



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 12 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

Dear Ms. Mazza:

This is to acknowledge receipt of your request to appeal the Department's decision to NON-RENEW the license for Salisbury Behavioral Health PCH of Monroe County. Your request has been forwarded to the Department of Human Services, Bureau of Hearings and Appeals. You will be contacted regarding the date and time of the hearing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones".

Matthew J. Jones
Director

cc: Megan Wiest, Office of General Counsel



240 North 3rd Street
Payne Shoemaker Building, Eighth Floor
Harrisburg, PA 17101

Phone: (717) 724-4600 FAX: (717) 724-4690

John A. Kane
Direct Dial: (717) 724-4697
E-Mail: jkane@kelleypartners.com

May 8, 2015

Mr. Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120

RECEIVED
MAY 08 2015
Human Services Licensing

Re: **NOTICE OF APPEAL AND REQUEST FOR HEARING**
Salisbury Behavioral Health PCH of Monroe County
1482 Cherry Lane
East Stroudsburg, PA 18301
License # 212131

Dear Mr. Herzing:

Please be advised that this office represents Salisbury Behavioral Health, Inc. ("Salisbury"). Pursuant to 1 Pa. Code § 35.20 and 55 Pa. Code § 2600.12, Salisbury appeals the decision by the Department of Human Services, Human Services Licensing ("HSL") to non-renew the provisional license of Salisbury. (See letter of Matthew Jones, dated April 28, 2015, along with License Inspection Summary enclosed therewith, attached hereto as Exhibit "A".) Salisbury asserts that it is in compliance with applicable regulatory requirements consistent with qualifying for either a full operating license or, in the alternative, a provisional license. The determination to non-renew the provisional license held by Salisbury is unsupported by the relevant facts, reflects a misapprehension of applicable law and constitutes arbitrary and capricious action and an abuse of discretion by HSL.

HSL indicates in the letter that its decision to non-renew the license is based upon "repeated violations and current violations", which are not identified.

The alleged violations identified in License Inspection Summary ("LIS"), which the letter neither identifies as "repeated" or "current", go to two primary issues: fire drills and medication management. Salisbury denies these allegations and demands strict proof thereof at a hearing. Nevertheless, in order to establish additional measures of medication and fire safety to its residents and comply with HSL, Salisbury has implemented the following corrective actions.

Mr. Jacob Herzing
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I. REPORTED CORRECTIVE ACTION

Salisbury has implemented the following corrective actions, which are indicated in the Plan of Correction portion of the LIS, and has remained in compliance with same:

B. Fire Safety

1. Monthly fire drills occur unannounced, held on different days of the week and at different times of the day/on different shifts.
2. All fire drills are documented on the fire drill record, regardless of results.
3. For fire drill that does not meet target, Salisbury:
 - a. Documents reason or reasons for failure to meet target; and
 - b. Documents and implement a plan of correction on the matter;
 - c. Repeats the fire drill within the same month until target is met;
4. The importance of fire drill compliance and overall fire safety is addressed with residents upon admission.
5. All residents have been reeducated on the importance of fire drills and overall fire safety;
6. For any resident who fails to comply with fire-drill evacuations the following occurs:
 - a. The resident will be reeducated on the importance of fire safety and participation in fire drills;
 - b. If appropriate, the administrator calling a team meeting to address the issue.
 - c. If necessary, a behavioral plan is established with the resident and the resident's team
 - d. Persistent non-compliance results in a team meeting to address whether resident requires a different level of care or program.
7. The staff responsible for fire drill inconsistent with house policy and practice has separated from employment.
8. A marked increase of monitoring of smoking areas, with a particular focus on cigarette receptacles and disposal, has been undertaken. All fire hazards discovered as part of the monitoring are documented.

B. Medication Management

1. All staff has been educated on contacting the pharmacy for prescription refill once a particular medication of a resident falls to a two-week' supply.
2. The administrator conducts bi-weekly medication room check to confirm the presence of refills.
3. Should a new prescription be required, staff promptly contact both the prescribing physician and the pharmacy.

Mr. Jacob Herzing

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4. All medication errors are reported to DHS regional office within 24 hours of detection.
5. The administrator meets with the pharmacy to review emergency medication plans.
6. The administrator has educated staff on appropriate medication room practice and documented same.

II. ADDITIONAL CORRECTIVE ACTION

In addition to the foregoing corrective action that was noted in the Plan of Correction portion of the LIS, Salisbury has implemented the following permanent and substantial corrective action:

A. Fire Safety

1. Salisbury has made multiple physical improvements that have resulted in the approval approval of a 3 min. 30 sec. evacuation time (increased from 2 min. 30 sec.) by the fire safety expert pursuant to § 2600.132.
2. Salisbury is in the process of installing 2 additional exits and 2 additional fire doors, which will facilitate evacuations particularly from designated smoking areas and otherwise add significant fire safety.
3. Salisbury is in the process of applying for a building permit to construct two, 1HR rated fire corridors/areas of refuge to lead from each sleeping wing directly to the sidewalk.
4. Installation of panic/latching hardware between sleeping wings and center lobby.
5. Creation of a "smoke zone" in the center lobby, permitting safer egress.
6. Screening of designates smoking area to prevent "flicking" of cigarette butts.
7. A new stair is planned to be installed from the deck leading directly to the safe area in the back yard.
8. Installation of a 125 kW whole building emergency generator.
9. As part of initial assessment of a resident upon admission, Salisbury staff will perform an individualized fire safety plan with the resident, which will include education and a plan for how to initiate fire drills with resident to maximize likelihood of compliance given the resident's condition and symptoms. The resident will remain on a 30 day observation period before initial assessment and fire safety plan are finalized. Should the team determine that the resident is persistently unable or unwilling to participate in fire drills, Salisbury will promptly notify the county and, if necessary, request other placement of resident.



Mr. Jacob Herzing

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B. Medication Management

1. Salisbury is in the process of implementing a comprehensive Medication Electronic Medical Record ("MEMR") system at a substantial cost. This system is designed to substantially improve Salisbury's capacity for medication management and reduce medication errors. Specifically, the MEMR will include "refill alerts" once a medication of a resident falls into the 2-4 week range.
2. Upon implementation of MEMR nurses will perform weekly MEMR reviews to confirm availability of refills.
3. Pending implementation of the MEMR, a Salisbury regional nurse will conduct a weekly paper medication audit to confirm an adequate supply of medications.
4. Salisbury has changed its policy and practice on obtaining refills. Its policy is now to seek refills where a medication has fallen to a two-week supply, an expansion from the prior 3-day supply.
5. Once a medication falls below a two-week supply staff will contact the pharmacy and/or prescriber as appropriate to obtain refills and document such contact.
6. Thereafter, staff will follow up with the pharmacist and/or prescriber on a daily basis and document same.
7. The above refill maintenance process shall be the responsibility of the newly hired Client Care Coordinator.
8. All medication errors shall be documented and reports sent to the nurse.
9. All applicable Salisbury staff have undergone the DHS two-day Medication Administration Training Program.

Staff Changes

1. Salisbury has hired a new assistant program director, a position that did not previously exist.
2. This assistant program director will be trained as "administrator" as defined by Chapter 2600 within the next 6 months. This will result in the presence of an administrator on site far in excess of the 20-hour weekly requirement under § 2600.56.
3. Salisbury has further hired a Client Care Coordinator, a position that did not previously exist, whose responsibility will be to coordinate with prescribers and pharmacies to maintain an adequate supply of medications and working with the residents over fire safety.

Based on the foregoing, Salisbury hereby respectfully request the HSL to reverse its decision to non-renew the provisional license without the need for a hearing. Should a hearing



KELLEY PARTNERS LTD.
ATTORNEYS & COUNSELLORS

Mr. Jacob Herzing

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be required, however, Salisbury reserves the right to raise additional issues and to supplement the reasons for its appeal based on discovery of additional facts.

We appreciate your attention to this matter and ask that you direct all future correspondence regarding this appeal to us.

Sincerely yours,

JOHN A. KANE
JOSEPH T. KELLEY, III

JAK/sas

Enc

cc: Paul Volosov, Ph. D., President
David Volosov, General Counsel
Cynthia Mazza, Vice President and COO



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: APR 28 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 #: 212131

Dear Ms. Mazza:

As a result of the Department of Human Services' (Department) licensing inspections on December 11, 2014, December 30, 2014, January 16, 2015, January 28, 2015 and February 13, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

As a result of repeated violations and current violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), the Department is not renewing your PROVISIONAL license to operate the above facility. The decision to NON-RENEW your license is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa.Code § 2600.269 (a)(3) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

If you disagree with the decision to NON-RENEW your license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120


Ms. Cynthia Mazza

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

The enclosed Licensing Inspection Summary specifies plans of correction and dates by which corrections must be made. If you choose to appeal, this plan of correction must be followed during your operation pending your appeal.

