



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 19 2016

Ms. Cynthia Mazza, VP/COO  
Salisbury Behavioral Health Inc.  
Courtney 1, Suite 100  
3894 Courtney Street  
Bethlehem, Pennsylvania 18017

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

Dear Ms. Mazza:

As a result of the Department of Human Services' annual licensing inspection on January 8, 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,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary



Violation Report: 21674 - 01/08/2016 - Harvey, Jason  
 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 10/9/15 at 8am and 12 noon, resident #1's Clozapine 25mg was not administered. The home did not submit an incident report to the Department.  
 On 11/1/15 at 8am and 8pm, 11/2/15 at 8am, and 12/2/15 at 8am and 8pm resident #2's Cyclobenzaprine 10mg was not administered due to it not being available in the home. The home did not submit an incident report regarding this medication error to the Department.  
 On 11/29/15 at 8am and 8pm, 11/30/15 at 8am and 8pm, 12/1/15 at 8am and 8pm, and 12/2/15 at 8am, resident #2's Vitamin B-6 250mg was not administered due to it not being available in the home. The home did not submit an incident report regarding this medication error 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):

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 *2/26/16*

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

The above plan of correction is approved as of 3-15-16  
 (Date)

Plan of correction implementation status as of 3/24/16  
 (Date)

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

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

Violation Report: 21674 - 01/08/2016 - Harvey, Jason  
PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 56 Pa. Code §2600  
2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2a. DESCRIPTION OF VIOLATION  
The home is holding money for resident #1 in excess of \$200 and has not offered the resident assistance in establishing an interest bearing account.

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

As per DHS Licensure regulation 2600.20(b) (6), the Administrator shall ensure for all residents receiving monthly financial assistance and maintenance services through SBH PCH of Lehigh County, and whose funds exceed \$200.00 will be educated to the importance of and offered assistance in establishing an interest bearing account (see attachment).

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Jessica Silla*

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

Jessica Silla / Administrator

Date

4/29/16

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

The above plan of correction is approved as of 4-29-16  
(Date)

Plan of correction implementation status as of 4-29-16  
(Date)

The above plan of correction was approved by *CS*  
(Initials)

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

Violation Report: 21674 - 01/08/2016 - Harvey, Jason  
PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600  
2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:
- (1) The reportable incident and condition reporting procedures.
  - (2) Complaint procedures.
  - (3) Staff person training.
  - (4) Licensing violations and plans of correction, if applicable.
  - (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION  
The home did not have documentation that that an annual quality management plan review had taken place with the past 12 months.

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.

Immediate and Ongoing

The Administrator shall ensure in accordance with DHS Licensing Regulation 2600.26(b) an annual quality management plan will be implemented with tracking of incident reports, complaints and resident meetings to occur on a monthly basis. Overall governance and review will occur on a quarterly basis and may include but is not limited to the following Operations Director, Administrator, Assistant Administrator, and Client Care Coordinator. (See Attachments)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *4/29/16*

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

The above plan of correction is approved as of 4-29-16  
(Date)

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

Plan of correction implementation status as of 4/29/16  
(Date)

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

Violation Report: 21674 - 01/08/2016 - Harvey, Jason  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600  
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION  
 Resident #3 was discharged on [redacted] 15. As of 1/8/16 the home has not refunded the resident's \$325 cash in the home from the rent rebate.

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.

Immediate and Ongoing

As per DHS Licensing Regulation 2600.28(f)(2), within 30 days of discharge, the Administrator shall ensure SBH residents will receive from the Director of Residential Services a financial balance letter that includes an itemized list of the resident's account funds either due to the resident or owed to the PCH, and if applicable a refund check. In addition to the financial balance letter, the Administrator, or Assistant Administrator will review (for signature) the monthly financial transaction and quarterly financial summary documentation. (See attachments) \*relevant

documents not attached.  
 Verified on-site 3/24/16. P. 4-4-16

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 *2/26/16*

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

The above plan of correction is approved as of 3/24/16  
 (Date)

Plan of correction implementation status as of 3/24/16  
 (Date)

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

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

Violation Report: 21674 - 01/08/2016 - Harvey, Jason  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, (hired [redacted] 15) did not receive the training required to be completed on or before the first day of work until 1/5/16.

