



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via emailed to: [REDACTED]
MAILING DATE: August 25, 2015

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

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

Dear Ms. Mazza:

As a result of the Department of Human Services' licensing inspection on June 24, 2015 and June 25, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Bob Bisignani
Regional Licensing Director

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY		License Number: 21213
Address: 1482 CHERRY LANE, EAST STROUDSBURG, PA 18301		County: Monroe
Administrator: Terry Ann Roman		Region: NORTHEAST
Legal Entity Name: SALISBURY BEHAVIORAL HEALTH INC		
Legal Entity Address: 3894 COURTNEY STREET SUITE 160, BETHLEHEM, PA 18017		
Certificate(s) of Occupancy C-2 LP 07/26/2001 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 20 Waking Staff: 15		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 06/24/2015: Harvey, Jason; Yellenic, Cindy 06/25/2015: Harvey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
<p>Licensed Capacity: 28</p> <p>Number of Residents Served: 19</p> <p>Secured Dementia Care Unit in Home: No</p> <p>Area:</p> <p>Secured Dementia Unit Capacity, if Applicable:</p> <p>Number of Residents Served in Secured Dementia Care Unit, if applicable:</p> <p>Number of Current Hospice Residents: 0</p> <p>Number of Hospice Residents in past year: 0</p>	<p>Number of Residents who:</p> <p>Receive Supplemental Security Income: 18</p> <p>Are 60 Years of Age or Older: 9</p> <p>Have Mental Illness: 19</p> <p>Have an Intellectual Disability: 0</p> <p>Have a Mobility Need: 1</p> <p>Have a Physical Disability: 0</p>	

Violation Report: 21213 - 06/24/2015 - Harvey, Jason
PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 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
The most recent license inspection summaries dated 1/5/15, 1/16/15, and 2/13/2015 were not posted in a conspicuous and public place in the home.

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 of Monroe County understands the importance of posting current license, licensing inspection summary and will ensure that all licensing reports will be posted as per 2600.3(c). On the date of inspection this administrator corrected this incident violation by posting the required material, Due to this immediate correction, it is requested that this violation be removed as a regulatory violation for this reporting period.

The Administrator shall be responsible for ensuring that the current license, a copy of the LIS(s) issued with the license and any license inspection summaries issued subsequent to the license are posted in a conspicuous public place in the building at all times.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/16/2015
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Signature of Legal Entity Representative
(Required on EVERY Page) *Terry Ann Roman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TERRY ANN ROMAN</i>	Date <i>20150730</i>
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The above plan of correction is approved as of <u>8/3/15</u> (Date)	Plan of correction implementation status as of <u>8/6/15</u> (Date)
The above plan of correction was approved by <u>G.B.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 21213 - 06/24/2015 - Harvey, Jason
 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
 There was no documentation to indicate that staff persons A and B, date of hire 4/13/15, received the required training that is to take place prior to or on their first day of work.

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, Inc. PCH of Monroe County understands the importance of staff receiving required training in Fire Safety and Emergency Preparedness prior to their first day of work. SBH PCH will abide by 2600.65 (a) by ensuring that all direct care staff including ancillary staff, voluntary, substitute-staff will complete the Residential Site Orientation, the Orientation Checklist and complete the Direct Care Examination within compliance standards of this regulation. Effective this reporting submission, the PCH process for regulatory compliance and file retention is as follows:

- * Hard copies of the completed Residential Site Orientation Checklist and Direct Care Examination will be printed and retained on site in the employees mini file,
- * The Residential Site Orientation Checklist and Direct Care Examination documents will be scanned and an electronic copy will be retained on the facility's server shared folder, with the scanned copy forwarded to SBH Human Resources (Courtney St - main office) to retain within the human resource record. Please note, accessibility to the shared folder is limited to the Administrator, Assistant Program Director and Client Care Coordinator.
- * Effective August 15, 2015 all tenured staff will complete an training update of the Residential Site Orientation, completion of the Residential Orientation Checklist and will be retested on the Direct Care Examination and updated copies of these documents will be filed within staff mini charts.

Please note, on April 22, 2015 both Staff persons A & B completed the Salisbury Behavioral Health Residential Site Orientation. Both Staff persons A & B signed off on the Residential Site Orientation Checklist, completed the Direct Care examination and printed out the Certificate of Completion. Information was filed within staff A&B mini charts. Subsequently on date of inspection the Residential Site Orientation Checklist for Staff A & B could not be located along with the Certificate of Completion for Staff person B. On June 26, 2015 a letter submitted on behalf of the PCH from Staff Persons A & B was provided to the inspector via email. This document confirms in writing (from Staff A & B) their completing of the Orientation Checklist and the taking of the DC exam and the printing of the certificates that were provided to the administrator. Additionally, on 7/4/2015 this administrator re-reviewed with Staff Person A the Residential Site Orientation and completed the checklist as well as completing both items noted for Staff Person B on 7/3/2015 (see attachments).

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/16/2015	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Terry Ann Roman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Terry Ann Roman* Date *20150729*

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

Violation Report: 21213 - 06/24/2015 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care 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
 There was no documentation to indicate that staff persons A and B, date of hire 4/13/15, received the required training that is to take place within their first 40 working hours.