Sincerely,



Matthew J. Jones
Director

Enclosure
Licensing Inspection Summary

Violation Report: 21213 - 01/06/2015 - Patton, Leslie
 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
 At 8:00am, 12:00pm, 4:00pm, and 8:00pm on 12/25/14- 12/29/14 and at 8:00am on 12/30/14, resident #1 did not receive IPRA-ALBUT 2.5mg as prescribed. The home failed to submit a Reportable Incident form to the Department's regional office regarding the medication error.

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 will educate staff on contacting the pharmacy for a refill when there is no less than one-two weeks' worth of doses left for the medication. This education will take place by January 30, 2015. The administrator will also check the medication room at least twice weekly to ensure staff have not missed calling in any refills to the pharmacy. Should a new prescription be required, staff and/or the administrator will contact the prescribing physician to obtain the necessary refills. Staff and/or the administrator will document all contact with the prescribing physician and the pharmacy. If there are any medication errors the administrator will ensure the incident is reported to the department's regional office within 24 hours. The administrator will also meet with the pharmacy to review an emergency medication plan no later than February 15, 2015.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/15/2014
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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)	Date
Lynsey Peiss, Administrator	1.19.15

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 01/05/2015 - Patton, Leslie
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 65 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 Department Representatives determined through staff interviews that the facility has difficulty evacuating residents in less than 2 minutes and 30 seconds. The facility will hold several fire drills each month; however the facility only documents the successful drills that were completed in 2 minutes and 30 seconds or less. Fire drills were held on 10/30/14, 11/15/14 and 12/17/14. These drills were not documented on the facility's fire drill record.

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, every fire drill held will be documented by the administrator on the fire drill record, regardless if the fire drill attempt was successful or unsuccessful. If the fire drill is unsuccessful, the information regarding the drill will be documented on the fire drill record by the administrator, the problem will be identified, and a detailed plan of corrective action will be established. If additional space is needed for the plan of correction, it will be attached to the back of the fire drill record. The fire drill will be repeated within the same month until there is a successful attempt.

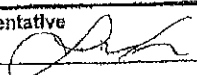
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Lynsey Reiss, Administrator	1.19.15

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Violation Report: 21213 - 01/05/2015 - Patton, Leslie PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY	
1. REGULATION 56 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 Department Representatives determined through staff interviews that the facility held fire drills on the following dates: 11/16/14 at 2:30am, the residents were evacuated in 5 minutes and 49 seconds and 12/17/14 at 10:30am, residents were evacuated in 2 minutes and 49 seconds. The home does not have any fire safe areas designated in writing within the past year by a fire safety expert to allow for additional evacuation time.	
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.	
<p>The unsuccessful fire drill attempts were redone and documented on the fire drill record. Every fire drill conducted, whether successful or unsuccessful, will be documented on the fire drill record by the administrator. The residents will be reeducated on the importance of treating every drill as a real fire, evacuating on time, and evacuating to the designated fire safe area. This educational piece will be reviewed with all residents by February 15, 2015. If a drill is unsuccessful the administrator will review the drill and identify any specific problems. The administrator will determine the course of action necessary to correct the problem. If the problem relates to a resident being unable to evacuate in the allotted time or a resident is noncompliant with evacuations the resident will be reassessed to determine if they require a different level of care.</p>	
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) <u>Lynsey Peics, Administrator</u>	Date <u>1.19.15</u>
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Violation Report: 21213 - 01/05/2015 - Patton, Leslie
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2800
 2800.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 Department Representatives determined through staff interviews that on 10/30/14 the facility conducted a fire drill, Resident #2 refused to evacuate during the drill. On 10/31/14 resident #2 was at the store. Staff person A, who is the home's former administrator, called the facility and instructed Program Director, staff person B, to conduct a fire drill while resident #2 was not at the facility.

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 monthly fire drills will be unannounced, held on different days of the week and at different times of day/on different shifts. The importance of participation in fire drills is discussed during the admissions process, and can also be found in the "home rules" section of the personal care home agreement. All staff and residents will be reeducated on the importance of monthly fire drills by February 15, 2015. Staff person "A" is no longer employed with the home and therefore cannot participate in the reeducation process. The administrator and staff will work with any resident who refuses to participate in a fire drill, and will educate that resident again on the importance of participation. Should a resident continue to be noncompliant during fire drills, the administrator will call a team meeting to discuss how best to assist the resident with ensuring he/she is compliant. If necessary, a behavior plan will be established with the resident and the resident's team. Should the noncompliance continue, the team will meet once again to address whether the needs of this resident are best served in this home or elsewhere.

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) Wynsey Bliss, Administrator	Date 1-19-15
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Violation Report: 21213 - 01/05/2015 - Patton, Leslie
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 Department Representatives determined through staff interviews that the facility held a fire drill on 10/30/14. Resident #2 refused to evacuate the facility.

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 monthly fire drills will be unannounced, held on different days of the week and at different times of day/on different shifts. The importance of participation in fire drills is discussed during the admissions process, and can also be found in the "home rules" section of the personal care home agreement. All staff and residents will be reeducated on the importance of monthly fire drills by February 15, 2015. Staff person "A" is no longer employed with the home and therefore cannot participate in the reeducation process. Resident #2 has been discharged from the home. The administrator and staff will work with any resident who refuses to participate in a fire drill, and will educate that resident again on the importance of participation. Should a resident continue to be noncompliant during fire drills, the administrator will call a team meeting to discuss how best to assist the resident with ensuring he/she is compliant. If necessary, a behavior plan will be established with the resident and the resident's team. Should the noncompliance continue, the team will meet once again to address whether the needs of this resident are best served in this home or elsewhere.

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) Wynsey Peiss, Administrator Date 1-19-15

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Violation Report: 21213 - 01/05/2015 - Patton, Leslie
 FCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed 25 to 30 extinguished cigarette butts scattered around the front entrance of the facility. There were 30 cigarette butts on the wood ramp leading from the side of the facility to the front of the facility. Also observed on the ramp were a lighter and several cigarette butts extinguished on old newspapers. There were over 100 extinguished cigarette butts and 10 packs of empty cigarette packages lying throughout the grass behind the facility as well as underneath the exterior deck of the facility. These areas are not designated smoking areas of the facility.

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.

Currently, staff checks the designated smoking areas twice per shift. At that time, staff will empty the cigarette buckets, replenish the sand if necessary, and clean up any cigarette butts that have been thrown onto the ground in those areas. Staff will begin monitoring more closely those areas listed in the violation description. During daylight hours, staff will check those areas twice per shift to ensure there aren't any cigarette butts, lighters, cigarette packs, or other potential fire hazards in the non-designated smoking areas on the perimeter of the building. Staff will document their findings on a form that will be implemented within the home no later than February 15, 2015. Staff will note on this form when checks are completed and if any potential fire hazards have been observed on the property. If there is any evidence that individuals have been smoking outside of the designated areas the administrator will conduct a thorough investigation of the matter to determine who the offender is, and appropriate action will be taken to resolve the situation. All staff and residents will be reeducated on the designated smoking areas and the home's smoking policy no later than February 15, 2015.

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) Wynsey Peiss, Administrator	Date 1-19-15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by _____ (Initials)	

Violation Report: 21213 - 01/05/2015 - Patton, Leslie
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 The home did not follow the prescriber's orders on 12/4/14 at 6:00pm when resident #1 did not receive Divalproex 250mg.
 The home did not follow the prescriber's orders from 12/26/14- 12/29/14 when resident #1 did not receive IPRAT-ALBUT 2.5mg at 8:00am, 12:00pm, 4:00pm and 8:00pm and on 8:00am on 12/30/14.

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 will educate staff on the importance of mindfulness in the medication room. The conversation will be documented and the staff will sign off that they need to follow through with the checks taught in the medication administration training to ensure that medications are not missed in error. This educational piece will be completed by February 15, 2015.

The omission of the Iprat-Albut was caused because there were no refills for the medication. Staff will ensure that medication refills are completed 14 days prior to the medication running out. Staff will ensure they communicate with the physician's office and the pharmacy to ensure all medication issues are resolved in a timely manner. The administrator will conduct a biweekly audit of the medications to ensure this plan is being followed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/11/2014
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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) Lynsey Weiss, Administrator Date 1/19/15

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The above plan of correction is approved as of _____
 (Date)

The above plan of correction was approved by _____
 (Initials)

Plan of correction Implementation status as of _____
 (Date)

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

Violation Report: 21213 - 01/05/2016 - Patton, Leslie
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

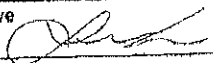
1. REGULATION 55 Pa.Code §2600
 2600.221(a) - The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

2a. DESCRIPTION OF VIOLATION
 Department Representatives determined through staff and resident interviews that the facility often does not have sufficient staffing to provide the activities posted on the activity calendar. It was determined that "New Year's traditions around the world" was not provided on 12/29/14 at 1:30pm as it is posted on the activity calendar.