**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.*

Salisbury Behavioral Health, Inc. PCH of Lehigh County understands the importance of staff receiving required trainings in Fire Safety and Emergency Preparedness prior to their first day of work. SBH PCH will abide by 26.000.65 (a) by ensuring that all direct care staff including ancillary staff, volunteer, and substitute staff will complete the residential site orientation, the orientation checklist and complete the direct care examination within the compliance standards of this regulation. Effective this reporting submission, the PCH process for regulatory compliance and follow retention is as follows:

Hard copies of the completed Residential Site Orientation checklist and direct care examination will be printed and retained on site in the employees mini file, the residential site orientation checklist and direct care examination will be scanned and an electronic copy will be retained on the facilities server shared folder, with the scanned copy forwarded to SBH Human Resources (Courtney SL-main office) to retain within the human resource record. Please note, accessibility to the shared folder is limited to the Administrator, Assistant Program Director, and client Care Coordinator. Effective 2/16/2016 staff will complete the Annual Fire Safety and preventative training and copies of the fire safety training and attendance sheets will be maintained in a designated training binder. Please note on 2/16/2016 staff person A completed the Annual Fire Safety and Prevention training, and as previously noted on 1/6/2016 the Direct Care examination was complete and printed out the certificate of completion. This information is retained within the Acorn Training Binder. (See Attachments)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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* Date *2/24/16*

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

The above plan of correction is approved as of <u>3-15-16</u> (Date)	Plan of correction implementation status as of <u>3/24/16</u> (Date)
The above plan of correction was approved by <u><i>JSS</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 - 01/08/2016 - Harvey, Jason  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
 (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**  
 Staff person A, (hired on [redacted] 15) did not complete training within 40 scheduled working hours in resident rights and mandatory reporting of abuse and neglect under OAPSA until 1/5/16.

**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.

Salisbury Behavioral Health, Inc. PCH of Lehigh County understands the importance of staff receiving required training in Resident Rights and mandatory abuse and neglect under the Older Adult Protective Service Act prior to their first day of work on site. SBH PCH will abide by 2600.65(b) by ensuring that all direct care staff including ancillary staff, voluntary, substitute staff will complete the Residential Site Orientation and Checklist, and complete the Direct Care Examination within compliance standards of this regulation.

Effective immediately and on-going, all newly employed staff will complete the resident rights and mandatory reporting of abuse and neglect under OAPAS within the first 40 scheduled hours of work on site at the PCH. *as well as the other 3 topics.* The tool to be utilized to instruct and document participation is the Residential Site Orientation and Checklist. All training documentation will be scanned and forwarded to SBH Human Resources office (County Street) to be retained within the official staff human service record and will be stored on a shared folder at the Acorn site. Accessibility to this folder will be limited to the Administrator, Assistant Administrator and or Client Care Coordinator.

Please note, on January 6, 2016, Staff person A received training in resident rights and mandatory reporting of abuse and neglect under OAPSA. Documentation in support of these trainings is retained within the Acorn training binder. Additionally, in December 2015 and January 2016, all tenured staff received training in Resident Rights. Documentation of the training participation is currently retained within the Acorn training binder located on site. And, in accordance with the Acorn PCH annual staff training plan, in June 2016 all staff will receive a re-training on mandatory reporting of abuse and neglect.

3-15-16

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

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 *2/26/16*

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The above plan of correction is approved as of 3-15-16  
 (Date)

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

Plan of correction implementation status as of 3/24/16  
 (Date)

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

Violation Report: 2142 01/08/2016 - Harvey, Jason  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

- 1. REGULATION 65 Pa.Code §2600**  
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
- (1) Training that includes a demonstration of job duties, followed by supervised practice.
  - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
  - (3) Initial direct care staff person training to include the following:
    - (i) Safe management techniques.
    - (ii) ADLs and IADLs.
    - (iii) Personal hygiene.
    - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
    - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
    - (vi) Implementation of the initial assessment, annual assessment and support plan.
    - (vii) Nutrition, food handling and sanitation.
    - (viii) Recreation, socialization, community resources, social services and activities in the community.
    - (ix) Gerontology.
    - (x) Staff person supervision, if applicable.
    - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
    - (xii) Safety management and hazard prevention.
    - (xiii) Universal precautions.
    - (xiv) The requirements of this chapter.
    - (xv) Infection control.
    - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff person A, hired on [redacted] 5, providing unsupervised ADL services. The staff person A did not completed the department-approved direct care training course and competency test until 1/5/2016.