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, Inc. PCH of Monroe County understands the importance of staff receiving required training in Resident Rights, emergency medical plan and mandatory abuse and neglect under the Older Adult Protective Service Act prior to their first day of work. SBH PCH will abide by 2600.65 (b) by ensuring that all direct care staff including ancillary staff, voluntary, substitute-staff will complete the Residential Site Orientation, the Orientation Checklist and complete the Direct Care Examination within compliance standards of this regulation.

Effective this reporting submission, the PCH process for regulatory compliance and file retention is as follows:

- *Hard copies of the completed Residential Site Orientation Checklist and Direct Care Examination will be printed and retained on site in the employees mini file,
- * The Residential Site Orientation Checklist and Direct Care Examination documents will be scanned and an electronic copy will be retained on the facility's server shared folder, with the scanned copy forwarded to SBH Human Resources(Courtney St - main office) to retain within the human resource record. Please note, accessibility to the shared folder is limited to the Administrator, Assistant Program Director and Client Care Coordinator.
- * Effective August 15, 2015 all tenured staff will complete a training update of the Residential Site Orientation, completion of the Residential Orientation Checklist and will be retested on the Direct Care Examination and updated copies of these documents will be filed within staff mini charts.

Please note, on April 22, 2015 both Staff persons A & B completed the Salisbury Behavioral Health Residential Site Orientation. Both Staff persons A & B signed off on the Residential Site Orientation Checklist, completed the Direct Care examination and printed out the Certificate of Completion. Information was filed within staff A&B mini charts. Subsequently on date of inspection the Residential Site Orientation Checklist for Staff A & B could not be located along with the Certificate of Completion for Staff person B. On June 26, 2015 a letter submitted on behalf of the PCH from Staff Persons A & B was provided to the Inspector via email. This document confirms in writing (from Staff A & B) their completing of the Orientation Checklist and the taking of the DC exam and the printing of the certificates that were provided to the administrator. Additionally, on 7/4/2015 this administrator re-reviewed with Staff Person A the Residential Site Orientation and completed the checklist as well as completing both items noted for Staff Person B on 7/3/2015 (see attachments).

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/16/2015
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Teray Ann Roman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Teray Ann Roman* Date *20150729*

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Violation Report: 21213 - 06/24/2015 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa. Code §2600
 2600.65(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
 The personnel file of staff person B, date of hire 4/13/15, did not include documentation that they successfully completed the department approved direct care training course and 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.

Salisbury Behavioral Health, Inc. PCH of Monroe County understands the importance of staff receiving required training as defined by 2600.65 (d) ensuring that all direct care staff including ancillary staff, voluntary, substitute-staff will complete the Residential Site Orientation, the Orientation Checklist and complete the Direct Care Examination within compliance standards of this regulation. Effective this reporting submission, the PCH process for regulatory compliance and file retention is as follows: *Hard copies of the completed Residential Site Orientation Checklist and Direct Care Examination will be printed and retained on site in the employees mini file, * The Residential Site Orientation Checklist and Direct Care Examination documents will be scanned and an electronic copy will be retained on the facility's server shared folder, with the scanned copy forwarded to SBH Human Resources(Courtney St - main office) to retain within the human resource record. Please note, accessibility to the shared folder is limited to the Administrator, Assistant Program Director and Client Care Coordinator. * Effective August 15, 2015 all tenured staff will complete an training update of the Residential Site Orientation, completion of the Residential Orientation Checklist and will be re-tested on the Direct Care Examination and updated copies of these documents will be filed within staff mini charts.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/16/2015		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Terey Ann Roman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Terey Ann Roman* Date *20150729*

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Violation Report: 21213 - 06/24/2015 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
 (1) The name, position and duties of each direct care staff person.
 (2) The required training courses for each staff person.
 (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION
 The home's training plan for 2015 did not include the following required training topics: fire safety and emergency preparedness.

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, Inc. PCH of Monroe County understands the importance of staff receiving required training in accordance with Regulation 2600.66(b). SBH PCH of Monroe County has documented a Staff Training Plan for FY: 2015 - 2016. All Resident Advisor staff will participate training as outlined in this response. Fire Safety and Emergency Preparedness training will occur on August 2015 (see attachment).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TENNY ANN ROMAN</i>	Date <i>20150729</i>
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Violation Report: 21213 - 06/24/2015 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #1's (DOA 3/19/15) medical evaluation dated 6/23/15 was completed more than 30 days from admission.

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 Inc. PCH of Monroe County understands the importance of abiding to 2600.141(a)(1). When Resident #1 was admitted to the facility he refused to go to the PCH for medical evaluation. Subsequently, the MA 51 was not completed within the 30 days post admission. The MA 51 was completed on 6/23/2015. Effective this reporting submission, the SBH PCH process for regulatory compliance is as follows:

* the SBH PCH Administrator, Assltant Program Director or Client Care Coordinator will ensure the completion of the MA 51 within 60 days prior to admission or within 30 day after admission (see attachment).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TERRY ANN ROMAN</i>	Date <i>20150729</i>
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Violation Report: 21213 - 06/24/2015 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 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
 It is the home's policy that all narcotic be counted by two staff persons at the beginning and end of each shift. on Thursday 6/25/2015 at 7am the narcotic count sheet for resident #3 was not initialed that a staff person from 3rd shift completed a narcotic count with the staff person from the 1st shift.