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 home has hired an activity coordinator to assist with the development and implementation of activities with the residents. In the activity coordinator's absence, staff will be instructed to follow the activity calendar and provide the designated activity for the residents. If at any time, the activity calendar needs to be modified, staff will inform the residents and will also place a sticky note on the activity calendar with the date, time, and updated activity to inform the residents of a change to the schedule. The administrator will conduct a weekly review of the activities by meeting with staff and residents to ensure activities are being completed in a timely manner.

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) Lynsey Peiss, Administrator	Date 1-19-15
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 01/05/2015 - Fallon, Leslie
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:
 (1) The scope and general description of the services and activities that the home provides.
 (2) The criteria for admission and discharge.
 (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION
 The home does not have a policy indicating the physical, social, and behavioral needs that the home cannot address. It was stated that the home's unwritten policy is, "no reject, no eject," meaning the home accepts essentially anyone who's needs can be met by personal care home services, and does not discharge residents, even if they are no longer appropriate for the type of care the home is able to provide.

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.

Within the program description the criteria for admission and discharge are addressed. The administrator conducts assessments on each individual to assess their appropriateness for the program upon admission, yearly, and when a need is identified. The administrator and SBH management will revisit the description of services outlined in the program description and the PCH agreement to ascertain what is lacking and how the criteria can be more appropriately addressed. This review will be conducted on or before February 15, 2015. Any necessary changes will be made to the program description and PCH agreement within 10 business days of the review.

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
Lynsey Keiss, Administrator			1-19-15

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The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 01/05/2015 - Patton, Leslie
 PCH Name: SAUSBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 65 Pa.Code §2600
 2600.226(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 An annual assessment was not completed for resident #3. The most recent assessment was completed on 11/14/13.
 An annual assessment was not completed for resident #4. The most recent assessment was completed on 12/6/13.

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 has created a system in writing to identify when the assessments are due to be completed. This is something that all staff will have access to view. The administrator has also created an electronic system that will send notifications 14 days prior to any assessment needing to be completed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/19/2014	07/16/2014	08/12/2014
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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) Lynsey Reiss, Administrator Date 1.19.15

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

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 21213 - 01/06/2015 - Patton, Leslie
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 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 bed of resident #4 has bedrails on both sides. The bedrail on the left is 1/2 the length of the bed and the bedrail on the right measured approximately 18 inches. The need for bedrails and their intended purpose are not indicated on the resident's most recent RASP dated 12/8/13.

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 will provide a physician's order for the bedrails which will indicate their reason for use. The administrator will update the resident's RASP to explain the need for bedrails and how staff and the administrator will ensure safety of the resident while the bedrails are in use. The administrator has gone to the physician's office and picked up the prescription for the bedrails. The administrator will also speak with the physician about the possibility of a hospital bed with the attached guide bars. This will provide support so that the resident does not worry about falling and will help her as she transfers in and out of bed.

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)	Date
Lynsey Peiss, Administrator	1.19.15

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 01/16/2015 - Foulkes, Kimberli
PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 56 Pa.Code §2600
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
On 1/16/15 the home's current violation reports were not posted in a conspicuous and public place in the home. The home's most current violation report posted was dated 4/7/14.

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 PCP of Monroe County corrective action plan in response to 2600.3(c) is to clarify the location and improve visible access to the homes most current violation report. Historically, these documents have been displayed on a bulletin board located in corridor A. However, effective April 2, 2015, a caption section on the bulletin board will be defined as, "DHS Violation Report." Within this designated section the most current DHS Violation Report will be available for viewing.

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
Dena Cosgrove Admin 4/2/15

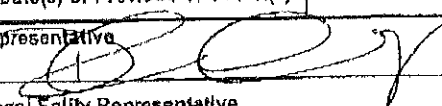
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of _____ (Date)

Plan of correction implementation status as of _____ (Date)

The above plan of correction was approved by _____ (Initials)

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

Violation Report: 21213 - 01/16/2016 - Foulkes, Kimberli PCH Name: Salisbury Behavioral Health PCH of Monroe County	
1. REGULATION 55 Pa. Code §2600 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 1/16/15, Licensing Representatives requested access to resident #1, #2, and #3's financial records. Staff person A was the only one with access to these records and was not able to come to the home to provide access.	
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.)	
<p>The objective of Salisbury Behavioral Health PCH of Monroe County corrective action plan in response to 2600.5(a)(1) is to demonstrate its ability in providing access to resident records. Historically, all resident records (charts) are retained in a secured closet within the main staff office. Access to financial records within the charts is readily available for view. To access this closet, the key is located on a key ring that remains in the possession of staff during every shift. Within the secured closet is a secondary key lock box. This key unlock the safe located in the Administrator's office. To ensure consistent access, maintained inside the safe is resident cash distribution sheets. Effective March 2015, in addition to Administrator access, ██████████ Northeast Regional Clinical Manager was provided with the codes to this box and the safe. Additionally, pending hire the Assistant Program Director will also have access to closet key and interior lock box.</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 01/14/2016 C.S.
Signature of Legal Entity Representative (Required on EVERY Page) 	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dana Coogrove	Date 4/2/15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input 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: 21213 - 01/16/2015 - Foulkes, Kimberil
 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
 Resident #2 is prescribed Multi-Delyn Liquid daily. The home ran out of this medication on 1/10/15. As of 1/16/15 the medication is still not available in the home. The home did not submit an incident report to the Department.

Resident #4 is prescribed Stay Awake 200mg tablet, once daily at 12:30pm. From 9/3/14 through 9/19/14 the resident missed this dose of medication due to it not being available in the home. The home did not submit an incident report to the Department.

On 9/5/14 at 8am and 9/12/14 at 8am and 12pm, resident #4 was not administered the prescribed medications Venlafaxine HCL ER 150mg and Divalproex Sod DR 500mg, due to the medication not being available in the home. The home did not submit an incident report to the Department.

On 9/5/14 and 9/12/14 at 8am and 12pm, resident #4 was not administered the prescribed medications Amantadine 100mg capsule and Chlorpromazine 200mg tablet, due to the medication not being available in the home. The home did not submit an incident report to the Department.

From 9/5/14 through 9/11/14, resident #4 was not administered the prescribed medication Clonazepam 2mg tablet, take two tablets by mouth three times daily 8am, 12pm and 8pm due to the medication not being available in the home. The home has not submitted an incident report to the Department.

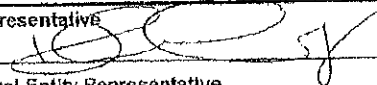
On 9/5/14 at 8am and 12pm, resident #4 was not administered the prescribed medications Gabapentin 300mg and Clonidine HCL 0.2mg tablet, capsule due to the medication not being available in the home. The home did not submit an incident report to the Department.

Resident #4 was prescribed Clonidine 0.2mg, two tablets 4 times daily. There was a physician's order written 9/9/14 to discontinue this medication starting on 9/11/14. An order was written on 9/9/14 for Clonidine 0.2mg, one tablet 4 times daily to start on 9/11/14. According to the home's Medication Administration Record the resident was administered Clonidine 0.2mg, two tablets 4 times daily on 9/11/14. The incorrect dose, an extra 0.2mg, was administered at 8am, 12pm, 4pm and 8pm on 9/11/14. According to the home's Medication Administration Record this medication was not administered on 9/12/14 at 8am, 12pm or 4pm. The home has not submitted an incident report to the Department.

On 12/30/14, an ambulance was called and resident #4 was taken to the hospital due to a hot dog stuck in the resident's throat. The resident had a scope to remove the food bolus. The resident's final diagnosis was an esophageal foreign body. The home has not submitted 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. To ensure that all reports are submitted to DHS within the allotted time frame Salisbury Behavioral Health PCH of Monroe County has created a new process within the home for reporting. The process clearly identifies the channels for reporting internally to ensure that the Administrator and/or the Assistant Program Director are aware of all reportable incidents immediately. The Administrator and/or the Assistant Program Director will be responsible for ensuring that DHS incident reports are submitted within 24 hours. A record of the fax transmission will be maintained by the administrator. All staff will receive additional education on the reporting process by April 15, 2015 to ensure compliance. Additionally, all incident reports identified within the violation have been completed and will be maintained in the resident's records.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/15/2014
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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 Coxgrove Administrator Date 4/12/15

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 01/16/2015 - Foulkes, Kimberli PCH Name: Salisbury Behavioral Health PCH of Monroe County	
1. REGULATION 68 Pa.Code §2800 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	
2a. DESCRIPTION OF VIOLATION Residents #1, #2, and #3 have not received a quarterly account of financial transactions since 3/27/14.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <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>The objective of Salisbury Behavioral Health PCH of Monroe County corrective action plan in response to 2600.20(b)(8) is to demonstrate financial accountability in providing an itemized account of transactions made on the resident's behalf on a quarterly basis. Effective April 15, 2015 the Administrator will implement a process that will include:</p> <ul style="list-style-type: none"> • the development of a Quarterly Financial Accountability request and disposition form, • the implementation of an internal excel spreadsheet that details various fields, (i.e. resident name, requester due, submission and completion dates, etc.) • an electronic calendar tracking tool that will serve as due date "reminder" prompt. 	
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 _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 01/16/2015 - Foulkes, Kimberli
 PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 55 Pa.Code §2600
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 On 1/16/15 the home did not have a criminal back ground check on record for staff persons B, date of hire 9/29/14, C date of hire 6/4/14, D date of hire 9/29/14, and E date of hire 1/5/15.

