



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

Sent via emailed to: [REDACTED]

MAILING DATE: March 1, 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 January 5, 2016 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,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 21213 - 01/05/2016 - Dumas, Gerald  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 Resident #1's medical evaluation dated 9/2/14 did not contain height, weight, blood pressure, and temperature and pulse rate.

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.

Effective Immediately:

The administrator will ensure that physicians perform all of the required actions during medical evaluations. The actions will be documented on the Documentation of Medical Evaluation (DME). Attachments will be added to the DME as needed to ensure that all actions are documented.

The home will ensure that the resident listed above has a corrected medical evaluation completed and kept on file. In addition, the Administrator/Designee will develop (if not already done so) and implement a tracking tool to record and act on the DMEs for all current residents of the home.

The tracking document will include all residents dates of admission, dates of initial and subsequent additional and/or annual medical evaluations, the dates the appointments are made, kept, dates the documents are returned from the physician's' offices, date of a review by a staff and the findings of these reviews, to include additional steps to be taken by the home, if necessary, to be fully compliant with this regulation.

The administrator will return an updated copy of this tracking sheet with this Directed Plan of Correction in order to assure current compliance and demonstrate the home's steps at ensuring future compliance.

The above process will also be applied to new residents admitted to the home after this date.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/16/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Terry Ann Roman, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Terry Ann Roman* Date *1/19/2016*

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

The above plan of correction is approved as of 2/29/16 (Date)

*DP*

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

Plan of correction implementation status as of 2/29/16 (Date)

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