <sup>Resident #3</sup> positive reinforcement, reinforce appropriate behaviors and utilize alternative techniques to defuse potential emergency situations. On 6/2 all of the residents of the home were educated about not intervening with other resident, to tell a staff about their concerns. Attached you will find the sign in sheet from the community meeting.

The administrator shall monitor and assure ongoing compliance.ign in sheet.

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 administrator*

Date

*7/14/14*

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

The above plan of correction is approved as of

9/14/14  
(Date)

Plan of correction implementation status as of

9/14/14  
(Date)

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

The above plan of correction was approved by

B.B.  
(Initials)

Violation Report: 21213 - 06/19/2014 - Harvey, Jason

PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

On 6/1/14, resident #1 had an altercation with resident #2. The home has not updated the assessment and support plan of the resident's needs to reflect these changes.

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 6/19/2014 <sup>Resident #1's</sup> RASP update had not been completed to reflect an altercation which occurred 6/1/2014. After the department conducted their investigation. The update was completed on 6/19/14 <sup>Resident #2</sup>. <sup>Resident #1's</sup> RASP update reflects the altercation and the steps staff will follow in the future when <sup>Resident #2</sup> is demonstrating aggressive behavior. In the future all resident RASP will be update annually, if the condition of the resident significantly changes prior to annual assessment and at the request of the dept upon cause to believe that an update is required.

The administrator shall monitor and assure ongoing compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cathy Richner*      Date *7/14/14*

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

The above plan of correction is approved as of 9/14/14 (Date)

Plan of correction implementation status as of 9/14/14 (Date)

The above plan of correction was approved by B.B. (Initials)

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



Violation Report: 21213 - 07/01/2014 - Rushin, Julianne  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600  
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION  
 The list of emergency telephone numbers posted in resident #1's room has not been updated with the new number for the Personal Care Home Complaint Hotline.

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 July 1, 2014 at the time of our annual inspection the staff of the home updated the personal care home complaint hotline phone numbers. Attached you will find a copy of the update list of emergency telephone numbers. This updated list has been posted by each telephone with an outside line. The list has also been posted in two resident rooms that have active cell phones.

The administrator shall monitor and assure ongoing compliance.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Cathy Richner* Date *7/14/14*

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

The above plan of correction is approved as of <u>9/14/14</u> (Date)	Plan of correction implementation status as of <u>9/16/14</u> (Date)
The above plan of correction was approved by <u>B.B.</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 - 07/01/2014 - Rushin, Julianna  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The wooden landing outside of the "right hallway" egress has a drop to the connecting ramp measuring approximately one inch posing a tripping hazard.

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.

The personal care home maintenance technician completed the following repairs to the wooden outside landing outside the right hallway .He extended the wooden landing by 18 inches slopping down to meet the landing. The wooden ramp is now flush with wooden walkway. He applied yellow tape at the end of the walkway, Attached you will find four pictures of the wooden landing after repair.

The administrator shall monitor and assure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *7/14/14*

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

The above plan of correction is approved as of <u>9/14/14</u> (Date)	Plan of correction implementation status as of <u>9/16/14</u> (Date)
The above plan of correction was approved by <u>B.B.</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 - 07/01/2014 - Rushin, Julianne  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600  
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The home's notification to the local fire department dated 4/30/14 is not current and indicates the home has 4 residents with mobility needs. The home presently has 2 residents that require assistance with evacuation.

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 July 1, 2014 the administrator notified the Stroud township fire department in writing the address, location of bedroom and mobility needs of the residents of the home .The home presently has 2 residents that require assistance with evacuation. In the future the administrator will update the location of our residents with mobility needs when they there is movement in the home, or when the number of residents requiring assistance with evacuation changes.

On July 14, 2014 the administrator notified the Stroud township fire department in writing the address, location of bedroom and mobility needs of the residents of the home .The home presently has 1 resident that requires assistance with evacuation.