**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.

Salisbury Behavioral Health, Inc. PCH of Lehigh County understands the importance of staff receiving required training in ADL's prior to their first day of work on site. SBH PCH will abide by 2600.65 (d) by ensuring that all direct care staff including ancillary staff, volunteer, and substitute staff will complete the Residential Site Orientation checklist, and complete the Direct Care Examination within compliance standards of this regulation.

Effective immediately and on-going, all newly employed staff will complete the ADL training and will be provided with on going supervision within the first 40 scheduled hours of work on site at the PCH. The tool to be utilized to instruct and document participation is the Residential Site Orientation and Checklist. All training documentation will be scanned and forwarded to SBH Human Resources office (Courtney Street) to be retained within the official staff human services record and will be stored on a shared folder at the Acorn site. Accessibility to this folder will be limited to the Administrator, Assistant Program Director, and or Client Care Coordinator.

Please note, on January 6, 2016 staff person A received training in ADL's, documentation support of these trainings is retained within the Acorn training binder. Documentation of training participation is currently retained within the Acorn training binder located on site.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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*See next page.*

Violation Report: 21674 - 01/08/2016 - Harvey, Jason  
PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600  
2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:  
(1) Training that includes a demonstration of job duties, followed by supervised practice.  
(2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.  
(3) Initial direct care staff person training to include the following:  
(i) Safe management techniques.  
(ii) ADLs and IADLs.  
(iii) Personal hygiene.  
(iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.  
(v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.  
(vi) Implementation of the initial assessment, annual assessment and support plan.  
(vii) Nutrition, food handling and sanitation.  
(viii) Recreation, socialization, community resources, social services and activities in the community.  
(ix) Gerontology.  
(x) Staff person supervision, if applicable.  
(xi) Care and needs of residents with special emphasis on the residents being served in the home.  
(xii) Safety management and hazard prevention.  
(xiii) Universal precautions.  
(xiv) The requirements of this chapter.  
(xv) Infection control.  
(xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

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 *2/24/16*

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

The above plan of correction is approved as of 3-15-16  
(Date)

Plan of correction implementation status as of 3/24/16  
(Date)

The above plan of correction was approved by *Op*  
(Initials)

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

\* REPEAT DOCUMENTATION

Violation Report: 21674 - 01/08/2016 - Harvey, Jason  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 65 Pa.Code §2600  
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The letter from the fire safety expert dated 2/13/2015 granted the facility an evacuation time of 3 minutes and 20seconds based upon the construction of the home. The fire drill held on 2/26/2015 at 3:27pm exceeded the evacuation time given by the fire safety expert by 3 seconds.

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.*

Immediate and Ongoing

In accordance with DHS Licensing regulation 2600.132 (d), the Administrator will ensure that fire drills will occur on a monthly basis rotated between 7A-3P, 3P-11P, and 11P-7A shifts. When a fire drill does not fall within the evacuation time of 3 minutes and 20 seconds, said time shall be documented accordingly. As part of a corrective measure, the fire drill will be repeated within a 24 hour time frame and documented as per regulation requirements.

*- or until a successful drill has been completed. Cp. 3-15-16.*

Repeat Violation: Yes  Date(s) of Previous Violation(s): 01/14/2015

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 2/26/16

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

The above plan of correction is approved as of 3-15-16 (Date)

Plan of correction implementation status as of 3/24/16 (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 - 01/08/2016 - Harvey, Jason  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home's fire drill log indicated that the home only conducted one sleeping-hour fire drill during the 2015 calendar year.

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.

Immediate and Ongoing

In accordance with DHS Licensing regulation 2600.132 (e) the Administrator will ensure that sleeping hour fire drills will occur on a quarterly basis, and will document this compliance by monthly monitoring of the "Adult Residential Licensing Personal Care Home Fire Drill Record" -55 PA. Code 2600.132 (e).

