



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: June 10, 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 Public Welfare's licensing inspection on March 31, 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.

Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 21674 - 03/31/2015 - Foulkes, Kimberli  
 PCH Name: Salisbury Behavioral Health Lehigh County

**1. REGULATION 55 Pa.Code §2600**  
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**  
 On 3/9/15, an allegation of abuse against resident #1, #2, and #3 was reported to staff person A. The home did not report the allegation to the local area agency on aging or the State Department of Aging.

**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 goal of Salisbury Behavioral Health PCP of Lehigh County's corrective action plan response is to demonstrate compliance with 2600.15(b). Staff person A filed a DHS incident report on 03/09/2015 but overlooked to report to the Office of Aging. The report was submitted to the local Office of Aging on 03/31/2015 as well as a phone call to the agency. Staff has been re-educated. Proper reporting will be followed going forward by notifying the administrator so that correct reports are filed.

*The administrator shall monitor for ongoing compliance.*  
*m*  
*5/29/15*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Edyta Masone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>EDYTA MASONE</i>	Date <i>5/22/15</i>
---	---------------------

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

The above plan of correction is approved as of <u>5/29/15</u> (Date)	Plan of correction implementation status as of <u>5/29/15</u> (Date)
The above plan of correction was approved by <u><i>m</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

Violation Report: 21674 - 03/31/2015 - Foulkes, Kimberli  
 PCH Name: Salisbury Behavioral Health Lehigh County

1. REGULATION 55 Pa.Code §2600  
 2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION  
 On 3/9/15, an allegation of abuse was made against staff person B regarding resident(s) #1, #2, and #3. The home suspended the staff person and then brought them back to work on 3/11/15.

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.

The goal of Salisbury Behavioral Health PCP of Lehigh County's corrective action plan response is to demonstrate compliance with 2600.15(b). Staff B was re-trained and received a written warning by the Operations Director and was permitted to actively resume her employment at the facility. Subsequently upon further regulatory compliance review, on 3/31/15 Staff B. was suspended from active duties. Staff B. is no longer working at Acorn.

The administrator shall monitor and assure ongoing compliance. Any allegations of abuse of a resident involving a staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident. Staff shall not return to work until the plan of supervision is approved by the Department.

Repeat Violation: No      Date(s) of Previous Violation(s): 5/29/15

Signature of Legal Entity Representative (Required on EVERY Page) Edyta Masone

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) EDYTA MASONE      Date 5/22/15

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

The above plan of correction is approved as of <u>5/29/15</u> (Date)	Plan of correction implementation status as of <u>5/29/15</u> (Date)
The above plan of correction was approved by <u>M</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: 21674 - 03/31/2015 - Foulkes, Kimberli  
 PCH Name: Salisbury Behavioral Health Lehigh County

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 3/9/15, resident #1 reported that when the resident tried to tell staff person B that they didn't want what was being served on the menu for dinner that staff person B stated, "I don't want to hear it-I don't want to hear it". The resident stated that the staff person "got mad" and said, "go away". The resident described the interaction as "it made me feel not good" and the resident reported that "sometimes he/she makes me not feel too good" and "staff person B scares me sometimes".

On 3/9/15, staff person B was heard by staff person C stating, "I'm sick of y'all's sh\*t, get up out of my face" and then resident #2 was observed walking away with a cup in hand and resident #3 was heard stating "so I can't have a snack".

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 goal of Salisbury Behavioral Health PCP of Lehigh County's corrective action plan response is to demonstrate compliance with 2600.42(c). Staff person B was suspended on 3/31/15. Resident Rights have been reviewed and discussed with the rest of the staff on 03/10/2015 with the emphasis on the tone of voice, physical demeanor and language. Quarterly Reviews of the staff knowledge on Resident Rights, speaking with the residents and staff observation by supervisor has been implemented. It is done at a supervision meeting with each individual staff where the Resident's Rights are reviewed as well. The administrator and the Assistant Program Director are responsible for following protocol.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Edyta Masone*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *EDYTA MASONE* Date *5/22/15*

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

The above plan of correction is approved as of <u>5/29/15</u> (Date)	Plan of correction implementation status as of <u>5/29/15</u> (Date)
The above plan of correction was approved by <u><i>m</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

Violation Report: 21674 - 03/31/2015 - Foulkes, Kimberli  
 PCH Name: Salisbury Behavioral Health Lehigh County

**1. REGULATION 55 Pa.Code §2600**  
 2600.54(a) - Direct care staff persons shall have the following qualifications:  
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).  
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.  
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff person B, date of hire 7/21/14, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

**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 goal of Salisbury Behavioral Health PCP of Lehigh County's corrective action plan response is to demonstrate compliance with 2600.54 (a). Staff B was originally hired 7/21/2014 to work at a non-licensed facility than transferred to the home at a later date. Upon pre hire review, Staff B presented with a HS diploma from Jamaica (county of origin). Upon further clarification, SBH HR staff later learned a HS diploma from Jamaica is only equivalent to an 11th grade education, and is not acceptable under US Educational standards to a HS diploma of 12 years. Staff has been suspended and is not being reinstated to the home due to lack of evidence of her proper qualifications.