The administrator shall monitor and assure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cathy Lidner</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Cathy Lidner</i>	<i>7/14/14</i>

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

The above plan of correction is approved as of <u>9/14/14</u> (Date)	Plan of correction implementation status as of <u>9/16/14</u> (Date)
The above plan of correction was approved by <u>B.B.</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 - 07/01/2014 - Rushin, Julianne  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600  
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION  
 A blue wash cloth was noted in the home's laundry room behind the #1 Speed Queen Dryer posing a potential fire hazard.

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.

The personal care home maintenance technician installed shelving above the three dryers and two washing machines. The shelving will insure that insure that no combustible and flammable materials fall behind the machines to cause a potential fire hazard. Attached you will find two photos of the shelving.

The administrator shall monitor and assure ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *7/14/14*

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

The above plan of correction is approved as of <u>9/14/14</u> (Date)	Plan of correction implementation status as of <u>9/16/14</u> (Date)
The above plan of correction was approved by <u>B.S.</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 - 07/01/2014 - Rushin, Julienne	
PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY	
1. REGULATION 55 Pa.Code §2600 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.	
2a. DESCRIPTION OF VIOLATION The home did not complete an overnight drill within the required 6 month time frame. The last overnight drill was conducted on 10/7/13. The next overnight drill conducted on 5/30/14 was beyond the 6 month time frame.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>In the future the administrator and assistant program director will conduct unannounced fire drills during sleep hours every three months to ensure that this regulation is met.</p> <p>The administrator shall monitor and assure ongoing compliance.</p>	
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)	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (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 - 07/11/2014 - O'Haire, Anne  
 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 7/9/14, at approximately 5:30pm, resident #1 was overheard talking to resident #2 on the back deck of the PCH by direct care staff person A. The resident was overheard telling resident #2 that she was in so much pain that she was going to the lake to drown herself. Resident #1 received her evening meds from staff at approximately 7:40pm. At approximately 8:30pm, staff person A was on the back deck taking a smoke break when they heard someone calling for help three times from the direction of a small lake on the same property to the rear of the home. Staff person A then notified staff person B, who was also on duty at the PCH. After taking a census of the residents, staff determined that resident #1 was missing. Staff person A conducted a search of the area near the lake but could not see anything. Staff contacted the on-call supervisor, who then notified administrator C. Administrator C then contacted co-administrator D, who responded to the home. After confirming that resident #1 was not with family, administrator D contacted the Stroud Area Regional Police. The police were dispatched to the home and took a missing persons report. Northeast Search and Rescue was contacted and a search of the area was initiated at approximately 11:30pm. Resident #1's body was discovered in the lake at 5:40am on 7/10/14 and the Monroe county Coroner pronounced her dead at the scene. Resident #1 was neglected due to the failure by staff person A to facilitate a Mental Health evaluation or the provision of crisis intervention services to resident #1 in response to her statements about wanting to drown herself in the lake on the evening of 7/9/14.

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.

Salisbury Behavioral Health has developed and implemented the attached protocol titled "Protocol for Monitoring and Safeguarding Residents during a Mental Health or Medical Event." All staff have been educated on this policy and will receive continued education on suicide. In addition to this protocol, SBH has also developed a Resident Monitoring form for staff to provide and ensure that all required parties have been informed of the event occurring. Staff have been educated to take every threat serious and alert necessary agency personnel immediately. Administrators will provide continual education into suicidality and crisis tools to ensure that each staff is educated in what constitutes a suicidal threat and how to ensure the safety of those we serve are being met.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/21/2014
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Lisa Lawko administrator Date 9/5/14

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

The above plan of correction is approved as of <u>9/5/14</u> (Date)	Plan of correction implementation status as of <u>9/5/14</u> (Date)
The above plan of correction was approved by <u>B.B.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21213 - 07/11/2014 - O'Haire, Anne  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600  
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The home utilizes video recording equipment inside the home's main entrance and in hallways leading to exits. No signage was posted to inform residents and visitors that these areas are being recorded and there is no documentation available to indicate that residents were notified that the home was utilizing recording equipment inside the facility.