Repeat Violation: No

Date(s) of Previous Violation(s):

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

2/26/16

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

The above plan of correction is approved as of 3-7-16  
 (Date)

Plan of correction implementation status as of 3/21/16  
 (Date)

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

The above plan of correction was approved by

*[Handwritten Initials]*  
 (Initials)

Violation Report: 21674 - 01/08/2016 - Harvey, Jason  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #4's last medical evaluation was completed on 10/23/15. There was no DME completed in 2014 in the resident's record.

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.

During the transition of Administrative staff it was found that Resident #4 2014 DME was misfiled and found in our archived files. Please see attached 2014 DME for resident #4

The home will ensure that all residents have a medical evaluation at least annually. Adm/ Designer will ensure that current med evals are placed in the resident record.  
 \*#4 DME included. J. 3-15-16.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jessica J*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Silva / Administrator*      Date *2/26/16*

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

The above plan of correction is approved as of 3-15-16 (Date)

The above plan of correction was approved by *J* (Initials)

Plan of correction implementation status as of 3/24/16 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 21674 - 01/08/2016 - Harvey, Jason  
PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 85 Pa. Code §2600  
2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION  
Resident #4's dietary needs are not clearly documented in the resident's record. The resident is prescribed both a low cholesterol diet and regular diet according to the resident's DME dated 10/23/15 and according to the RASP dated 6/6/15 the resident is on a low fat diet.  
Resident #6's dietary needs according to the resident's DME dated 10/8/15 lists the resident's diet as heart healthy and allergic to milk. The home's list in the kitchen lists the resident's diet as regular and the assessment dated 6/20/15 lists the resident as having no dietary needs.

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.

Immediate an Ongoing  
In accordance with DHS Licensing regulation 2600.161 (d) the Administrator will ensure on a monthly basis a DME and RASP review/monitoring process will be initiated, that will allow for standardization of documentation practices which will potentially reduce the margin for error within the documentation process.  
(See Attachments)

Adm/Designee will ensure that  
DME, RASP and any subsequent  
dr. orders are consistent regarding  
residents' dietary needs. Records  
~~more dietary~~ Physicians Dietary Orders  
posted in the home's Kitchen are correct  
and current. J. 4/29/16

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Jessica Silva*

Printed Name and Title of Legal Entity Representative      Date  
(Required on EVERY Page) *Jessica Silva / Administrator*      *4/29/16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *4/29/16*  
(Date)

The above plan of correction was approved by *JSS*  
(Initials)

Plan of correction implementation status as of *4/29/16*  
(Date)

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

Violation Report: 21674 - 01/08/2016 - Harvey, Jason  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

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 home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly documented the blood glucose test results in the individual glucometer:

Resident # 6- 8:25pm on 6/24/15 the glucometer reading was 163 but was incorrectly documented as 169 on the MAR's

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 resident's Medication Administration Records include all of the required information listed under this regulation. The Administrator shall complete weekly Glucometer and MAR audits to ensure that all of the required information listed under this regulation is accurately documented within the MAR. The

Administrator shall document the weekly audits and maintain documentation of the audits for review by Department Representative upon request.

Repeat Violation: Yes	Date(s) of Previous Violation(s): <u>03/31/2015</u>	
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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) <u>Jessica Silva / Administrator</u>	Date <u>3/24/16</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>3-15-16</u> (Date)	Plan of correction implementation status as of <u>3/24/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

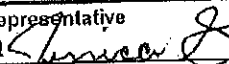
Violation Report: 21674 - 01/08/2016 - Harvey, Jason  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600  
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION  
 On 12/18/15 at 8am, 12/19/15, 12/21/15, and 12/24/15 at 8pm, resident #2 refused to take a scheduled dose of Saphris 5mg tablet SL Black Cherry. The home did not report the refusals to the resident's doctor as required.  
 On 11/4/15 at 8am resident #5's refused to take all scheduled medications. The home did not report the refusals to the resident's doctor as required.  
 On 11/13/15 and 12/2/15 resident #4 refused to take all scheduled 8am medications. On 12/14/15 and 12/27/15 the resident refused to take all scheduled 5pm medications. On 11/12/15, 11/29/15, 12/5/15, and 12/31/15 the resident refused to take all scheduled 8pm medications. The home did not report the refusals to the resident's doctor as required.  
 On 11/22/15 resident #1 refused to take all scheduled noon medications. The home did not report the refusals to the resident's doctor as required.


