



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: January 16, 2015

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 Lehigh County
451 Lehigh Street
Allentown, Pennsylvania 18103
License #216740

Dear Ms. Mazza:

As a result of the Department of Human Services' licensing inspection on October 8, 2014 and 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21674 - 10/08/2014 - Dumas, Gerald

PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME, LEHIGH 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

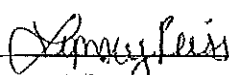
Administrator A states that in March 2014 resident # 1 reported allegations that staff member B while in the medication room alone with the resident called the resident a profane name. This constitutes a violation of residents' rights. The home did not submit an incident report to the Department.

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.

Moving forward, the Administrator will ensure that all incidents will be reported to the Northeast regional DPW office within 24 hours of the incident. Any resident allegations of abuse or a violation of their rights will be investigated by the Administrator and reported to the Northeast regional DPW office within 24 hours. Should the Administrator have a question about what needs to be reported, the Administrator will consult the Regulatory Compliance Guide and/or utilize the DPW hotline for further assistance. The Adm or Designee will also ensure that all staff are aware of what constitutes a Reportable Incident, and the home has a policy to ensure timely reporting at night, on weekends and holidays. *OP. 1-16-15*

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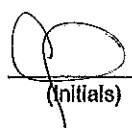
Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> <i>Lynsey Peiss, Administrator</i>	Date <i>11.24.14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1-16-15
(Date)

Plan of correction implementation status as of 1-16-15
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 21674 - 10/08/2014 - Dumas, Gerald

PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME, LEHIGH COUNTY

1. REGULATION 55 Pa.Code §2600

2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Multiple residents interviewed in the home stated that staff persons B and C do not treat them with dignity and respect. Staff persons B and C yell and scream at them, and barge into their rooms without waiting for a response after knocking. Staff person B has cursed at them and used profanity in their presence. Residents describe staff person B as being "bad...very bad...with an ugly demeanor and who doesn't care about anyone...who doesn't take care of anyone and neglects people, and is always in a foul mood". Residents describe staff person C as "sarcastic, flippany, cynical and sardonic". Resident # 1 reports in March 2014 while alone in the medication room staff person B called him/her a profane name. There was also another incident since that time on a weekend and staff persons B and C were in the office. They could be heard using offensive language. They were also heard saying resident # 1's name and then said "he/she heard us... [profanity] him/her."

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 and Assistant Program Director ^{will meet with} ~~have met~~ with all direct care staff during shift changes. All direct care staff have reviewed each resident right and will sign off that they are fully aware of each resident right, especially 2600.42(c). All direct care staff will be reeducated that it is not acceptable to knock on resident doors and enter without the resident's permission, to use foul language around the residents or towards them, and to ensure they are treating each resident with respect and dignity. These shift meetings will be completed and documentation will be submitted by 11/29/2014. Staff person B resigned effective 10/17/2014.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Lynsey Leiss

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lynsey Leiss, Administrator

Date

11/24/2014

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

The above plan of correction is approved as of 1-16-15
(Date)

The home will retain all documentation of residents' rights training. *OP*

The above plan of correction was approved by

OP
(Initials)

Plan of correction implementation status as of 1-16-15
(Date)

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

continued

The status change for staff person B's resignation is attached. Staff person C was issued a written warning for her behavior toward the residents. The written warning ~~was~~ is also attached.

Anna Hagen
1-16-15

Lynsey Reiss
Lynsey Reiss
11/24/2014