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.

Salisbury Behavioral Health completes thorough background checks on all individuals hired. The Administrator of Salisbury Behavioral Health PCH of Monroe County will obtain all necessary documentation for every staff member and volunteer from Human Resources prior to staff/volunteer's first day at the home. This documentation will be maintained on site in designated staff charts. Electronic records will also be maintained by the Administrator/ Assistant Program Director to allow for immediate duplication if for whatever reason the staff charts need to be removed from the home.

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
Dana Congrove, Administrator			4/13/15

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 01/16/2015 - Foulkes, Kimberli PCH Name: Salisbury Behavioral Health PCH of Monroe 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 On 1/16/15, Direct care staff persons B date of hire 9/29/14, C date of hire 6/1/14, D date of hire 9/29/14, and E date of hire 1/5/15 did not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry in their employee record.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <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> Salisbury Behavioral Health requires proof of education for all employees upon hire. The Administrator of Salisbury Behavioral Health PCH of Monroe County will obtain all necessary documentation for every staff member and volunteer from Human Resources prior to the direct care staff's first day at the home. This documentation will be maintained on site in designated staff charts. Electronic records will also be maintained by the Administrator/ Assistant Program Director to allow for immediate duplication if for whatever reason the staff charts need to be removed from the home.	
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) <u>Debra Cosgrove, Administrator</u> Date <u>4/12/15</u>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 01/16/2015 - Foulkes, Kimberli
PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 55 Pa.Code §2600
2600.56 - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

2a. DESCRIPTION OF VIOLATION
During the month of November 2014 the only Administrator working in the home according to staff schedules was Administrator F. Administrator F only worked 15 hours from 11/1/14-11/8/14 during the month of November.
On 1/16/15, the home could not locate a staff schedule or provide other documentation to show that there was an Administrator present in the home an average of 20 hours or more per week for the month of December 2014.

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 Monroe County corrective action plan in response to 2600.56 is to demonstrate documentation compliance with regards to the Administrator being present in the home on an average of 20 hours per week, in each calendar month. Effective April 2, 2015, the staffing schedule will reflect the administrators exact hours work during the calendar week.

Please note, both individual noted in this section are no longer employed with the facility.

The Administrator shall be responsible to ensure that they are present in the home an average of 20 hours week and that their hours worked in the capacity of Administrator are documented on the weekly schedule calendar. Bob B. 4/16/15

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 4/16/15

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

The above plan of correction is approved as of _____ (Date)

Plan of correction implementation status as of _____ (Date)

The above plan of correction was approved by _____ (Initials)

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

Violation Report: 21213 - 01/16/2015 - Foulkes, Kimberil
 PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff person F, the home's administrator, completed only 21.5 hours of annual training in training year 2013.

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 continuing education to allow for the highest level of care to residents. Staff person "F" is no longer with the home. To ensure that required annual Administrator training is completed the Administrator will complete a personalized annual training schedule. This document will be developed at the start of each new calendar year. Records of all trainings will be maintained by the Administrator along with the training schedule and will be available for review to any representative of the department upon request.

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 4/18/15

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

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 21213 - 01/16/2015 - Foulkes, Kimberli
PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 55 Pa.Code §2600
2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person C, whose first day of work was 8/4/14, and staff person E, whose first day of work was 1/5/15, did not receive orientation in evacuation procedures, staff duties and responsibilities during fire drills, the designated meeting place, smoking safety and procedures, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

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.

See attachment 9-1, 10-1, 11-1, 12-1, 14-1, 19-1, 21-1, 22-1, 23-1, 24-1 and 25-1.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/16/2015 6.6	07/11/2014
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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)	Date
Debra Cosgrove Admin.	4/2/15

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

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The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

April 2, 2015

DHS CAPS Violation Report Response

Page 10-1, 11-1, 12-1, 13-1, 14-1, 19-1, 21-1, 22-1, 23-1, 24-1 and 25-1

2600.65(a)/65(b)/65(c)/65(d)/66(a)/144(c)(2)/182(b)/185(a)/187(a)/187(a) and 187(d)

↓ General Trainings:-

1. The Administrator and or the Assistant Program Director will adhere to the mandated DHS related to Administrator and Assistant Program Director Staff Training plan requirements of 24 hours annual [2600.64(c)], of which 12 hours can be completed on-line and Direct Care staff of 12 hour annual [2600.659e].
2. All staff will participate in Salisbury Behavioral Health Orientation training curriculum one week prior to the first day of employment at Salisbury Behavioral Health PCH of Monroe County.

↓ PCH of Monroe County – Site Specific Trainings

1. All staff will complete DHS & Salisbury Behavioral Health Direct Care Staff Training Course and Competency [2600.65(d)(2)] at Salisbury Behavioral Health PCH of Monroe County (site specific training) prior to the completion of the first day of employment.
2. Within the first day of site specific employment, all staff will complete DHS & Salisbury Behavioral Health Direct Care Staff Training sessions [2600.65(a)] that includes:
 - Evacuation procedures
 - Duties & Responsibilities during Fire Drills and Emergency Evacuations
 - Designated Meeting Places
 - Smoking Safety procedures, the no smoking policy and location of designated smoking areas.
 - Location and use of fire extinguishers
 - Smoke detectors and fire alarms
 - Telephone use and notification of Emergency Services.
3. Within the first 40 working hours, all staff will complete DHS & Salisbury Behavioral Health mandated site specific training that includes:
 - Resident rights
 - Emergency Medical Plans
 - Mandatory Reporting of Abuse & Neglect OAPSA
 - Reporting of reportable incidents and conditions
 - Orientation of the physical plant
 - Medication overview
 - Kitchen safety
 - Laundry
 - Van Transportation
 - Consumer Information
4. Additionally, the Administrator and or the Assistant Program Director will be responsible to evaluate ongoing staff training needs, investigate and identify the training resource and implement Salisbury Behavioral Health PCH of Monroe County (site specific) continuing educational support initiatives. Resources may include the CMP Office on AAA, CMP Office of Mental Health and Developmental Services, Salisbury Behavioral Health and Northwestern Human Services Assertive Treatment Teams and other community based PCH in-service providers.
5. Beginning March 30, 2015 all staff training documentation verifying the completion of all initiatives will be maintain on the premises of Salisbury Behavioral Health PCH of Monroe County within a designated "Training Binder." The Training binder will contain the following detailed information:
 - An inventory listing of all DHS and Salisbury Behavioral Health mandated trainings
 - Additionally included are all required DHS facilitator's training credentials, certificates of course completion, Salisbury Behavioral Health annual training plan & My Learning Tool reports, attendance reports, community based course agendas and course materials.

April 2, 2015
DHS CAPS Violation Report Response
Page 10 – 1 a

⚡ Training / Site Observation: Fire Safety & Emergency Preparedness

1. Effective the first day of site specific employment, a training will be conducted prior to the conclusion of the new employees work day at the site.
2. Beginning March 30, 2015 a Salisbury Behavioral Health PCH of Monroe County employee "How to" binder will be available as a training guide for review by all staff.
3. The "How To" training process is defined as follows:
 - Staff will be provided with the SBH PCH orientation manual for review
 - The Administrator and or the Assistant Program Director will be responsible to provide a site specific observational "walk through of the physical plant. This includes: location of the fire alarm key pads as well as the location of the wander guard key pads, poll stations and fire alarms, gas turn off and sprinkler system turn off.
 - Codes flame detected that indicates room number (room assignment list)
 - Evacuation:
 - Silence the fire alarms – location main office
 - Smoking Area & Egress Routes
 - Flame Detector
 - Wanderguard Key Pads – located at every exit
 - Fire Extinguishers and Pull stations
 - Laundry Room
 - Kitchen

Violation Report: 21213 - 01/18/2015 - Foulkes, Kimberli
PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 55 Pa. Code §2800
2800.85(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
(1) Resident rights.
(2) Emergency medical plan.
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
Direct care staff person B, date of hire 9/29/14, did not receive orientation in resident rights, emergency medical plan, OAPSA, and reportable incidents and conditions.
Direct care staff person C, date of hire 6/4/14, did not receive orientation in resident rights, emergency medical plan, OAPSA, and reportable incidents and conditions.
Direct care staff person D, date of hire 9/29/14, did not receive orientation in resident rights, emergency medical plan, and reportable incidents and conditions.
Direct care staff person E, date of hire 1/5/15, did not receive orientation in resident rights, emergency medical plan, OAPSA, and reportable incidents and conditions.