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.  
 Immediate and Ongoing  
 The Administrator will ensure compliance in reporting to the prescriber within 24 hours of a medication refusal by a resident unless otherwise directed to the prescriber. All medication refusals will be documented in Quick Mar. A medication refusal form will be completed and forwarded to the prescribing physician via fax. Copies of the refusal form and confirmation sheets from faxes will be kept on record in the residents record and in the medication administration refusal binder. On January 7th and 8th of 2016 all staff received re-training in medication administration and documentation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jessica Silva / Administrator	Date 1/24/16
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3-15-16</u> (Date)	Plan of correction implementation status as of <u>3/24/16</u> (Date)
The above plan of correction was approved by  (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 - 01/08/2016 - Harvey, Jason  
 PC# 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 10/9/15 at 8am and noon, staff forgot to administer resident #1's Clozapine 25mg and it was discovered by the staff administering 8pm medications.

Resident #2 is prescribed Vitamin B-6 250mg tablet, twice daily at 8am and 8pm. On 11/29/15 at 8am and 8pm, 11/30/15 at 8am and 8pm, 12/1/15 at 8am and 8pm and 12/2/15 at 8am this medication was not administered because it was not available in the home.

Resident #7 is prescribed Ziprasidone HCL 40mg. On 11/10/15 at 9pm this medication was not administered because it was not available in the home.

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 an 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. Documentation of weekly audits shall be maintained and made available to the department by the home upon request.

*These audits will include any problems w/ the pharmacy (ies), findings, and actions taken noted on audit documents.  
 Audits will be retained by the home.  
 P. 4/4/16*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/14/2015      03/31/2015      04/14/2015

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 *4/24/16*

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 <u>4/24/16</u> (Date)
The above plan of correction was approved by _____ (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 - 01/08/2016 - Harvey, Jason  
 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 10/9/15 at 8am and noon, resident #1's Clozapine 25mg was not administered by staff. The error was not reported to the prescriber.  
 On 11/1/15 at 8am and 8pm and 11/2/15 at 8am, resident #2's Cyclobenzaprine 10mg was not administered due to it not being available in the home. The error was not reported to the prescriber.

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 upon request. In the future, the home will ensure that all medication errors are reported to the department, the resident, 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 Silva*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Silva Administrator* Date *2/26/16*

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

The above plan of correction is approved as of <u>3-15-16</u> (Date)	Plan of correction implementation status as of <u>3/24/16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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 - 01/08/2016 - Harvey, Jason  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2800  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
 The preadmission screening form for resident #7, admitted for a trial visit on [redacted] 15, which includes the determination that the home can meet the resident's service needs, is dated [redacted] 15.  
 The preadmission screening form for resident #5's, admitted [redacted] 15, which includes the determination that the home can meet the resident's service needs, is dated 4/6/15.

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.

Salisbury Behavioral Health PCH of Lehigh County respects the integrity of the preadmission screening process under 2600.224 (a). In accordance with this regulation as it pertains to all new admissions, the preadmission process follows:  
 \* The Director of PCH and CRR services will be provided with the referral request simultaneously as the PCH Administrator for review.  
 \* A new admission checklist will document required form/needs completion and will be submitted to the Director of PCH and CRR services for review between the Director of PCH and CRR services and the Administrator.  
 \* The determination will be made within 30 days prior to admission and documented on the Department's preadmission screening form. All SBH PCH Administrator(s) and or Assistant Program Director will be retained in this process and monitored by the Administrator.

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

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 *2/26/16*

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

The above plan of correction is approved as of 3-15-16  
 (Date)  
*no new admissions*

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

Plan of correction implementation status as of 3/24/16  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

Violation Report: 21874 - 01/08/2016 - Harvey, Jason  
PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 65 Pa.Code §2600  
2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION  
The initial assessment for resident #7, admitted for a trial visit on [redacted] 15, was completed on 10/30/16. It also was not completed in its entirety. The degree codes were not circled.  
The home has not completed an initial assessment for resident #5, admitted [redacted] 6. The assessment dated 5/20/16, does not have the personal care needs and the behavioral/cognitive needs circled.

