



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: March 30, 2016

Ms. Cynthia Mazza, VP/COO
Salisbury Behavioral Health Inc.
3894 Courtney Street, Suite 100
Bethlehem, Pennsylvania 18017

RE: Salisbury Behavioral Health Personal Care Home of Lehigh County
451 Lehigh Street
Allentown, Pennsylvania 18103
License #216740

Dear Ms. Mazza:

As a result of the Department of Public Welfare's licensing inspection on December 30, 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21674 - 12/30/2015 - Foulkes, Kimberli
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 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 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 12/26/15 at 8pm, Resident #1's Fentanyl patch was not administered to the resident. The home did not submit an incident report to the Department.

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
 Within 24 hours of an incident DHS will receive written notification as prescribed by the DHS Bureau of Human Services Licensing Incident form. The Administrator will implement an internal process that instructs staff as to supervisory and on-call notification, outlines the reporting time frame, standardizes the initial and final reporting and which defines the documentation and recording practices. Additionally, all reports will be scanned into a shared folder which can be accessed by all administrative staff to ensure accuracy, timely completion, and appropriate record retention. Effective 2/16/2016 the Administrator, Assistant Program Director, and Client Care Coordinator will be responsible for conducting biweekly resident record audits to ensure that all documentation is maintained and available for review upon request.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Silva / Administrator</i>	Date <i>2/15/2016</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>2/18/16</i></u> (Date)	Plan of correction implementation status as of <u><i>2/18/16</i></u> (Date)
The above plan of correction was approved by <u><i>M</i></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: 21674 - 12/30/2015 - Foulkes, Kimberli
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code ~~52600~~
 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

On 12/26/15 at 8pm, staff person A, documented on the Medication Administration Record (MAR) that resident #1 refused their 8pm Fentanyl Patch. Through interview with resident #1, the resident stated that he/she did not refuse the medication but, that staff person A did not offer the medication within the prescribed time frame and did not administer the medication. It should have been documented on the MAR as a 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.

In response to this violation, staff were retrained in medication administration on January 7, 2016.

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):	03/31/2015
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Silva*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Silva / Administrator* Date *2/15/2016*

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 (Date)

Plan of correction implementation status as of 2/18/16
 (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: 21674 - 12/30/2015 - Foulkes, Kimberli
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

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

2a. DESCRIPTION OF VIOLATION
 On 12/26/15 at 8pm, staff person A, failed to administer resident #1's 8pm Fentanyl patch.

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 completing weekly audits of physicians orders and be responsible for ongoing compliance. Documentallon 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):	01/14/2015	03/31/2015	04/14/2015
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Silva / Administrator* Date *2/15/2016*

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Violation Report: 21674 - 12/30/2015 - Foulkes, Kimberli
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 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
 On 12/26/15, an error in resident #1's medication administration occurred involving staff person A not administering resident #1's 8pm Fentanyl patch. The error was not reported to the resident until 12/27/15 and the prescriber on 12/28/15.

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 will audit weekly and ensure that all medication errors are reported timely to the resident, residents 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):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica S*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Silva, Administrator* Date *2/15/2016*

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