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.

See attachment 9-1, 10-1, 11-1, 12-1, 14-1, 19-1, 21-1, 22-1, 23-1, 24-1, and 25-1.

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/13/2015 6.8.

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jane Coogrove Admin. Date 4/2/15

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

The above plan of correction is approved as of _____
(Date)

The above plan of correction was approved by _____
(Initials)

Plan of correction implementation status as of _____
(Date)

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

April 2, 2015

DHS CAPS Violation Report Response

Page 10-1, 11-1, 12-1, 13-1, 14-1, 19-1, 21-1, 22-1, 23-1, 24-1 and 25-1

2600.65(a)/85(b)/85(c)/85(d)/86(a)/144(c)(2)/182(b)/185(a)/187(a) and 187(d)

↓ General Trainings:-

1. The Administrator and or the Assistant Program Director will adhere to the mandated DHS related to Administrator and Assistant Program Director Staff Training plan requirements of 24 hours annual [2600.64(c)], of which 12 hours can be completed on-line and Direct Care staff of 12 hour annual [2600.659e].
2. All staff will participate in Salisbury Behavioral Health Orientation training curriculum one week prior to the first day of employment at Salisbury Behavioral Health PCH of Monroe County.

↓ PCH of Monroe County – Site Specific Trainings

1. All staff will complete DHS & Salisbury Behavioral Health Direct Care Staff Training Course and Competency [2600.65(d) (2)] at Salisbury Behavioral Health PCH of Monroe County (site specific training) prior to the completion of the first day of employment.
2. Within the first day of site specific employment, all staff will complete DHS & Salisbury Behavioral Health Direct Care Staff Training sessions [2600.65(a)] that includes:
 - Evacuation procedures
 - Duties & Responsibilities during Fire Drills and Emergency Evacuations
 - Designated Meeting Places
 - Smoking Safety procedures, the home smoking policy and location of designated smoking areas.
 - Location and use of fire extinguishers
 - Smoke detectors and fire alarms
 - Telephone use and notification of Emergency Services.
3. Within the first 40 working hours, all staff will complete DHS & Salisbury Behavioral Health mandated site specific training that includes:
 - Resident rights
 - Emergency Medical Plans
 - Mandatory Reporting of Abuse & Neglect OAPSA
 - Reporting of reportable incidents and conditions
 - Orientation of the physical plant
 - Medication overview
 - Kitchen safety
 - Laundry
 - Van Transportation
 - Consumer Information
4. Additionally, the Administrator and or the Assistant Program Director will be responsible to evaluate ongoing staff training needs, investigate and identify the training resource and implement Salisbury Behavioral Health PCH of Monroe County (site specific) continuing educational support initiatives. Resources may include the CMP Office on AAA, CMP Office of Mental Health and Developmental Services, Salisbury Behavioral Health and Northwestern Human Services Assertive Treatment Teams and other community based PCH in-service providers.
6. Beginning March 30, 2015 all staff training documentation verifying the completion of all initiatives will be maintain on the premises of Salisbury Behavioral Health PCH of Monroe County within a designated "Training Binder." The Training binder will contain the following detailed information:
 - An inventory listing of all DHS and Salisbury Behavioral Health mandated trainings
 - Additionally included are all required DHS facilitator's training credentials, certificates of course completion, Salisbury Behavioral Health annual training plan & My Learning Tool reports, attendance reports, community based course agendas and course materials.

Violation Report: 21219 - 01/16/2015 - Foulkes, Kimberli
 PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 55 Pa.Code §2600
 2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION

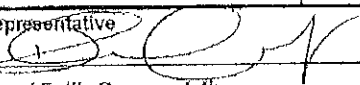
Staff persons B date of hire 9/29/14, C date of hire 6/4/14, D date of hire 9/29/14, and E date of hire 1/5/15 perform ancillary duties. There was no record in the employee files that these staff persons received a general orientation to their job functions.

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 recognizes the importance of proper education prior to providing care to residents. Salisbury Behavioral Health PCH of Monroe County staff members are considered universal employees. Upon hire all employees sign a job description outlining their job duties. Additionally, specific job functions are reviewed during each staff member's first week in the home. This is documented on Salisbury Behavioral Health Site Orientation Checklist (attachment 1). The Administrator of Salisbury Behavioral Health PCH of Monroe County will maintain records of all completed agency, state, and ancillary trainings for anyone working within the home. Copies will also be maintained at both the home and the Salisbury Behavioral Health regional office.

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 4/10/15

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

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 21213 - 01/16/2015 - Fovikles, Kimbarli
 PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 56 Pa.Code §2600
 2600.66(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff persons B hired on 9/29/14, C hired on 6/4/14, D hired on 9/29/14, E hired on 1/6/15 provide unsupervised ADL services. These staff persons have not received, training that includes a demonstration of job duties, followed by supervised practice, successful completion and passing of the Department-approved direct care training course and passing of the competency test.

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.

See attachment 9-1, 10-1, 11-1, 12-1, 19-1, 21-1, 22-1, 23-1, 24-1, 25-1.

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)	Date
Dana Cosgrove Admin	4/2/15

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

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

April 2, 2015

DHS CAPS Violation Report Response

Page 10-1, 11-1, 12-1, 13-1, 14-1, 19-1, 21-1, 22-1, 23-1, 24-1 and 25-1

2600.65(a)/65(b)/65(c)/65(d)/66(a)/144(c)(2)/182(b)/183(a)/187(a)/187(a) and 187(d)

↓ General Trainings:-

1. The Administrator and or the Assistant Program Director will adhere to the mandated DHS related to Administrator and Assistant Program Director Staff Training plan requirements of 24 hours annual [2600.64(c)], of which 12 hours can be completed on-line and Direct Care staff of 12 hour annual [2600.659e].
2. All staff will participate in Salisbury Behavioral Health Orientation training curriculum one week prior to the first day of employment at Salisbury Behavioral Health PCH of Monroe County.

↓ PCH of Monroe County -- Site Specific Trainings

1. All staff will complete DHS & Salisbury Behavioral Health Direct Care Staff Training Course and Competency [2600.65(d) (2)] at Salisbury Behavioral Health PCH of Monroe County (site specific training) prior to the completion of the first day of employment.
2. Within the first day of site specific employment, all staff will complete DHS & Salisbury [Behavioral Health Direct Care Staff Training sessions [2600.65(a)] that includes:
 - Evacuation procedures
 - Duties & Responsibilities during Fire Drills and Emergency Evacuations
 - Designated Meeting Places
 - Smoking Safety procedures, the home smoking policy and location of designated smoking areas.
 - Location and use of fire extinguishers
 - Smoke detectors and fire alarms
 - Telephone use and notification of Emergency Services.
3. Within the first 40 working hours, all staff will complete DHS & Salisbury Behavioral Health mandated site specific training that includes:
 - Resident rights
 - Emergency Medical Plans
 - Mandatory Reporting of Abuse & Neglect OAPSA
 - Reporting of reportable incidents and conditions
 - Orientation of the physical plant
 - Medication overview
 - Kitchen safety
 - Laundry
 - Van Transportation
 - Consumer Information
4. Additionally, the Administrator and or the Assistant Program Director will be responsible to evaluate ongoing staff training needs, investigate and identify the training resource and implement Salisbury Behavioral Health PCH of Monroe County (site specific) continuing educational support initiatives. Resources may include the CMP Office on AAA, CMP Office of Mental Health and Developmental Services, Salisbury Behavioral Health and Northwestern Human Services Asserive Treatment Teams and other community based PCH In-service providers.
5. Beginning March 30, 2015 all staff training documentation verifying the completion of all initiatives will be maintain on the premises of Salisbury Behavioral Health PCH of Monroe County within a designated "Training Binder." The Training binder will contain the following detailed information:
 - An Inventory listing of all DHS and Salisbury Behavioral Health mandated trainings
 - Additionally included are all required DHS facilitator's training credentials, certificates of course completion, Salisbury Behavioral Health annual training plan & My Learning Tool reports, attendance reports, community based course agendas and course materials.

Violation Report: 21213 - 01/18/2015 - Foulkes, Kimberl
PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 85 Pa.Code §2600
2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
The home does not have a 2015 staff training plan.

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.

See attachment 9-1, 10-1, 11-1, 12-1, 14-1, 19-1, 21-1, 22-1, 23-1, 24-1 and 25-1.

Repeat Violation: Yes Date(s) of Previous Violation(s): 8/14/2015 6.8

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date 4/2/15

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The above plan of correction is approved as of _____ (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction Implementation status as of _____ (Date)

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

April 2, 2015

DHS CAPS Violation Report Response

Page 10-1, 11-1, 12-1, 13-1, 14-1, 19-1, 21-1, 22-1, 23-1, 24-1 and 25-1

2600.85(a)/85(b)/85(c)/85(d)/86(a)/144(c)(2)/182(b)/185(a)/187(a)/187(a) and 187(d)

General Trainings:-

1. The Administrator and or the Assistant Program Director will adhere to the mandated DHS related to Administrator and Assistant Program Director Staff Training plan requirements of 24 hours annual [2600.64(c)], of which 12 hours can be completed on-line and Direct Care staff of 12 hour annual [2600.659e];
2. All staff will participate in Salisbury Behavioral Health Orientation training curriculum one week prior to the first day of employment at Salisbury Behavioral Health PCH of Monroe County.

