



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: August 20, 2014

Ms. Cynthia Mazza, VP/COO
Salisbury Behavioral Health Inc.
3894 Courtney Street, Suite 160
Bethlehem, Pennsylvania 18017

RE: Salisbury Behavioral Health PCH of Lehigh County
451 Lehigh Street
Allentown, Pennsylvania 18103
License #216740

Dear Ms. Mazza:

As a result of the Department of Public Welfare's licensing inspection on July 24, 2014 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Commonwealth of Pennsylvania
Department of Public Welfare
Bureau of Human Services Licensing

6 Easy Steps to Develop a Plan of Correction

1. Why is the regulation important?
2. How was the regulation violated?
3. What caused the violation?
4. What can be done right away to fix the violation?
5. What can we do to prevent future violations?
6. Who will be responsible for preventing future violations?

Tips

- An acceptable plan of correction must be submitted to the Department before a license can be issued to the residence.
- If your plan of correction does not fit on the page you may attach additional pages; additional pages must be signed and dated.
- A plan to request a waiver of the regulation cannot be accepted as a plan of correction, although you may indicate in the plan of correction that you intend to apply.
- It is important to attach supporting documentation to your plan of correction to verify compliance of any violation that has been corrected.
- If you need help with your plan of correction call your regional office or the operator support hotline at 1(866) 503-3926.

Violation Report: 21674 - 07/24/2014 - Rushin, Julienne
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600
 2600.161(d) - A resident's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1's physician ordered a mechanical soft diet on 7/9/14. The home continued to serve the resident chopped foods up until 7/24/2014. The home failed to notify staff of the change in diet and instruct them on how to prepare a mechanical soft diet. This resident has a history of being at risk for choking.

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 Administrator updated the resident's RASP on 07/24/2014 to reflect the new prescribed mechanical soft diet. The new diet was also posted in the kitchen for staff to see. The Administrator held staff trainings for all staff on their next scheduled shift the week of 07/28/2014 - 08/01/2014. The Administrator trained staff on the difference between a chopped diet and a mechanical soft diet, what is involved in a mechanical soft diet, examples of menus, and foods the consumer can have and foods the consumer should avoid. Copies of the updated RASP and the staff trainings are attached.

Moving forward, the Administrator will post all special dietary needs on the consumer's RASP, as well as, properly train staff on how to accommodate their needs. Adm. will periodically review special diets / RASP to insure

Repeat Violation: No Date(s) of Previous Violation(s): ongoing compliance 08-20-14

Signature of Legal Entity Representative (Required on EVERY Page) *Lynsey Peiss*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lynsey Peiss* Date 8.20.2014

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

The above plan of correction is approved as of 8-20-14 (Date)

Plan of correction implementation status as of 8-20-14 (Date)

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

The above plan of correction was approved by *[Signature]* (Initials)

Violation Report: 21674 - 07/24/2014 - Rushin, Julianne
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

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

2a. DESCRIPTION OF VIOLATION
 Records for resident #1 indicate that their physician ordered a mechanical soft diet on 7/9/14. Based on interviews with resident #1 and staff, it was determined that staff continued to serve the resident chopped foods up until 7/24/14. The home failed to follow physicians order.

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 administrator has posted the consumer's prescribed diet in the kitchen, informed all staff, and updated the resident's RASP to reflect the change in diet.

Moving forward, the administrator and client care coordinator will review all changes, regarding resident care, that are prescribed by a physician. If further clarification is needed, the administrator and client care coordinator will contact the prescribing physician in order to correctly meet the residents' needs.

Changes or Additions to resident care will be documented as required and communicated to staff in an effective and timely manner.
 Adm/Designee will oversee periodically to attain/maintain compliance. *OP* 8-20-14

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) <i>Lynsley Peiss</i>	Date <i>8.20.14</i>
--	------------------------

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

The above plan of correction is approved as of <u>8-20-14</u> (Date)	Plan of correction implementation status as of <u>8-20-14</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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