



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 25 2015

Mr. John F. Bulman, VP/COO
Salisbury Behavioral Health, Inc
300 Welsh Road, Building 4, Suite 100
Horsham, Pennsylvania 19044

RE: Salisbury Behavioral Health
1075 Easton Road
Roslyn, Pennsylvania 19001
License #: 128200

Dear Mr. Bulman:

As a result of the Department of Human Services' licensing inspection on July 6, 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.

Your regular license for the period October 26, 2015 to October 26, 2016 was issued on July 20, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director_{15H}

Enclosure
License Inspection Summary

Violation Report: 12820 - 07/06/2015 - Keally, Jennifer
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa. Code §2600
 2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 The assessment and support plan for Resident # 1 indicates that the resident required one to one supervision from 4 p.m. until midnight daily, effective 12/7/2014 through 7/3/2015. According to the home's records and Staff Member A, the resident did not receive one to one supervision throughout the month of June 2015.

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.

All assessments and support plans will be followed as written. The Program Director will ensure that each plan is being followed. The change will be made effective immediately. The Program Director (PD) will update the RASP when there are significant changes. The PD and Assistant Operations Director (AOD) will periodically check all RASP's to ensure that they are updated. The Lead Residential Advisor and PD met with the AOD and reviewed regulation 2600.23. The resident was not on one to one in the month of June, The RASP was not updated.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Galley*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Laura Galley, Assistant Operations Director* Date *8/6/15*

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

The above plan of correction is approved as of *8/7/15*
 (Date)

Plan of correction implementation status as of *8/7/15*
 (Date)

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

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

Violation Report: 12620 - 07/06/2015 - Keelly, Jennifer

PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION # 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

According to interviews with the home's staff members and residents, the home's administrator is not in the home for an average of 20 hours per week.

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 continue to be present in the home an average of 20 hours or more each week of each calendar month. The administrator will be responsible for changing the calendar if her days need to change in the home. The change was made immediately. The administrator will immediately make changes on the calendar to reflect accurately the hours that she is there. The AOD will periodically check the administrator's schedule to ensure it reflects the hours she is in the home. The administrator will sign in and out on a log book indicating the hours she worked each week, effective 7/31/15. The AOD reviewed the importance of keeping a log to continue to track 20 hours or more of presence a week.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Laura Gallagher

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Laura Gallagher, Assistant Operations

Date

8/6/15

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

The above plan of correction is approved as of

8/7/15
(Date)

Plan of correction implementation status as of

8/5/15
(Date)

The above plan of correction was approved by

RB
(Initials)

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

Violation Report: 12820 - 07/06/2015 - Keelly, Jennifer

PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 6/26/2015, Resident # 1 did not receive one to one supervision from 4 p.m. until midnight, as required by their assessment and support plan. According to the staff schedule, these services could not be provided due to a lack of available direct care staffing in the home. Only one staff person was present in the home at this 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.

Staffing will be provide to meet the needs of the residents specified in the RASP. The Administrator will make sure the RASP is followed the way it is written. The change will be made immediately. The Administrator will complete periodic reviews of RASP's to ensure they are being followed as written. The Assistant Operations Director reviewed regulation 26.00 60 with the Administrator.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Laura Gallagher, Assistant Operations Director* Date *8/10/15*

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

The above plan of correction is approved as of *8/10/15*
(Date)

Plan of correction implementation status as of *8/10/15*
(Date)

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

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

Violation Report: 12820 - 07/06/2015 - Keelly, Jennifer

PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 65 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 Member B, whose first day of work was 4/11/2015, was not oriented in general fire safety until 6/2/2015.

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.