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.*

The video monitoring system utilized at The PCH has been adapted, cameras that previously viewed and recorded both corridors in the home have been covered, thus protecting privacy for each resident served in the PCH. A community meeting was held, each resident was educated that there is a system in the home that does record. Attached is a copy of the sign off sheet from this meeting. Anytime that a new system is going to be installed in the PCH, the administrator will ensure that the resident's receive a 30 day notice prior to the installation of systems of this nature. The PCH has also hung signs in the areas where the monitoring system is recording, this providing notice to residents and visitors that there is a monitoring system in the home.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Lisa Loosko, Program Director Date 8/28/14

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

The above plan of correction is approved as of 8/28/14  
 (Date)

The above plan of correction was approved by B.B.  
 (Initials)

Plan of correction implementation status as of 9/16/14  
 (Date)

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

Violation Report: 21213 - 07/11/2014 - O'Haire, Anne  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600  
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:  
 (1) Evacuation procedures.  
 (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.  
 (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.  
 (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.  
 (5) The location and use of fire extinguishers.  
 (6) Smoke detectors and fire alarms.  
 (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person B, hired on 7/1/14, did not receive a fire safety orientation to include a tour of the Personal care Home with regard to elements #3, #5 and #6 under this regulation.

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.

Attached is staff person b's orientation training, dated 6/14/14, the staff signed that she had received the sited trainings. Each staff at the PCH have been retrained in all elements of 65a, attached are the PCH staffs sign off sheets. Administrators will ensure that each new hire receives adequate training in all elements identified in 65a. This will be evident by the sign off sheets and these sign off sheets will be retained in the staff file at the PCH.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *USA Losko, Program Director* Date *8/28/14*

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

The above plan of correction is approved as of <u>8/28/14</u> (Date)	Plan of correction implementation status as of <u>9/16/25</u> (Date)
The above plan of correction was approved by <u>B.B.</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 - 07/11/2014 - O'Haire, Anne  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Interviews with staff determined that medications were not being administered to residents according to prescriber's orders. According to staff, if a resident was unavailable to receive 8:00pm medications, which are allowed to be administered between 7:00 and 9:00pm, staff would call Administrator D, who would instruct them that they could administer medications until 10:00pm and would also tell staff that they could ask the night shift staff, who come in at 11:00pm, to administer medications that were missed at 8:00pm.

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.

All medications will be administered in accordance with the prescriber's orders. At no time will an administrator authorize a late administration of medications without written instructions from the physician. Staff will be educated that late administrations are not approved without written orders from the residents prescribing physician.

8/28/14 - As per P.C. with Admin. Lisa Lasko, training of direct care staff re: the requirements of ch. 2600.187d and the protocol for following prescriber's orders will be completed on 9/11/14. Documentation of the training will be submitted to the BHSB - NE Regional office by 9/12/14. The Administrator will be responsible to ensure future compliance with this regulation.  
 Bob B.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lisa Lasko, Program Director      Date 8/28/14

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The above plan of correction is approved as of <u>8/28/14</u> (Date)  The above plan of correction was approved by <u>B.B.</u> (Initials)	Plan of correction implementation status as of <u>9/16/14</u> (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 21213 - 07/15/2014 - Dumas, Gerald  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600  
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

The home failed to report two separate incidents involving resident #1.  
 The first incident occurred at approximately 8:10pm on 6/19/14 when the resident was walking in the middle of Cherry Lane Road, where the home is located. The driver of a vehicle traveling on the road stopped his vehicle and went into the PCH to alert staff. Staff on duty attempted to redirect the resident back inside the home and she initially responded that she wanted to get hit by a car and that she wanted to go die. This incident was documented on the home's internal incident reports as a suicide attempt, which is reportable to DPW. The Stroud Area Regional Police also responded to the home later that evening at 10:17pm, in response to a call that resident #1 was being abused due to staff allowing her to walk in the road. Police response to a licensed personal care home, except for 302 involuntary commitment proceedings, is also reportable to DPW.  
 The second incident occurred on 7/1/14, when resident #1 made two separate attempts to cut her wrists. Both incidents were witnessed by staff person A. The first attempt occurred when the resident was using scissors for a crafts activity while being supervised by staff person A. The scissors were confiscated after staff person A observed the resident attempting to cut her wrist with them. Staff person A also reported this incident to administrator B. Later that evening, staff person A went into the resident's room and observed her making several superficial cuts on her wrist with the crucifix on a rosary beads. These incidents are reportable to DPW as physical acts by a resident to commit suicide.

