



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: FEB 10 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 November 25, 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.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
Licensing Inspection Summary

Violation Report: 21213 - 11/25/2015 - Yellenic, Cindy
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The 2 emergency exit doors, located in the corridors of the 1st floor, were difficult to open on the first attempt. Staff informed the Department Representatives that the threshold had been recently painted causing the exit doors to stick.

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 check all surfaces in the home to ensure that they are clean, in good repair, and free of hazards. And surfaces found to be in need of cleaning or repair will be cleaned or repaired immediately.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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

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

Violation Report: 21213 - 11/25/2015 - Yellenic, Cindy
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The fire drill conducted on 8-21-15 was at 2:58pm. There were two staff persons from 1st shift and 2 staff persons from second shift, along with the Assistant administrator who pulled the alarm and monitored the drill. The fire drill record indicated six staff participated in the drill.

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 home will use the Department's model fire drill log to record fire drill information. The log will be completed in its entirety to include all of the information required under this regulation. The log will be reviewed after the completion of each fire drill to ensure accuracy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Date

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

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

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 21213 - 11/25/2015 - Yellenic, Cindy
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #1 has a physician's order for an Advair 250/50 diskus. On 11-25-15 the Advair diskus was in the medication cart available for use, but was not dated when opened. The medication has a shelf life of 30 days after opening.

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 all medications weekly and assure that only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

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

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