PCH of Monroe County – Site Specific Trainings

1. All staff will complete DHS & Salisbury Behavioral Health Direct Care Staff Training Course and Competency [2600.65(d) (2)] at Salisbury Behavioral Health PCH of Monroe County (site specific training) prior to the completion of the first day of employment.
2. Within the first day of site specific employment, all staff will complete DHS & Salisbury [Behavioral Health Direct Care Staff Training sessions [2600.66(a)] that includes:
 - Evacuation procedures
 - Duties & Responsibilities during Fire Drills and Emergency Evacuations
 - Designated Meeting Places
 - Smoking Safety procedures, the home smoking policy and location of designated smoking areas.
 - Location and use of fire extinguishers
 - Smoke detectors and fire alarms
 - Telephone use and notification of Emergency Services.
3. Within the first 40 working hours, all staff will complete DHS & Salisbury Behavioral Health mandated site specific training that includes:
 - Resident rights
 - Emergency Medical Plans
 - Mandatory Reporting of Abuse & Neglect CAPSA
 - Reporting of reportable incidents and conditions
 - Orientation of the physical plant
 - Medication overview
 - Kitchen safety
 - Laundry
 - Van Transportation
 - Consumer Information
4. Additionally, the Administrator and or the Assistant Program Director will be responsible to evaluate ongoing staff training needs, investigate and identify the training resource and implement Salisbury Behavioral Health PCH of Monroe County (site specific) continuing educational support initiatives. Resources may include the CMP Office on AAA, CMP Office of Mental Health and Developmental Services, Salisbury Behavioral Health and Northwestern Human Services Assorive Treatment Teams and other community based PCH in-service providers.
5. Beginning March 30, 2015 all staff training documentation verifying the completion of all initiatives will be maintain on the premises of Salisbury Behavioral Health PCH of Monroe County within a designated "Training Binder." The Training binder will contain the following detailed information:
 - An inventory listing of all DHS and Salisbury Behavioral Health mandated trainings
 - Additionally included are all required DHS facilitator's training credentials, certificates of course completion, Salisbury Behavioral Health annual training plan & My Learning Tool reports, attendance reports, community based course agendas and course materials.

Violation Report: 21213 - 01/16/2015 - Foulkes, Kimberli
 PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 65 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 The walk in refrigerator in the lower level has a black substance that is dirty/dusty/crumbly on the ceiling extending out from the fan that appears to be mold or mildew.

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 wants to ensure the safety and well-being of all residents. The home recognizes the importance of cleanliness as a means of ensuring safety. On 12/13/14 maintenance staff completed a thorough cleaning of the homes walk in refrigerator. The home will include the walk in refrigerator on the routine cleaning schedule. The Administrator/Assistant Program Director will also schedule monthly site walk through inspections with the maintenance department and submit any work orders necessary to ensure safety and sanitation.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Dana Cosgrove Administrator* Date *4/12/15*

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

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 21213 - 01/16/2015 - Foulkes, Kimberl
PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 55 Pa.Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
The home's shared restroom located on the main level, next to the phone room, had a trash container that does not have a lid.

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 Monroe County correction action plan in response to 260085(d) is to demonstrate sanitary compliance. Effective April 30, 2015, the site will replace existing interior trash receptacles with self covered trash receptacles with foot pedals.

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 Date
(Required on EVERY Page) Dana Casgraw Admin 4/2/15

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

The above plan of correction is approved as of _____
(Date)

The above plan of correction was approved by _____
(Initials)

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 21213 - 01/16/2015 - Foulkes, Kimberli
PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 55 Pa. Code §2600
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
The first aid kit in the medication room does not include tweezers.

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 Monroe County corrective action plan in response to 2600.96(a) is to demonstrate first aid kit compliance. As part of the existing staff task list responsibilities, the 11 PM to 7 AM shift will be required to observe and monitoring the first aid kit for needed supplies on a daily basis. A reporting and auditing task completion process will be develop, implemented and monitored by the Administrator and or Assistant Program Director.

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 Date
(Required on EVERY Page) Dana Casgrove Admin 4/2/15

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 01/16/2015 - Foulkes, Kimberli
 PCH Name: Salisbury Behavioral Health PCH of Monroe County

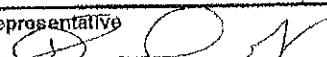
1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #5, dated 9/2/14, does not include blood pressure, height, weight, pulse and temperature.

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 will work to ensure that all necessary documentation is completed accurately and in its entirety within the designated time frame. The Administrator/Assistant Program Director will review all DME paperwork for accuracy prior to being submitted to the doctor and upon the completion of the form by the doctor. The Administrator/ Assistant Program Director will ensure the documentation is maintained appropriately in the resident's records. Furthermore, the Administrator/ Assistant Program Director will ensure that any new admission to the home have completed DME forms prior to their first day in the home.

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 4/18/15

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 01/16/2015 - Foulkes, Kimberl
 PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 55 Pa. Code §2600
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION
 The home's emergency fire exit located on the lower level of the building next to the kitchen was found to have approximately 20 discarded cigarette butts near piles of dried leaves. This area was not a designated smoking area.

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 rights of residents and staff members to smoke. The home also recognizes the importance of maintaining safety surrounding smoking. The home has created a "smoking checklist" that is to be completed twice per shift. This document requires staff to confirm that designated smoking areas have been cleaned, that non designated areas have been checked and are free of butts and debris, and that any concerns are immediately communicated to a supervisor. The completion of this documentation will be monitored by the Administrator/ Assistant Program Director. The Administrator conducted a house meeting on 2/5/15 at which time all residents residing in the home received re-education on smoking safety and designated smoking areas. Staff members were also educated on these topics during staff meetings conducted 2/25/15 and 3/25/15. Salisbury Behavioral Health PCH of Monroe County will post additional signs identifying non-smoking areas on the property as well as placing trash receptacles at each designated smoking area by April 20, 2015.

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 4/22/15

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 01/16/2015 - Foulkes, Kimberli
 PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 55 Pa.Code §2600
 2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #4 has been prescribed a special diet-low cholesterol, ground diet, no bread, bread slury ok, nectar thick liquids by the resident's physician. According to the home's assessment and support plan dated 7/21/14 and updated 8/15/14, staff are to follow the resident's diet and will puree all of the resident's food for each meal and snack. Staff are to remind the resident of his diet and to monitor the resident during all meals and snacks as the resident has a history of Dysphagia. Staff will stay with the resident while the resident is eating meals and snacks. On 12/30/14 the home called an ambulance to have resident #4 transported to the emergency room when a hot dog was lodged in the residents throat. The resident arrived at the emergency room uncomfortable, wretching and drooling. The resident had a esophageal food impaction and had to be scoped to remove the food bolus. The resident was discharged with a diagnosis of esophageal foreign body.

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 maintaining resident safety. The Administrator/ Assistant Program Director will ensure that a current resident dietary needs list is kept in kitchen in a location that is accessible to staff while maintaining resident confidentiality. This list will be updated as resident needs change. The Administrator/Assistant Program Director will also provide educational reference materials on prescribed dietary needs to staff for review. This will be completed by April 15, 2015.

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 Cochrane, Administrator Date 4/12/15

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 01/16/2015 - Foulkes, Kimberli
 PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

According to the January 2015 medication administration records, on 1/10/15, 1/12/15, and 1/14/15 staff person B administered medications to residents. Staff person B is not a medical professional and has not completed the Department's medication administration training.

According to the January 2015 medication administration records, on 1/11/15 staff person C administered medications to the residents. Staff person C is not a medical professional and has not completed the Department's medication administration training.

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 recognizes the importance of proper education prior to providing care to residents. Salisbury Behavioral Health PCH of Monroe County will maintain records of all completed agency, state, and ancillary trainings. Staff persons "B" and "C" had received appropriate training and observation prior to administering medications to any residents. This documentation was not available for review at the time of inspection. Now staff charts have been created in the home. These records contain documentation of trainings. Those records will be maintained by the Administrator/ Assistant Program Director. In addition, as of April 1, 2015 all direct care staff received retraining in the area of medications and have successfully complete the Department of Human Services Medication Administration Training.

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 Coxgrove Administrator Date 4/12/15

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The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 01/16/2015 - Foulkes, Kimberril
PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 65 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
The home did not implement procedures for the safe use of medications. According to the home's Controlled Substance Policy, section titled *Controlled Substance Shift Count Policy*, #3 states, "Fill in the data and time on the first available line. Place verified total in the "total" column. If the verified total is different from the last total recorded on the form see discrepancy in count below." The narcotic count sheet for resident #6's Oxycodone dated 12/7/14 did not have an amount listed in the total column for the count conducted at 7am.