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.

Attached are incident reports for the two incidents that were not submitted as reportable incidences. Administrators will ensure that all incidents of self-injurious behaviors are reported to DPW within the allotted 24 hour time frame.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lisa Lascko, Program Director Date 8/28/14

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The above plan of correction is approved as of <u>8/28/14</u> (Date)	Plan of correction implementation status as of <u>8/28/14</u> (Date)
The above plan of correction was approved by <u>B.B.</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 - 07/15/2014 - Dumas, Gerald  
 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 the evening of 7/1/14, resident #1 had two separate incidents where she was observed by staff attempting to cut her wrist. The first attempt occurred when the resident was using scissors for a crafts activity while being supervised by staff person A. While the resident was using the scissors, staff person A observed the resident attempting to cut her wrist with them. Staff person A confiscated the scissors and reported this incident to administrator B. Later that evening, staff person A went into the resident's room and observed her making several superficial cuts on her wrist with the crucifix on a rosary beads. Administrator B spoke with the ACT team on-call crisis worker at 4:46pm after the first incident that evening but no information was given regarding the resident's attempt to cut her wrist with a scissors. Resident #1 was neglected due to the home's failure to facilitate a Mental Health evaluation or the provision of crisis intervention services to the resident in response to her attempts to cut her wrist on 7/1/14.

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.*

Salisbury Behavioral Health has developed and implemented the attached protocol titled "Protocol for Monitoring and Safeguarding Residents during a Mental Health or Medical Event." All staff have been educated on this policy and will receive continued education on suicide. In addition to this protocol, SBH has also developed a Resident Monitoring form for staff to provide and ensure that all required parties have been informed of the event occurring. Staff have been educated to take every threat serious and alert necessary agency personnel immediately. Administrators will provide continual education into suicidality and crisis tools to ensure that each staff is educated in what constitutes a suicidal threat and how to ensure the safety of those we serve are being met.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/21/2014
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *J. Wasalaska*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Wasalaska, Program Director* Date *8/28/14*

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Violation Report: 21213 - 07/15/2014 - Dumas, Gerald  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600  
 2600.225(c) - The resident shall have additional assessments as follows:  
 (1) Annually.  
 (2) If the condition of the resident significantly changes prior to the annual assessment.  
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION  
 Resident # 1's Initial Assessment, dated 3/18/14, was not updated to reflect behavioral needs and possible need for increased supervision relating to three separate suicide attempts on 6/19/14, 7/1/14 and 7/4/14.

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.

Attached is updated RASP for resident #1 reflecting the behavioral changes from the 3 suicide attempts. Administrators will ensure that each time a resident has a behavioral change such as a suicide attempt or a statement has been made the resident's RASP will be updated to reflect what additional interventions the individual will need. The RASP will also be reviewed if the resident enters a crisis residence or hospital, the administrator will identify in the RASP what additional needs the resident has.

Repeat Violation: Yes      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) Lisa Lasik

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Lisa Lasik, Program Director      Date 8/28/14

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The above plan of correction is approved as of <u>8/28/14</u> (Date)  The above plan of correction was approved by <u>BS</u> (Initials)	Plan of correction implementation status as of <u>8/28/14</u> (Date)  <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
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Violation Report: 21213 - 08/12/2014 - Harvey, Jason  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

On 8/2/2014, resident #1 had suicidal ideations and was treated at the hospital. The home has not updated the assessment and support plan of the resident's needs to reflect these changes.

**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.*

#1

Attached you will find the corrected addendum to Resident [REDACTED] RASP, Identifying the measures that were taken to ensure her safety. Moving forward, Administrators will ensure that when a resident experiences a change in status whether common due to illness or not the resident's RASP will be updated to reflect the safety measures, aftercare and additional needs that may apply following the incident.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 06/19/2014

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

*9/10/14*

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The above plan of correction is approved as of 9/10/14  
 (Date)

Plan of correction implementation status as of 9/10/14  
 (Date)

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

The above plan of correction was approved by B.B.  
 (Initials)