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.

SBH PCH of Monroe County respects the integrity of the medication administration (storage, access, security, distribution, etc) and ensures compliance under 2600185(a) by implementing a daily audit process that includes:

- * Error Identification
- *Immediate remediation (by direction to staff of error and immediate requirement to complete documentation)
- *Addition of a MAR note describing action taken to correct error.

Please note, on Thursday, 6/25/2015 the 7am narcotic count was completed by two staff persons, one of which was Staff Person B (Assistant Program Director) who inadvertently forgot to initial the MAR. Immediately after the inspection and notification of this incident (error) Staff Person B was contacted by phone and immediately came into the PCH and initialed the MAR. A medication administration chart note was added to include the action taken by SBH PCH to correct this issue. SBH PCH continues to do demonstrate diligence in this area of concern by completing daily and weekly MAR audits (see attachments).

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/16/2015		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Terry Ann Roman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TERRY ANN ROMAN* Date *20150729*

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Violation Report: 21213 - 06/24/2015 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The home did not complete a preadmission screening for resident #1 (DOA 3/19/15).

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.

Respectfully, Sallsbury Behavioral Health PCH of Monroe County respects the integrity of the preadmission screening process under 2600.224(a). In accordance with this regulation as it pertains to all new admissions, the preadmission process is as follows:

- *The Director of PCH and CRR services will be provided with referral request simultaneously as the PCH Administrator for review,
 - * A new admission checklist will document required form/needs completion and will be submitted to the Director of PCH and CRR services for review between the Director of PCH and CRR services and the Administrator,
 - * The determination will be made within 30 days prior to admission and documented on the Department's preadmission screening form.
- All SBH PCH administrator (s) and or Assistance Program Directors will be retrained on this process and monitored by this administrator.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TERRY ANN ROMAN</i>	Date <i>20150729</i>
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Violation Report: 21213 - 06/24/2015 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The home did not complete a resident assessment support plan for resident #1 (DOA 3/19/15).

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.

Respectfully, Salisbury Behavioral Health PCH of Monroe County respects the integrity of the RASP process under 2600.225(a). In accordance with this regulation as it pertains to all new admissions, the initial RASP will be completed within 15 days of admission.

A new admission checklist will document required form/needs completion and will be submitted to the Director of PCH and CRR services for review between the Director of PCH and CRR services and the Administrator.

Post inspection and notification by the inspector, this administrator assessed Resident 1 and completed a new RASP finalized on 07/02/2015 that documents the resident current support needs (see attached document). Additionally, on July 25, 2015 an emergency medical plan was completed. Although each document has been completed, as attributed to Resident 1 psychiatric diagnosis Chronic Paranoid Schizophrenia and the presence of paranoid symptomatology Resident 1 refused to sign either document. On July 27, 2015 post consultation with this Administrator, [REDACTED], CHIPP Coordinator, C-M-P MH/DS meet with Resident 1 to assist with the review process of the RASP and medical evaluation form. Resident 1 declined to sign the documents and abruptly left the room (see attachment).

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TERRY ANN ROMAN</i>	Date <i>20150729</i>
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Violation Report: 21213 - 06/24/2015 - Harvey, Jason
 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

On 6/12/15 resident #2 express to staff that the resident was anxious and hearing voices to commit suicide. The resident assessment support plan for resident #2 was not updated to reflect the resident's suicidal ideations and how the resident's needs will be met.

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.

Respectfully, Salisbury Behavioral Health PCH of Monroe County recognized the importance of the 2600.227(d) regulation as it pertains to providing the highest level of care to all residents within the home. To ensure compliance with this regulation the Administrator, Assistant Program Director and or Client Care Coordinator will update the RASP of any changes in behavior and or medical whether significant change or not. Any assessment and or observation will be documented accordingly. Due to this immediate correction, at the time of inspection, it is requested that this violation be removed as a regulatory violation for this reporting period.

The Administrator and or Assistant Program Director will be alert to any significant changes through the following:

* During standard hour of operation the Client Care Coordinator and or Lead Resident Advisor via a written communication slip will notify the Administrator and or Assistant Program Director with any discharge planning, appointment and treatment or any significant change information. The Administrator and or Assistant Program Director will complete an addendum to the RASP that will be filed within the resident chart and on the facilities - staff "alert" board.

* During non standard hours of operation, through a telephone "on-call" system, the Resident Advisor staff will be responsible to complete a resident notification form and contact the on-call contact (Administrator and or Assistant Program Advisor) providing verbal notification as to emergency room visits, hospitalizations, transportation concerns, notification of emergency contact and or significant resident change.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Tenney Ann Roman* Date *20150730*

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

The above plan of correction is approved as of <u>8/3/15</u> (Date)	Plan of correction implementation status as of <u>8/6/15</u> (Date)
The above plan of correction was approved by <u>B.B.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented