



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: July 23, 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 April 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.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21674 - 04/14/2015 - Novak, Ryan
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

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:
 (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.

2a. DESCRIPTION OF VIOLATION
 Resident #1's senna laxative did not have a pharmacy lable attached.

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 proper medication labeling is on the medication container in accordance with 2600,184. 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 well as making sure that when a medication arrives from the pharmacy, a proper label is attached.

If there is an issue or problem found during these weekly audits, they will be identified on the audit sheet, as well as any action(s) taken.

EP. 7/23/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *6/29/15*

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

The above plan of correction is approved as of 7/23/15
 (Date)

Plan of correction implementation status as of 7/23/15
 (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 - 04/14/2015 - Novak, Ryan
 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 #1 has an order for Ventolin HFA Inhaler 2 puffs every 4-6 hours as needed. On 4/14/15 at 2:20pm 3 puffs were administered.

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 compliance and accountability in accordance with 2600.190. The resident was able to administer his own inhaler and took 3 puffs instead of 2 as directed. Staff member noted the number of puffs the resident took but omitted to explain why the directions weren't followed. After this incident the resident is no longer able to administer his own inhalers per doctor's orders.

The home will continue to exercise oversight of residents who self-administer medication(s) and communicate w/ the prescriber any problems or concerns that may arise due to self-administration. These issues will be documented & retained in the resident record. Q. 7/23/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 ADMINISTRATOR** Date **6/29/15**

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 (Date)

The above plan of correction was approved by *Q*
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