



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via emailed to: [REDACTED]

MAILING DATE: June 18, 2015

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

RE: Salisbury Behavioral Health PCH of Monroe County
1482 Cherry Lane
East Stroudsburg, Pennsylvania 18301
License #212130

Dear Ms. Mazza:

As a result of the Department of Human Services' licensing inspection on April 29, 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,

Anne Graziano

Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21213 - 04/29/2015 - Harvey, Jason
PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE 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

The home did not submit a Reportable Incident report in order to notify the Department of the medication error which took place on 4/17/15, 4/21/15, and 4/22/15 at 9:00pm and 9:00am on 4/20/15- 4/23/15 in which resident #1 did not receive Amantadine 100mg.

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.

Salisbury Behavioral Health PCH of Monroe County understands the importance of timely reporting and record retention. To ensure that DHS receives all reports in a timely manner the home has created an "incident reporting process." (See attachment 1) This process will allow for Administration to be informed of incidents in a manner which allows for speedy reporting to DHS. All reports will be maintained on site in the resident's record and the home's "DHS Incident Report Binder." In addition, all reports will be scanned in to a shared folder which can be accessed by all administrative staff to ensure accuracy, timely completion, and appropriate record retention. Effective June 1, 2015 the Administrator, Assistant Program Director, and Client Care Coordinator will be responsible for conducting biweekly resident record audits to ensure that all documentation is maintained and available for review upon request.

The home shall also train all staff in what events constitute a need for an Incident Report to be submitted to DHS, BHSU, Northeast Regional office, and within the required time frames. This will include the home's process to respond to incidents and subsequent reports all night, on the weekends, and on holidays. The home will retain

6-16-15

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/15/2014 these training documents

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dana Cosgrove, Administrator Date 5/28/2015

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The above plan of correction is approved as of 6-12-15 (Date)
reviewed amendment w/ VA/COO. CP. 6-16-15
The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 6-12-15 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21213 - 04/29/2015 - Harvey, Jason
PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 56 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The home did not update resident #2's resident assessment support plan for the two incidents of suicidal thoughts on 3/17/15 and 4/20/15. The resident was sent to the hospital for both events.


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.

Salisbury Behavioral Health PCH of Monroe County recognizes the importance of RASP's as it pertains to providing the highest level of care to all residents within the home. To ensure that updates are occurring within the guidelines of DHS regulations the home has developed a "RASP Update Process". (See attachment 2). In addition to implementing this process, effective June 1, 2015 the Administrator, Assistant Program Director, and Client Care Coordinator will be responsible for completing and documenting biweekly resident record audits. The resident record audit form (attachment 3) has been updated to include review of any and all updates to resident RASP.

The Administrator or Designee will perform random audits on a ^{bi-weekly} monthly basis to insure ongoing compliance. Documentation of these reviews will be retained by the home. Any problems found will be addressed w/ the outcomes noted. 6-12-15

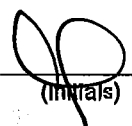
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dana Cosgrove, Administrator Date 5/28/2015

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Reviewed amendment w/ rplcoo of 6-16-15

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 6-12-15 (Date)

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