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.

See attachment 9-1, 10-1, 11-1, 12-1, 14-1, 19-1, 21-1, 22-1, 23-1, 24-1 and 25-1.

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
Dana Cosgrove Admin			4/2/15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of _____ (Date)		Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by _____ (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

April 2, 2015

DHS CAPS Violation Report Response

Page 10-1, 11-1, 12-1, 13-1, 14-1, 19-1, 21-1, 22-1, 23-1, 24-1 and 25-1

2800.85(a)/85(b)/85(c)/85(d)/86(a)/144(c)(2)/182(b)/185(a)/187(a)/187(a) and 187(d)

⚡ General Trainings:-

1. The Administrator and or the Assistant Program Director will adhere to the mandated DHS related to Administrator and Assistant Program Director Staff Training plan requirements of 24 hours annual [2600.64(c)], of which 12 hours can be completed on-line and Direct Care staff of 12 hour annual [2600.659e].
2. All staff will participate in Salisbury Behavioral Health Orientation training curriculum one week prior to the first day of employment at Salisbury Behavioral Health PCH of Monroe County.

⚡ PCH of Monroe County – Site Specific Trainings

1. All staff will complete DHS & Salisbury Behavioral Health Direct Care Staff Training Course and Competency [2600.65(d) (2)] at Salisbury Behavioral Health PCH of Monroe County (site specific training) prior to the completion of the first day of employment.
2. Within the first day of site specific employment, all staff will complete DHS & Salisbury [Behavioral Health Direct Care Staff Training sessions [2600.65(a)] that includes:
 - Evacuation procedures
 - Duties & Responsibilities during Fire Drills and Emergency Evacuations
 - Designated Meeting Places
 - Smoking Safety procedures, the home smoking policy and location of designated smoking areas.
 - Location and use of fire extinguishers
 - Smoke detectors and fire alarms
 - Telephone use and notification of Emergency Services.
3. Within the first 40 working hours, all staff will complete DHS & Salisbury Behavioral Health mandated site specific training that includes:
 - Resident rights
 - Emergency Medical Plans
 - Mandatory Reporting of Abuse & Neglect OAPSA
 - Reporting of reportable incidents and conditions
 - Orientation of the physical plant
 - Medication overview
 - Kitchen safety
 - Laundry
 - Van Transportation
 - Consumer Information
4. Additionally, the Administrator and or the Assistant Program Director will be responsible to evaluate ongoing staff training needs, investigate and identify the training resource and implement Salisbury Behavioral Health PCH of Monroe County (site specific) continuing educational support initiatives. Resources may include the CMP Office on AAA, CMP Office of Mental Health and Developmental Services, Salisbury Behavioral Health and Northwestern Human Services Assertive Treatment Teams and other community based PCH in-service providers.
5. Beginning March 30, 2015 all staff training documentation verifying the completion of all initiatives will be maintain on the premises of Salisbury Behavioral Health PCH of Monroe County within a designated "Training Binder." The Training binder will contain the following detailed information:
 - An inventory listing of all DHS and Salisbury Behavioral Health mandated trainings
 - Additionally included are all required DHS facilitator's training credentials, certificates of course completion, Salisbury Behavioral Health annual training plan & My Learning Tool reports, attendance reports, community based course agendas and course materials.

Violation Report: 21213 - 01/16/2015 - Foulkes, Kimberli
 PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 65 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 #7 has a physician's order for accuchecks in the am. The home keeps a record of these checks on a blood sugar log. On 1/3/15, staff person B incorrectly recorded the residents blood sugar reading as 211 in the log and the actual blood sugar reading in the glucometer was 112. On 1/8/15, a staff person completed an accucheck in the am. The blood sugar reading in the glucometer was 105. This was not recorded on the residents blood sugar log. The information on the blood sugar log was recorded out of order for the dates 1/10/15 and 1/11/15. On 1/10/15, staff person G incorrectly recorded the resident's blood sugar reading as 130 on the log and the actual blood sugar reading in the glucometer was 143. On 1/13/15, a staff person completed an accucheck in the am. The blood sugar reading in the glucometer was 135. This was not recorded on the residents blood sugar log. On 1/16/15, staff person H, completed an accucheck in the am. This staff person incorrectly recorded the date as 1/15/15 and incorrectly recorded the blood sugar reading on the log as 159. The reading in the glucometer was 155.

The medication administration record for resident #4 was initiated on 9/3/14 and 9/4/14 that the medication Stay Awake 200mg was administered at 12:30pm. This medication was not available in the home on these dates.

On 9/9/14 the pharmacy received a physician's order stating that with the next med fill starting on 9/11/14 resident #4's Clonazepam 2mg tablet, take two tablets by mouth three times daily for anxiety as needed is discontinued. The medication administration record has incorrectly recorded that this medication is discontinued 9/12/14.

Resident #4 was prescribed Clonidine 0.2mg, two tablets 4 times daily. There was a physician's order written 9/9/14 to discontinue this medication starting on 9/11/14. The medication administration record incorrectly states this medication was discontinued 9/12/14.

Resident #4's medication administration record was not initiated to indicate that the resident's medications were administered on 11/28/14 for the following medications: Venlafaxine HCL ER 150mg at 8am, Valproex Sod DR 500mg at 8am and 8pm, Fluticasone Prop 50 MCG at 8am and 8pm, Ranitidine 100mg capsule at 8am, 12pm, and 8pm, Chlorpromazine 200mg tablet at 8am, 12pm, and 8pm, Gabapentin 300mg Capsule 8am, 12pm, and 8pm, clonazepam 2mg tablet 8am, 12pm, and 8pm, ketoconazole 2% shampoo 8pm, and Risperidone 4mg tablet 8pm.

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 Monroe 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. This documentation will be maintained on site. In addition, as of April 1, 2015 all direct care staff received retraining in the area of medications and have successfully completed the Department of Human Resources Medication Administration Training.

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
Dana Cosgrove, Administrator		1/12/15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of _____ (Date)		Plan of correction implementation status as of _____ (Date)

Violation Report: 21213 - 01/16/2015 - Foukes, Kimbri PCH Name: Salisbury Behavioral Health PCII of Monroe 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.	
The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 01/16/2015 - Fouikes, Kimberli
 PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 85 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Multi-Delyn Liquid daily. This medication was not available in the home on 1/16/15. The home ran out of this medication on 1/10/15. The home contacted the physician to reorder the medication on 1/10/15 but not prior to the resident running out of the medication.

Resident #4 is prescribed Stay Awake 200mg tablet, once daily at 12:30pm. From 9/3/14 through 9/19/14 the resident missed this dose of medication due to it not being available in the home. The medication ran out and the home didn't plan and obtain a refill prior.

On 9/5/14 at 8am and 9/12/14 at 8am and 12pm, resident #4 was not administered the prescribed medications Venlafaxine HCL ER 150mg and Divalproex Sod DR 500mg, due to the medication not being available in the home.

On 9/5/14 and 9/12/14 at 8am and 12pm, resident #4 was not administered the prescribed medications Amantadine 100mg capsule and Chlorpromazine 200mg tablet, due to the medication not being available in the home.

From 9/5/14 through 9/11/14, resident #4 was not administered the prescribed medication Clonazepam 2mg tablet, take two tablets by mouth three times daily 8am, 12pm and 8pm due to the medication not being available in the home.

On 9/9/14 the pharmacy received a physician's order stating that with the next med fill on 9/11/14 resident #4's Clonazepam is prescribed as 2mg take one tablet three times daily. On 9/11/14 and 9/12/14 the resident did not receive the correct dose. On 9/11/14 the resident was administered 2 tablets of Clonazepam 2mg at 9:00am, 11:32am, and 8:25pm. This means he received a total of 12mg on 9/11/14 vs the 6 mg he was prescribed. On 9/12/14 the resident was administered 2 tablets of Clonazepam 2mg at 8:55am and 11:37am. This means he received a total of 10mg on 9/12/14 vs the 6mg he was prescribed.

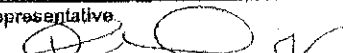
On 9/5/14 at 8am and 12pm, resident #4 was not administered the prescribed medications Gabapentin 300mg capsule and Clonidine HCL 0.2mg, due to the medications not being available in the home.

Resident #4 was prescribed Clonidine 0.2mg, two tablets 4 times daily. There was a physician's order written 9/9/14 to discontinue this medication starting on 9/11/14. An order was written on 9/9/14 for Clonidine 0.2mg, one tablet 4 times daily to start on 9/11/14. According to the home's Medication Administration Record the resident was administered Clonidine 0.2mg, two tablets 4 times daily on 9/11/14. The incorrect dose, an extra 0.2mg, was administered at 8am, 12pm, 4pm and 8pm on 9/11/14. According to the home's Medication Administration Record this medication was not administered on 9/12/14 at 8am, 12pm or 4pm.