Staff member B did receive an orientation on her first day of work which included fire safety, however the paper work was lost. We will continue to orient all new staff on their first day of work. The administrator will make a copy of all completed on site orientations with new staff before turning in to the office for the training folder. The change will be made immediately. The Assistant Operations Director reviewed the importance of keeping copies in the event that the orientation checklist be lost.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura Gallagher

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

Laura Gallagher, Assistant Operations Director

Date 8/6/15

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

The above plan of correction is approved as of

8/7/15
(Date)

Plan of correction implementation status as of

8/7/15
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 12820 - 07/06/2015 - Keelly, Jennifer
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa.Code §2600
 2600.65(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
 Staff Member B has not received training on resident rights or reporting of 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.
 Staff member B did receive training on resident rights and reporting of reportable incidents and conditions on her first day of work, however the paper work was lost. We will continue to provide training on resident rights and reporting of reportable incidents and conditions on the first day of work. The administrator will make a copy of all completed on site orientations with new staff before turning in to the office for the training folder. The charge will be made immediately. The Assistant Operations Director reviewed the importance of keeping copies in the event that the orientation checklist is lost.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Laura Gallagher, Assistant Operations Director</i>	Date <i>8/6/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>8/7/15</i> (Date)	Plan of correction implementation status as of <i>8/7/15</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 12820 - 07/06/2015 - Keelly, Jennifer
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa.Code §2800
 2800.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 The annual training provided to direct care Staff Members C and D in training year 2014 did not include training on medication self-administration.

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 annual training provided to all direct care staff members will include training on medication self-administration. A self-administration training was developed by our Registered Nurse and will be added to the DPW medication administration training which all staff are required to take. The training will take place in the staff meeting on 8/6/15 and 8/11/15. A periodic review will be will take place of staff files to ensure compliance of self-administration training. The review will be completed by the Administrative Assistant.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Gallagher*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Laura Gallagher, Assistant Operations Director* Date *8/6/15*

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

The above plan of correction is approved as of <u>8/7/15</u> (Date)	Plan of correction implementation status as of <u>8/7/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 12820 - 07/06/2015 - Kealty, Jennifer

PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa.Code §2600

2800.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff Member C did not receive training in resident rights during the 2014 training year.

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.

All staff members will receive required annual trainings. The Program Director will track her staff's training immediately after they occur. Should a staff miss a training, the Program Director will be responsible for meeting with the staff and providing a one on one training session on the topic. This will be effective immediately. The Administrative Assistant will be responsible for tracking and recording all trainings on a monthly basis and will notify all Program Directors what annual trainings staff require.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Laura Gallagher

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Laura Gallagher, Assistant operations Director

Date:

8/6/15

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

The above plan of correction is approved as of

[Signature]
(Date)

Plan of correction implementation status as of

[Signature]
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 12820 - 07/06/2015 - Kealty, Jennifer
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The emergency service numbers posted near the phones in the first and second floor lounges do not include the personal care home complaint hotline.

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.

All emergency service numbers will be posted near the phones in the first and second floor lounges including the personal care home complaint hotline. The change was made effective immediately. The Program Director added the PCH complaint hotline to the phone lists on the first and second floor lounges. The Assistant Operations Director reviewed the importance of regulation 2600.91. The Program Director will complete periodic checks to ensure the numbers are posted.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Gallagher*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Laura Gallagher, Assistant Operations Director* Date *8/10/15*

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

The above plan of correction is approved as of *8/17/15*
 (Date)

Plan of correction implementation status as of *8/17/15*
 (Date)

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

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

Violation Report: 12820 - 07/06/2015 - Keely, Jennifer
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa.Code §2600
 2600.96(b) - Staff persons shall know the location of the first aid kit.

2a. DESCRIPTION OF VIOLATION
 On 7/6/2015, Staff person E did not know the location of the first aid kit.

