



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: AUG 27 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' licensing inspections on August 6, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
17	II	17	\$5	\$85	5 calendar days from mailing date of this letter
42b	II	17	\$5	\$85	5 calendar days from mailing date of this letter
187a	II	17	\$5	\$85	5 calendar days from mailing date of this letter
3c	III	17	\$3	\$51	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew J. Jones', with a long horizontal flourish extending to the right.

Matthew J. Jones
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: 212131
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 C2LP 07/26/2001 L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 17 Waking Staff: 13		
Type of Inspection: Interim - POC BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Interim, Monitoring - OPA		
On-Site Inspections Dates and Department Representatives On-Site 08/06/2015: Patton, Leslie; Foulkes, Kimberli		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 28 Number of Residents Served: 17 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 0	Number of Residents who: Receive Supplemental Security Income: 17 Are 60 Years of Age or Older: 9 Have Mental Illness: 17 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 21213 - 08/06/2015 - Patton, Leslie
 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 License Inspection Summary for 4/14/15 was not posted at the time of the onsite visit.

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.

Immediately and Ongoing
 The Administrator shall ensure that the current license and a copy of all license inspection summaries issued with the license as well as any license inspection summaries issued subsequent to the license, are posted in a conspicuous and public place within the home. Copies of the license inspection summaries and plans of correction not required to be posted will also be available for review upon request by the residents or their designated persons.
 The Administrator will conduct weekly checks to ensure that all of the items listed under this regulation are posted in a public and conspicuous place with the building as required. The Administrator will document the weekly checks and maintain documentation of the checks for review by Dept. representatives upon request.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/16/2015	06/24/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *TerryAnn Roman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *TERRYANN ROMAN* Date *8/31/2015*

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

The above plan of correction is approved as of <u>9/11/15</u> (Date)	Plan of correction implementation status as of <u>9/15/15</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

Violation Report: 21213 - 08/06/2015 - Patton, Leslie
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 7/31/15 staff witnessed resident #1 punching resident #2 in the head while resident #2 was in a seated position. The home did not complete an ACT 13 form and send it to AAA within 48 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.

To be completed by 9/21/15

All staff, including the administrator, will receive training in abuse reporting and prevention from an outside source approved by the Department. Documentaion of this training will be faxed or e-mailed to the BHSL Regional office for review upon completion.

Immediately and Ongoing

The Administrator will ensure that all incidents of suspected abuse or neglect are reported in accordance with the Older Adults Protective Services Act.

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>8/31/2015</i>
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Violation Report: 21213 - 08/06/2015 - Patton, Leslie
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 The front door to the office is split in half, allowing the office door to be closed completely, or for only the bottom portion of the door to be closed. At the time of the onsite visit, only the lower portion of the door was closed. An individual can easily reach over the top of the lower portion of the door allowing unsecured access to Resident Assessments and Support Plans, emergency medical information, MA-51s and Reportable Incidents, all of which contain confidential resident information.

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.

Immediately and Ongoing

The Administrator shall be responsible to ensure that the identified records will be stored in an area that is locked at all times when staff are no present.

All resident records will be considered confidential and stored in a manner that protects confidentiality that is consistent with this chapter.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/14/2015		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *TerryAnn Roman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TERRYANN ROMAN* Date *8/31/2015*

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 (Date)

The above plan of correction was approved by B.B.
 (Initials)

Plan of correction implementation status as of 9/15/15
 (Date)

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

Violation Report: 21213 - 08/06/2015 - Patton, Leslie
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 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 7/31/15 resident #1 was witnessed punching resident #2 in the head while resident #2 was seated. Resident #2 had to seek treatment at the hospital for her injuries and was diagnosed with a minor closed head injury and muscle strain.

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 be completed by 9/21/15

All staff, including the Administrator, will receive training in abuse reporting and prevention from an outside source approved by the Department. Documentaion of this training will be faxed or e-mailed to the BHSL Regional office for review upon completion.

All staff, including the administrator will recieve training on safe management techniques, including positive interventions, as outlined in Ch.2600.201. Documentaion of this training will be faxed or e-mailed to the BHSL Regional office for review upon completion.

Immediately and Ongoing

Residents will not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/13/2015
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Signature of Legal Entity Representative
 (Required on EVERY Page) *TerryAnn Roman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TerryAnn Roman</i>	Date <i>8/31/2015</i>
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Violation Report: 21213 - 08/06/2015 - Patton, Leslie
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH 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.

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record (MAR) of resident #3 did not indicate a diagnosis or purpose for Divalproex SOD 500mg.
 The MAR of resident #2 did not indicate a diagnosis or purpose for Haloperidol 5mg.
 Staff did not sign or initial the MAR of resident #4 to indicate Clonazepam 1mg was administered at 2:00pm on 8/5/15.
 Staff did not sign or initial the MAR of resident #5 to indicate Oxybutin 5mg was administered at 9:00am on 8/6/15..

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.

Immediately and Ongoing

The Administrator shall be responsible to ensure that the residents' Medication Administration Records include all of the required information listed under this regulation.
 The Administrator shall complete weekly audits of the MARs to ensure that all of the required information listed under this regulation is on the MARs, including the name and initials of the staff person administering medication to residents. The Administrator shall document the weekly audits and maintain documentation of the audits for review by Department representatives upon request.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/16/2015	02/13/2015
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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 *8/31/2015*

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