



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 09 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 January 14, 2015 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.

Your regular license for the period March 26, 2015 to March 26, 2016 was issued on January 8, 2015. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 21674 - 01/14/2015 - Harvey, Jason

PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2800

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On 1/14/2015, at 9:30 am, the direct care staff did not have access to the home's staff records. The administrator arrived at 10:10am and granted access to the staff records.

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.*

Staff records and resident funds are maintained in a locked closet. At the time of the annual inspection, only the administrator and assistant program director had access to the key for the closet. Moving forward, a key for the closet has been placed at our main office in Bethlehem (completed on 01/28/2015). Should DHS arrive at the program during a time when the administrator or assistant program director are not on site, a representative from the main office will come directly to the site with a key for the locked closet. There is also a hide-a-key lock box located in the staff office. If necessary, the administrator or assistant program director can grant access to the hide-a-key for one direct care staff member to open to closet, and give DHS access to staff charts until a supervisor can arrive on site. The code for the hide-a-key can then be changed after the DHS visit to restrict access to the closet once again (until another need for staff access is identified). *The Administrator shall be responsible to ensure ongoing compliance with this regulation and ensure that agents of the Dept. are provided immediate access to records upon request. Bob B. 2/18/15*

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)

Date

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

The above plan of correction is approved as of

2/18/15
(Date)

Plan of correction implementation status as of

2/18/15
(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: 21874 - 01/14/2015 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
 The home did not develop a staff training plan for the 2015 training year.

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 2015 staff training plan was completed on 01/15/2015 following the annual inspection. A copy of the 2015 staff training plan has been attached to this corrective action plan. Moving forward, the annual staff training plan will be completed no later than December 30th for each following year.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lynsey Reiss - Administrator</i>	Date <i>1-28-15</i>
-----------------------------------------------------------------------------------------------------------------------	------------------------

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

The above plan of correction is approved as of <u>2/18/15</u> (Date)	Plan of correction implementation status as of <u>2/18/15</u> (Date)
The above plan of correction was approved by <u>C.S.</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21674 - 01/14/2015 - Harvey, Jason

PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home does not have a designated evacuation time from a fire safety expert, on 6/18/2014 the homes fire drill exceed the 2 minutes and 30 seconds as followed:

Fire Drill date: Evacuation time:
6/18/201 2 min 55 sec

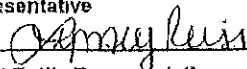
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 fire drill on 06/18/2014 was an unsuccessful attempt because the fire drill exceeded the allotted time. The fire drill was corrected on 06/22/2014 with a successful evacuation time of 2 minutes and 26 seconds. The administrator and assistant program director will complete fire drills monthly and will ensure the days of the week, shift/times of day and night, and exit routes used are rotated. All fire drills will be documented on the fire drill record, whether the fire drill attempts are successful or unsuccessful. All direct care staff and residents of the program will continually be educated on the importance of evacuating the building in the allotted time, which is currently 2 minutes and 30 seconds.

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)

Lynsey Peiss - Administrator

Date

1-28-15

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

The above plan of correction is approved as of

2/18/15
(Date)Plan of correction implementation status as of 2/18/15
(Date)

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

The above plan of correction was approved by

B.S.
(Initials)

Violation Report: 21674 - 01/14/2015 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The menu board located in the entrance of the home did not contain the following week's menu.

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 menu for the following week was completed, but had not been printed and attached to the bulletin board for the residents. The menu for the following week was immediately printed and posted to the bulletin board during the annual inspection on 01/14/2015. Moving forward, the assistant program director will ensure that all menus are posted on the bulletin board for the current month (at least 4 weeks). Prior to the last week of the current month, the following month's menus will be completed and posted to ensure the residents are aware of what they are eating for each of their meals in advance. This will become a continuous process to ensure there is adequate menu coverage without any lapse in time. The menu for the missing week is attached, as well as the rest of January and February to show that we are in compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lynsey Reiss - Administrator</i>	Date <i>1-28-15</i>
-----------------------------------------------------------------------------------------------------------------------	------------------------

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

The above plan of correction is approved as of <u>2/18/15</u> (Date)	Plan of correction implementation status as of <u>2/18/15</u> (Date)
The above plan of correction was approved by <u>B.B.</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21674 - 01/14/2015 - Harvey, Jason

PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Humalog 100 units/ml. The medication expires per the manufacturer's instructions 28 days after the insulin is opened. There was no date on the insulin indicating when the home opened the insulin and therefore when it would expire.

