



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via emailed to: [REDACTED]

MAILING DATE: March 16, 2016

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 inspection on September 15, 2015 and October 8, 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,

A handwritten signature in black ink that reads "Bob Bisignani".

Bob Bisignani
Regional Licensing Director

Enclosure
Licensing Inspection Summary

Violation Report: 21213 - 09/16/2015 - Harvey, Jason
PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The home has not had a fire drill conducted by a fire safety expert within the past 12 months. The most recent fire drill conducted by a fire safety expert was conducted on 4/16/14.

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.

Directed Plan of Correction:

Effective Immediately:

The home will make arrangements with a fire safety expert to conduct a fire safety inspection and an observed fire drill. Arrangements shall be made immediately, with the inspection and observed drill completed no later than 11/30/2015.

Documentation will be retained by the home with a copy sent to the Northeast Regional Office upon completion of the above.

In order to attain and maintain ongoing compliance, the Administrator/Designee will ensure that an annual fire safety inspection and observed fire drill is conducted within the required 12 month time frame.

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

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 *11/12/15*

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The above plan of correction is approved as of 11/12/15 (Date)

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

Plan of correction implementation status as of 11/25/15 (Date)
 Fully Implemented *on-site verification*
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21213 - 10/08/2015 - Patton, Leslie
PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa. Code §2600
2600.16(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 10226.701 - 10226.707) 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 9/26/15 at approximately 11:50am, resident #1 hit resident #2. The home did not verbally notify the local Aging office of the incident and also did not submit an ACT-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.

To be completed by 11/06/15

All staff, including the administrator, will receive training in abuse reporting and prevention from an outside source approved by the Department. Documentation of the training will be faxed or emailed to 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: Yes Date(s) of Previous Violation(s): 08/06/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Jerry Ann Roman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JERRY ANN ROMAN* Date *11/12/15*

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The above plan of correction is approved as of 11/12/15 (Date)
The above plan of correction was approved by B.B. (Initials)
Plan of correction implementation status as of 11/25/15 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21213 - 10/08/2015 - Patton, Leslie
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 65 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 2600.16 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 Resident #3 has an order for HCP Magic Mouthwash twice daily. The mouthwash was not administered on 10/8/16 at 8pm and 10/7/16 at 8am. The home did not submit an incident report to the Department 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.

To be completed by 11/06/15

The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/29/2015	01/16/2015	01/06/2015
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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 *11/12/15*

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The above plan of correction is approved as of <u>11/17/15</u> (Date)	Plan of correction implementation status as of <u>11/25/15</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 - 10/08/2016 - Patton, Leslie
PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 65 Pa.Code §2006
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
The exit at the end of the corridor leading to an external staircase does not have a handle for the step which exits down onto the landing of the staircase.

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

A well secured handrail shall be installed at the exit located at the end of the corridor leading to an external staircase, which exits down onto the landing of the staircase.
The administrator will check all handrails in the home to ensure that they are secure at least monthly.

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

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 *11/12/15*

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The above plan of correction is approved as of <u>11/12/15</u> (Date)	Plan of correction implementation status as of <u>11/25/15</u> (Date)
The above plan of correction was approved by <u>B.B.</u> (Initials)	<input checked="" 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 - 10/08/2015 - Patton, Leslie
 PCM Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 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 screened porch located on the upper level on the back of the home has two doors, one of which leads to exterior stairs that can be used as a route of egress, and the other door leads to a small exterior patio which also used to have stairs that could have been used as a route of egress, but are now blocked with a small fence. There is no sign stating "This is not an exit" for the door which no longer leads to a usable route of egress.

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 identified area will be unobstructed, as will all stairways, hallways, doorways, passageways and egress routes from rooms and from the building.
 The administrator will check all egress routes in the home to ensure that they are unobstructed at least weekly.

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

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 *11/12/15*

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The above plan of correction is approved as of 11/12/15
 (Date)

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

Plan of correction implementation status as of 11/25/15
 (Date)

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

Violation Report: 21213 - 10/08/2015 - 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
 Resident #3 has an order for HCP Magic Mouthwash twice daily. The mouthwash was not administered on 10/8/15 at 8pm and 10/7/15 at 8 am.

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 review all physicians orders on a weekly basis and ensure the home is following the direction of the prescriber.
 The administrator shall be complete weekly audits of physicians orders and be responsible for ongoing compliance. Documentation of weekly audits shall be maintained and made available to the department by the home upon request.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/10/2015	01/05/2015
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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 *11/12/15*

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The above plan of correction is approved as of <u>11/12/15</u> (Date)	Plan of correction implementation status as of <u>11/25/15</u> (Date)
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 - 10/09/2015 - Patton, Leslie PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY	
1. REGULATION 85 Pa. Code §2600 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	
2a. DESCRIPTION OF VIOLATION Resident #3 has an order for HCP magic mouthwash twice daily. The mouthwash was not administered on 10/6/15 at 8pm and 10/7/15 at 8am. The home did not notify the prescriber regarding the medication errors.	
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 will audit weekly and ensure that all medication errors are reported timely to the resident, resident's designated person and the prescriber. Documentation of weekly audits shall be maintained and made available to the department by the home upon request.	
In the future, the home will ensure that all medication errors are reported to the Department, the resident, the resident's designated person and the prescriber.	
Repeat Violation; No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Terry Ann Roman</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Terry Ann Roman</i>	Date <i>11/12/15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>11/12/15</u> (Date)	Plan of correction implementation status as of <u>11/25/15</u> (Date)
The above plan of correction was approved by <u>B.B.</u> (Initials)	<input checked="" 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 - 10/08/2015 - Patton, Lealla
PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 65 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
The home's monthly activities calendar states the activity listed to be conducted every Friday is "evening meditation" and every Tuesday the activity listed is "evening TV and music time." Several residents were interviewed who indicated the home does not conduct routine activities.

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 will develop an activities program. The program will:

1. Include other residents and residents' family members.
2. Offer at least 2 group activities per day at scheduled times.
3. Include residents' input on the types of activities they would enjoy.
4. Include an activity calendar that is posted in a conspicuous and public place within the home.

The administrator shall audit the home's activities on a weekly basis. Documentation of weekly audits shall be maintained and made available to the department by the home upon request.

Repeat Violation: No Yes Date(s) of Previous Violation(s): 01/05/2015

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 11/12/15

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

Plan of correction implementation status as of 11/25/15 (Date)

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