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.

Immediate and Ongoing  
In accordance with DHS Licensing Regulation 2600.225 (a) the Administrator will ensure an initial RASP will be completed within the specified 15 days of admission. The Administrator shall ensure and implement a monthly review/audit process that will readily identify gaps in documentation and that affords an opportunity for corrective action to occur in a timely manner. (See Attachment)

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Jessica Silva*

Printed Name and Title of Legal Entity Representative      Date  
(Required on EVERY Page) *Jessica Silva Administrator*      *2/26/16*

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

The above plan of correction is approved as of *4/29/16*  
(Date)

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

Plan of correction implementation status as of *4/29/16*  
(Date)

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

Violation Report: 21674 - 01/08/2016 - Harvey, Jason  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

**1. REGULATION 55 Pa.Code §2600**  
 2600.225(c) - The resident shall have additional assessments as follows:  
 (1) Annually.  
 (2) If the condition of the resident significantly changes prior to the annual assessment.  
 (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #5's DME dated 10/8/15, significant change, indicates the resident has an allergy to milk. The home has not completed a new assessment of the resident's needs to reflect these changes.

**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.

Immediate and Ongoing

In accordance with DHS Licensing regulation 225 (c) the Administrator will ensure for all significant changes that directly impact another predominant aspect physical or psychiatric health (i.e. a stroke that impacts mobility and or range of motion) a new RASP and or addendum to the existing RASP will be created.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *2/26/16*

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

The above plan of correction is approved as of 3-15-16  
 (Date)

Plan of correction implementation status as of 3/24/16  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 21674 - 01/08/2016 - Hervey, Jason  
PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 85 Pa.Code §2800  
2800.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION  
Resident #5 was admitted to the home on [redacted] 16. The support plan dated 6/10/16 was not completed due to the home not checking the responsible party indicating who is responsible to meet the resident's needs.

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.

Immediate and Ongoing

In accordance with DHS Licensing regulation 2600.27(a), the Administrator will ensure the completion and implementation of a residents support plan within 30 days of admission. The Administration shall ensure a monthly review/audit process that will readily identify gaps in documentation and that affords an opportunity for corrective action to occur in a timely manner.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Jessica Silva*

Printed Name and Title of Legal Entity Representative      Date  
(Required on EVERY Page) *Jessica Silva/Administrator*      *2/26/16*

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

The above plan of correction is approved as of 4/29/16  
(Date)

Plan of correction implementation status as of 4/29/16  
(Date)

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

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

Violation Report: 21874 - 01/08/2016 - Harvey, Jason  
PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa. Code §2600  
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
Resident #7's support plan dated 10/30/15 was not signed by the resident, there was no remarks checked with regards to the resident's signature and it was not signed by the assessor.

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.

Immediate and Ongoing

In accordance with DHS Licensing regulation 2600.27(g), the Administrator will ensure the completion and implementation of a residents support plan within 30 days of admission. The Administrator shall ensure a monthly review/audit process that will readily identify gaps in documentation and that affords an opportunity for corrective action to occur in a timely manner. (See Attachment)

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

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 *4/29/16*

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

The above plan of correction is approved as of 4/29/16  
(Date)

Plan of correction implementation status as of 4/29/16  
(Date)

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

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

Violation Report: 21674 - 07/08/2016 - Harvey, Jason  
POH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 66 Pa.Code §2600  
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
Resident #'s record does not include identifying marks.

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.

Immediate and On going  
In accordance with DHS licensing regulation 2600.252, the administrator will ensure documentation compliance within section (1) through (26). All previously omitted documentation (1) through (26) not contained within the resident's RASP and where there is not a designated documentation section on the RASP will be documented on page #1 of the RASP under section, "comments or related information".

Adm/ Designee will ensure all direct care staff know where to locate this information at all times. Documentation of this training will be retained by the home. J.S. 4-29-16.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Jessica S*

Printed Name and Title of Legal Entity Representative      Date  
(Required on EVERY Page) *Jessica Silva / Administrator*      *2/26/16*

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

The above plan of correction is approved as of *4/29/16*  
(Date)

Plan of correction implementation status as of *4/29/16*  
(Date)

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

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