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 Monroe 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. In addition, as of April 1, 2015 all direct care staff received retraining in the area of medications and have successfully complete the Department of Human Services Medication Administration Training.


Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/11/2014
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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 Casgrove, Administrator Date 4/18/15

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

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 21213 - 01/16/2015 - Foulkes, Kimberli PCH Name: Salisbury Behavioral Health PCH of Monroe County			
1. REGULATION 55 Pa.Code §2600 2600.226(c) - The resident shall have additional assessments as follows: (1) Annually, (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.			
2a. DESCRIPTION OF VIOLATION The most recent assessment for resident #3 was completed on 11/11/13.			
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.			
<p>Salisbury Behavioral Health PCH of Monroe County recognizes the importance of assessments as it pertains to meeting resident needs and providing the highest level of care. The assessment for resident #3 was completed within the designated time frame, but was not available to review at the time of inspection. Moving forward the Administrator/ Assistant Program Director will ensure that assessments are completed within the time frames set forth by the Department of Human Services. An electronic tracking system has been established to ensure assessments are completed by the required dates. Additionally, the Administrator/Assistant Program Director will ensure that both electronic copies of the assessments are maintained as well as hard copies in the resident's record.</p>			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/15/2014	08/12/2014
Signature of Legal Entity Representative (Required on EVERY Page) 			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Dina Cozgrove Administrator</u>			Date <u>4/12/15</u>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of _____ (Date)		Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by _____ (Initials)		<input 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: 21213 - 01/16/2015 - Foulkes, Kimberli
 PCH Name: Sallsbury Behavioral Health PCH of Monroe County

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 The home did not complete an annual support plan for resident #3 . Resident #3's most recent support plan was completed 11/11/13.

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.

Sallsbury Behavioral Health PCH of Monroe County recognizes the importance of assessments as it pertains to meeting resident needs and providing the highest level of care. The assessment for resident #3 was completed within the designated time frame, but was not available to review at the time of inspection. Moving forward the Administrator/ Assistant Program Director will ensure that assessments are completed within the time frames set forth by the Department of Human Services. An electronic tracking system has been established to ensure assessments are completed by the required dates. Additionally, the Administrator/Assistant Program Director will ensure that both electronic copies of the assessments are maintained as well as hard copies in the resident's record.

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 Congrove, Administrator Date 4/12/15

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 01/16/2015 - Foulkes, Kimberli
 PCH Name: Salisbury Behavioral Health PCH of Monroe County

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 Resident #8's record does not include the reason for termination of services or transfer of the resident, the date of the transfer, and the destination.
 Resident #4 was sent to the hospital via Ambulance on 9/17/14. The resident record does not include a copy of the hospital discharge summary.

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 will maintain all necessary documentation for resident charts. An internal auditing tool will be utilized to complete monthly chart audits. These audits will be completed by the Administrator/Assistant Program Director and a record of the audits will be kept in the home for review by any representative of the department. Additionally, all staff will receive education on all 26 items that are required to be maintained within each resident's record. This education will occur on or before April 29, 2015.

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 Cosgrave, Administrator Date 4/18/15

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 02/13/2016 - Novak, Ryan
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 56 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 On 2/5/16 between 2:00-2:50pm, staff person A was in the office and heard yelling. Staff person A went to see what was going on and observed staff person B standing over resident #1 stating, "I'm going to kill you." Resident #1 informed representatives that staff person B said they were going to kill them and resident #1 was afraid that staff person B was going to return to the residence and kill them.

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 Monroe County's corrective action plan in response to 2600.42(b) violation, is to improve and promote positive interaction and communication between resident (s) and staff, while protecting residents from abuse and neglect. An internal investigation occurred on 2/5/15, conducted by Salisbury Behavioral Health Operations Director of Residential CRR PCH, and SIL's and Human Resource staff. The outcome of the internal investigation resulted in staff person B's immediate termination of employment from Salisbury Behavioral Health's PCH of Monroe County. In accordance with Pennsylvania DHS guidelines, effective 3/30/2015, all employees of Salisbury Behavioral Health's PCH of Monroe County will receive reeducation in the area of neglect and abuse; and at the monthly resident's meeting, residents will be reeducated as to their rights and reporting under the law.

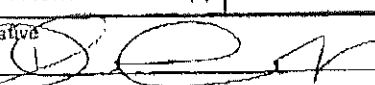
Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/15/2014	07/17/2014	02/21/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Dee Cosgrove, Administrator Date 3/12/15

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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 02/13/2015 - Novak, Ryan PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY	
1. REGULATION 65 Pa. Code §2600 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.	
2a. DESCRIPTION OF VIOLATION The exit which leads to the back deck which leads to the ramp that exits off of the deck is blocked with yellow caution tape.	
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 Monroe County corrective action plan is to demonstrate a site specific property maintenance response to 2600.121(a). Salisbury Behavioral Health PCH of Monroe County staff will ensure stairway, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed by means of a task responsibility process. Outlined within this process is a list of staff task responsibilities defined by shift (i.e. days, evening and overnight). As completed per shift, staff is responsible to catalog observations and findings on a monitoring / check list tool. Staff are required to report any obstructions immediately to the Administrator and or Assistant Program Director. The Administrator along with the Assistant Program Director will be responsible for the overall monitoring of staff task responsibilities and performance, and will report any concerns immediately to maintenance for correction. This plan will be implemented by 3/30/15. Additionally, on the date of inspection the yellow caution tape was immediately removed post verbal notification by inspectors.	
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) Dawn Casgrove, Administrator	Date 3/12/15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input 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: 21213 - 02/13/2015 - Novak, Ryan
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 68 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

The medication administration record for resident #1 does not include the name and initials of the staff person administering SSD Cream at 8pm on 1/22/15, 1/26/15, and 1/31/15.

The medication administration record for resident #1 does not include the name and initials of the staff person administering Ketoconazole 2% cream and Levofloxacin 50mcg tablet at 8:30am on 1/28/15.

The medication administration record for resident #1 does not include the name and initials of the staff person administering Clonazepam 1mg tablet at 12pm on 1/29/15.


The medication administration record for resident #1 does not include the name and initials of the staff person administering Levofloxacin 50mcg tablet, Terbinafine HCL 250mcg tablet, Mefloquine HCL 500mg tablet, Benzotropine 2mg, DOK 100mg Capsule, Oxycarbazepine 600mg, Quetiapine Fumarate 400mg, SSD Cream, and Clonazepam 1mg tablet at 8:30am on 1/30/15.

Resident #1's Terbinafine HCL was not initiated as administered on the MAR on 2/8/15 at 9am. Resident #1's Multi-Dalyn liquid was not initiated as administered on the MAR on 2/6/15 at 9am.

Resident #2's Lorazepam was not initiated as administered on the MAR on 2/9/15 at 12pm. Resident #2's Risperidone and Quetiapine Fumarate was not initiated as administered on the MAR on 2/6 & 2/9/15 at 12pm.

Resident #3's 8pm medications were not initiated as administered on the MAR on 2/9/15.

See page 798 for Plan of Correction

Violation Report: 21213 - 02/13/2015 - Novak, Ryan PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY	
1. REGULATION 65 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.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <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> The objective of Salisbury Behavioral Health PCH of Monroe County corrective action plan is to demonstrate medication administration documentation compliance and accountability in accordance with 2600.187(a). Effective 3/30/15 all Salisbury Behavioral Health PCH of Monroe County staff will be refrained in DHS mandated medication administration and documentation practices. Additionally, Salisbury Behavioral Health PCH of Monroe County will define audit / monitoring practices and tools to ensure compliance in this area of concern. To minimize the propensity for errors a two-tiered audit process will be implemented. To substantiate compliance the two-tiered audit process includes: (1) The Assistant Program Director will be responsible on a daily basis 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 / medication strategies.	
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) Dana Cosgrove, Administrator	Date 3/12/15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input 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: 21213 - 02/13/2016 - Novak, Ryan
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 66 Pa.Code §2600
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 1/17/16 at 12pm and 1/27/16 at 12pm, resident #1 refused to take a scheduled dose of Clonazepam 1mg tablet. The home did not report the refusal to the resident's doctor as required.

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 Monroe County corrective action plan in accordance with 2600.187(c) is to provide medication administration refusals reporting and documentation compliance with the prescriber within 24 hours, unless otherwise instructed by the prescriber. The current process includes; all medication refusals will be documented in the resident's MAR's. A medication refusal form will also be completed and forwarded to the prescribing physician via fax. Copies of the refusal form and confirmation sheets from the faxes will be kept on record in the home to ensure compliance. Staff will be reeducated on the importance of completing documentation in a timely manner and maintaining the correspondence for records. This reeducation will take place by 3/30/15. Additionally, on a daily basis the Administrator and Assistant Program Director will be responsible to review and track staff compliance.

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 3/12/15

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

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