*The administrator shall monitor and assure ongoing compliance.*

*M*  
 5/29/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Edyta Masone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>EDYTA MASONE</i>	<i>5/29/15</i>

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

The above plan of correction is approved as of <u>5/29/15</u> (Date)	Plan of correction implementation status as of <u>5/29/15</u> (Date)
The above plan of correction was approved by <u><i>M</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

Violation Report: 21674 - 03/31/2015 - Foulkes, Kimberli  
 PCH Name: Salisbury Behavioral Health Lehigh County

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

Resident # 4 is prescribed Ammonium Lactate 12% Cream. The Medication Administration Record (MAR) for resident # 4 was not initialed on the following days to indicate this medication was administered: 3/7/15 and 3/28/15 at 8:00am.

Resident # 4 is prescribed Nystatin Powder. The MAR was not initialed on the following days to indicate this medication was administered properly: 3/1/15 at 8am, and 8pm, 3/2/15 at 8am, 3/21/15 -3/22/15 at 8pm, 3/23/15 - 3/24/15 at 8am and 8pm, and 3/25/15 at 8am.

Resident # 4 is prescribed Ibuprofen 800mg. The MAR was not initialed on the following days to indicate this medication was administered properly: 3/7/15, 3/27/15 at 2pm.

Resident # 4 is prescribed Vitamin E 400 Unit. The MAR was not initialed on the following days to indicate this medication was administered properly: 3/29/15 at 11pm.

Resident # 5 is prescribed Ketoconazole 2% Shampoo. The MAR was not initialed on the following days to indicate this medication was administered properly: 3/1/15 -3/4/15 at 8pm, 3/23/15 - 3/28/15 at 8pm, and 3/30/15 at 8pm.

Resident # 5 is prescribed Ibuprofen 800mg. The MAR was not initialed to indicate this medication was administered properly on 3/23/15 at 12pm.

**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 objective of Salisbury Behavioral Health PCH of Lehigh County's corrective action plan is to demonstrate medication administration documentation compliance and accountability in accordance with 2600.187(a). Effective 5/31/15 all Salisbury Behavioral Health PCH of Lehigh County will define audit /monitoring practices. To minimize the propensity for errors a two tiered audit process will be implement. To substantiate compliance the two tiered audit process includes: (1) The Assistant Director on a daily basis will be responsible to review and track document findings; and to provide staff with documentation reeducation /redirection per shift (as required) and to share findings with the Administrator. (2) The Administrator is responsible to review charted documentation on a weekly basis, track / document findings, develop additional process (as necessary), and to evaluate / implement staff performance / mediation strategies.

*Cart →*

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

Violation Report: 21674 - 03/31/2015 - Foulkes, Kimberli  
 PCH Name: Salisbury Behavioral Health Lehigh County

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Edyta Masone*

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

Date *5/22/15*

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

The above plan of correction is approved as of *5/29/15*  
 (Date)

Plan of correction implementation status as of *5/29/15*  
 (Date)

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

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

Violation Report: 21674 - 03/31/2015 - Foulkes, Kimberli  
 PCH Name: Salisbury Behavioral Health Lehigh County

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 the following medications: Aspir-Low EC 81mg and Ranitidine 150mg. These medications are not on hand at the facility. Resident # 2 has not received these medications as prescribed since 3/25/15.

Resident # 4 is prescribed the following medications: Konsyl Powder and Vitamin B-6. These medications were not on hand at the facility on the following dates: 3/29/15 - 3/30/15 and therefore these medications were not administered to resident # 4.

Resident # 5 is prescribed Vitamin E 400 Unit. This medication was not on hand at the facility on the following date: 3/30/15, and therefore this medication was not administered to resident # 5.

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.

To ensure compliance with all regulations surrounding medications Salisbury Behavioral Health PCH of Lehigh County will utilize a new auditing tool. Medication room audits will be conducted daily by the assigned medication administrator. The Administrator/Assistant Program Director will be responsible for conducting weekly audits to ensure compliance. As part of the auditing tool verification that a two week supply of all medications is present within the home for each resident. This documentation will be maintained on site. The above mentioned medications were not on the site because there were no refills. Numerous attempts were made to contact the prescriber by the home and the pharmacy. Due to the delay by the prescriber in responding to us the medication was not available for those days. Attempts are made well in advance so that the resident doesn't run out of medication and the lack of communication by the prescriber or insurance issues sometimes are unavoidable. The home will continue to contact the prescriber in advance for refills.

*The administrator shall monitor and assure ongoing compliance*

*M*  
 5/29/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/14/2015
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative (Required on EVERY Page) *Edyta Masone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *EDYTA MASONE* Date *5/29/15*

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

The above plan of correction is approved as of <u>5/29/15</u> (Date)	Plan of correction implementation status as of <u>5/29/15</u> (Date)
The above plan of correction was approved by <u><i>M</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