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 had completed an audit of the medication room on 01/13/2015. Resident #1 did not have a Humalog insulin pen open at that time because he had not needed insulin administered in the previous week. At 8pm medication administration on 01/13/2015, resident #1 required a prescribed dose of the Humalog insulin to be administered. The staff who administered the insulin neglected to date the pen. This violation was corrected on the date of inspection, 01/14/2015. The administrator dated the insulin pen in the inspector's presence. The staff who administered the insulin on 01/13/2015 was educated on the importance of dating all insulin pens once they are opened, in accordance with the manufacturer's instructions. The administrator and assistant program director met with this staff on her next scheduled shift (01/16/2015) to discuss this with her.

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)

Date

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

The above plan of correction is approved as of

2/18/15
(Date)

Plan of correction implementation status as of

2/18/15
(Date) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

The above plan of correction was approved by

S.S.
(Initials)

Violation Report: 21674 - 01/14/2015 - Harvey, Jason	
PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO	
<p>1. REGULATION 55 Pa.Code §2600 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:</p> <ol style="list-style-type: none"> (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber. 	
<p>2a. DESCRIPTION OF VIOLATION</p> <p>The Medication Administration Record states that resident #1 is prescribed Laxative, 10mg suppository generic for BISAC-EVAC 10 and it is prescribed by Maha Alchaer on 9/16/13. The medication label states Laxative 10mg suppository ATL generic for Dulcolax 10mg and it is prescribed by C. Wolfe on 8/7/13.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</p> <p><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> <p>The pharmacy was contacted on 01/14/2015 in the Inspector's presence. The pharmacy stated that the MAR entry of the Laxative 10mg suppository generic for Bisac-Evac 10mg is the same medication as the label on the medication bag, which states the Laxative 10mg suppository is generic for Dulcolax 10mg. The pharmacy faxed the site a communication slip stating this, which is attached for documentation. Resident #1 had an appointment with the prescribing PCP, [REDACTED] on 01/15/2015. During this appointment, staff inquired about obtaining a new prescription for the Laxative 10mg suppository to replace the original medication and to have the medication administration record corrected. However, since resident #1 has not had a need for the medication in over a year, the physician discontinued the medication. The pharmacy communication slip reflecting the discontinuation of the medication is also attached.</p> <p>Moving forward, when the administrator and assistant program director complete audits of the medication room, they will pay close attention to the medication administration record and the labels on medications to ensure they both correctly match and are in compliance.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
<p>Printed Name and Title of Legal Entity Representative (Required on EVERY Page)</p> <p style="text-align: center;">Wynsey Reiss - Administrator</p>	
Date	
1-28-15	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of	2/18/15 (Date)
The above plan of correction was approved by	B.B. (Initials)
Plan of correction implementation status as of 2/18/15 (Date)	
<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 21674 - 01/14/2015 - Harvey, Jason
 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
 Resident #2 is prescribed Risperdal Consta 25mg; Inject contents of syringe im every two weeks. This medication is listed on the homes Medication Administration Record. This medication was last administered by the ACT team on 12/31/14 and the medication will not be administered today, 1/14/15.

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.

Residents who receive intramuscular injections have those injections administered either at a physician's office or by a nurse from their ACT team, who administers the injection on site. In the case of resident #2, a nurse from her ACT team orders the Risperdal Consta, tracks when the injections are due, and comes to the PCH to administer the injection to resident #2. The administrator and direct care staff currently do not order the medications or track when the injections are due because direct care staff have never administered the injections. However, the medication is delivered to the PCH and is listed on the resident's medication administration record, which places the responsibility of tracking the injections on direct care staff.

Starting 02/01/2015, all residents who receive intramuscular injections by an outside agency will no longer have those medications listed on the medication administration record, as those medications are not administered in the PCH. Intramuscular medications will also no longer be delivered to the PCH, but to the appropriate ACT team office for the nurses on the ACT team to administer. The administrator communicated the concern to the supervisors of both ACT teams, who were very understanding in this matter, and have no problem with the medication being delivered directly to their office.

Repeat Violation; Yes	Date(s) of Previous Violation(s):	07/24/2014		
-----------------------	-----------------------------------	------------	--	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Almy Reiss*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lyndy Reiss - Administrator</i>	Date <i>1-28-15</i>
----------------------------------------------------------------------------------------------------------------------	------------------------

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

The above plan of correction is approved as of <u>2/18/15</u> (Date)	Plan of correction implementation status as of <u>2/18/15</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