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.
 All staff will know the location of the first aid kit. On first day of hire, each staff member will complete an on site orientation, which includes the location of the first aid kit. The Program Director will be responsible for completing the on site orientation checklist. A sign will be posted on the office door and drawer where it is located. This will occur immediately.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Lauren Gallagher*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lauren Gallagher, Assistant Operations Director* Date *8/6/15*

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The above plan of correction is approved as of 8/2/15
 (Date)

Plan of correction implementation status as of 8/7/15
 (Date)

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

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

Violation Report: 12820 - 07/06/2015 - Keely, Jennifer
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa.Code §2600
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
 (1) Identify the correct resident.
 (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
 (3) Remove the medication from the original container.
 (4) Crush or split the medication as ordered by the prescriber.
 (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
 (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
 (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION
 On 7/6/2015, at 8:00 a.m., Resident # 2's Lisinopril 2.5 mg, Sertraline 25 mg, Ent ASA 81 mg, Ferrous Sulfate 325 mg, Loratadine 10 mg, and Senna were not administered. However, the medication administration record was initialed as though the medications had been given.

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.
 All medications will be administered as indicated by the prescribers orders. Staff will only sign off on medication after it has been administered. The Program Director will be responsible for retraining staff on regulation 2600.182(c). The retraining will take place in staff meeting on 8/6/15 and 8/11/15. The Administrator or designee will do periodic checks of the MAR's to ensure medication has been given and appropriately signed off. The charge will be made immediately.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Gallagher*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Laura Gallagher, Assistant Operations Director* Date *8/6/15*

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

The above plan of correction is approved as of <i>8/7/15</i> (Date)	Plan of correction implementation status as of <i>8/7/15</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 12820 - 07/06/2015 - Keelty, Jennifer
 PCH Name: SALISBURY BEHAVIORAL HEALTH

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

2a. DESCRIPTION OF VIOLATION

On 7/6/2015, at 8 a.m., Resident # 2's Lisinopril 2.5 mg, Sertraline 25 mg, Ent ASA 81 mg, Ferrous Sulfate 325 mg, Loratadine 10 mg, and Senna were not administered as prescribed.

Resident # 3's blood sugar levels were not measured as prescribed at 8 a.m. on 6/26/2015, 6/27/2015, and 6/28 2015.

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 will follow the directions of the prescriber.
 The Program Director will be responsible for retraining staff on regulation 2600.187d. The retraining will take place in the staff meeting on 8/6/15 and 8/11/15. The Administrator or designee will complete periodic checks of blood sugar levels and MAR'S. The change will be made immediately.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Laura Gallagher, Assistant Operation Director* Date *8/6/15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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

Violation Report: 12820 - 07/06/2015 - Keelly, Jennifer
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 65 Pa.Code §2600
 2600.202 - The following procedures are prohibited:
 (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
 (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
 (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
 (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
 (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
 (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION
 On 6/13/2015, Staff Member C utilized a manual restraint by holding Resident # 1's wrists after Resident # 1 threw a container of coffee at her face.

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.
 Staff members will not use manual restraints. The Program Director will ensure that all staff members are refreshed on Crisis Prevention Intervention annually. The staff member C was retrained on Crisis Prevention Intervention on July 10, 2015. The change was made immediately.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Laura Gallagher, Assistant Operations Director* Date *8/10/15*

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

The above plan of correction is approved as of <i>8/7/15</i> (Date)	Plan of correction implementation status as of <i>9/7/15</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 12820 - 07/06/2015 - Keely, Jennifer
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa.Code §2600
 2600.225(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
 Resident # 1's assessment, completed on 12/17/2014, does not include information on communication of needs, understanding instructions, short-term memory, long-term memory, and ability to use and avoid poisonous materials.

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.
 All assessments will include information on communication of needs, understanding instructions, short term memory, long term memory and ability to use and avoid poisonous materials. This page was misplaced from the residents book. The Administrator will complete periodic checks of all assessments to ensure there are no missing pages. The change was made immediately.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Gallagher*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Laura Gallagher, Assistant Operations Director* Date *8/16/15*

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

The above plan of correction is approved as of <i>8/16/15</i> (Date)	Plan of correction implementation status as of <i>8/16/15</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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