



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 7, 2014**

Mr. John F. Bulman, VP/COO  
Salisbury Behavioral Health, Inc  
300 Welsh Road Bldg. 4 Suite 100  
Horsham, Pennsylvania 19044

RE: Salisbury Behavioral Health  
1075 Easton Road  
Roslyn, Pennsylvania 19001  
License# 128200

Dear Mr. Bulman:

As a result of the Department of Public Welfare's Adult Residential licensing inspection on July 14, 2014, August 4, 2014 and August 8, 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. 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 "Patricia Adams". The signature is fluid and cursive, with a large initial "P" and "A".

Patricia Adams  
Acting Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 12820 - 07/10/2014 - Colon, Lissette  
 PCH Name: SALISBURY BEHAVIORAL HEALTH

**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**

On May 29, 2014, the home began an extensive investigation on staff person A for misappropriation of resident's funds. Upon completing their investigation, staff person A was terminated on July 8, 2014. However, the home did not submit the initial incident report to the Department until July 9, 2014.

**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 HOME WILL FILE AN INCIDENT REPORT TO DPW WITHIN 24 HRS. IN A MANNER DESIGNATED BY DPW. THE OPERATIONS DIRECTOR WILL ENSURE ALL INCIDENT REPORTS ARE SUBMITTED WITHIN THE 24 HR. TIME FRAME. THE CHANGE WAS MADE ON JULY 9<sup>th</sup>. THE CHANGE WAS MADE BY THE OPERATION DIRECTOR MEETING WITH THE PROGRAM DIRECTOR AND REMINDING HER REVIEWING WITH HER THE 2600.16 (C) REGULATION. A TRAINING WILL ALL STAFF WILL OCCUR ON OCT 2 AND OCT 7 AND A REVIEW OF REGULATION 2600.16 (C) WILL TAKE PLACE. AFTER THE TRAINING ALL SUPPORTING DOCUMENTATION WILL BE SENT. PRIOR TO THE TRAINING A MEMO WAS HUNG UP IN THE OFFICE AS A REMINDER.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *ECD only TB*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ECD DOMBRASKI, OPERATIONS DIR</i>	Date <i>9-11-14</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>9/18/14</u> (Date)	Plan of correction implementation status as of <u>9/18/14</u> (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: 12820 - 07/10/2014 - Colon, Lissette  
PCH Name: SALISBURY BEHAVIORAL HEALTH

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

Between July 2012 - May 2014, suspected staff person A, misappropriated resident's funds. Several resident cash advances were withdrawn with signatures of residents who did not match their actual handwriting. It has been confirmed the residents are missing the following amount of money:

Resident # 1 - (from 1/2013 - 6/2014) \$3,150.00

Resident # 2 - (from 7/2012 - 5/2014) \$1,620.00

Resident # 3 - (from 8/2013 - 5/2014) \$1,900.00

Resident # 4 - (from 7/2012 - 5/2014) \$3,300.00

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.

AT NO TIME WILL THE AGENCY ALLOW A RESIDENT TO BE MISTREATED BY MISAPPROPRIATIONS RESIDENTS FUNDS. A COMMITTEE WAS FORMED TO WRITE A POLICY AND PROCEDURE ON RESIDENTS FUNDS SECURITY AND THE AGENCY HAS MADE THE CHANGE. THE OFFICIAL POLICY WENT INTO PLACE ON 7/1/14. HOWEVER, IT IS FORMED THE P.O. INDEFINITELY AFTER THE INCIDENT TO REQUIRE A STAFF SIGNATURES ON ALL RESIDENT TRANSACTIONS UNTIL THE NEW POLICY WAS IN PLACE. THE ATTACHED POLICY WILL EXPLAIN THE CHANGES, WHO IS RESPONSIBLE FOR EACH PART AND THE SYSTEMS IN PLACE TO MAKE SURE IT WILL NOT HAPPEN AGAIN. THE P.O. WAS TRAINED ON THE FIRST PART OF THE PROCEDURE BY THE P.O. ON 7/9-14 AND THE SECOND PART ON 7-1-14. AN AUDIT HAS BEEN CREATED FOR MONTHLY AUDITS COMPLETED BY UPPER MANAGEMENT AND IT REQUIRES TWO MANAGER TO SIGN OFF ON. UNANNOUNCED QUARTERLY AUDITS WILL BE COMPLETED BY A SENIOR MGT. STAFF WHO MUST SIGN OFF. RESIDENT SIGNATURES WILL BE REQUIRED ON ALL CHECKS AND RESIDENT CASH REQUEST FORMS.

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

Signature of Legal Entity Representative (Required on EVERY Page) *E. D. Dwyer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *E. D. Dwyer, Operations Dir.*      Date *9-11-14*

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The above plan of correction is approved as of <u>9/18/14</u> (Date)	Plan of correction implementation status as of <u>9/18/14</u> (Date)
The above plan of correction was approved by <u><i>W</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