



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to SALISBURY BEHAVIORAL HEALTH INC
LEGAL ENTITY

To operate SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY
NAME OF FACILITY OR AGENCY

Located at 1482 CHERRY LANE, EAST STROUDSBURG, PA 18301
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 28
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 19, 2016 until August 19, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 212130

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 19 2016

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

RE: Salisbury Behavioral Health PCH of Monroe County
1482 Cherry Lane
East Stroudsburg, Pennsylvania 18301
License #: 212130

Dear Ms. Mazza:

As a result of the Department of Human Services' licensing inspection on June 29, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 21213 - 06/29/2016 - Foulkes, Kimberli
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

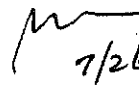
1. REGULATION 55 Pa.Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION
 The resident home contract for resident # 1 dated 5/10/16 does not include the party responsible for payment.

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 7/20/2016 the SBH PCH Resident's Agreement, Section II Charges was revised to reflect language that identifies the party responsible for payment. The language reads as follows:

A. Resident/Representative Payee agrees to pay an actual base charge of \$ _____ per month for room and board and services. Payment is due in advance on the first day of each month. Third party responsible for the management of resident funds is _____ (payee).
 Representative's signature: _____
 Please see attached SBH PCH Resident's Agreement for verification of documented information.


The administrator shall monitor and assume ongoing compliance.

 7/26/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kristena Allen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristena Allen Administrator* Date *7/25/16*

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

The above plan of correction is approved as of <u>7/26/16</u> (Date)	Plan of correction implementation status as of <u>7/26/16</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: 21213 - 06/29/2016 - Foulkes, Kimbri
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

2a. DESCRIPTION OF VIOLATION
 The facility assists residents in applying for the Senior Citizens Rent Rebate Act. The facility indicates in the resident home contract that the facility will collect the maximum amount of 50%, however the resident home contract does not indicate what the facility intends to use the Rent Rebate Money for which is 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.
 Effective 7/20/16 the SBH PCH Resident's Agreement, Section II Charges was revised to reflect language that indicates what the facility intends to use the 50% Rent Rebate Money. The language reads as follows:
 SBH will collect fifty percent (50%) of any payment to Resident under the Senior Citizens Rebate and Assistance Act, currently in effect or as may be modified in the future, (the "Act"). Resident will retain fifty percent (50%) of any payment to Resident under the Act. SBH intends to apply the fifty percent (50%) collected towards the general operational expenses of the Personal Care Home. See attachment.

The administrator shall monitor and assure ongoing compliance.

M
 7/26/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kristena Allen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristena Allen Administrator* Date *7/25/16*

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Violation Report: 21213 - 06/29/2016 - Foulkes, Kimberli
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
 The facility has developed a Quality Management Plan; however the facility has not implemented or held a review of this plan.

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 7/20/2016, the Quality Management Plan has been revised to include the following language:

In keeping with the Personal Care Home regulations established by the Commonwealth of Pennsylvania, PA Code 55 2600.26, the Administrator of the Personal Care Home (PCH) in collaboration with the NE Operations Director, NE Regional Nurse and Assistant PCH Administrator, will participate in a quarterly audit of the following:

1. Reportable incidents and conditions requiring reportable incidents;
 Any incident report submitted as a result of medication error or refusal of medication by the resident will be reviewed by the regional nurse to determine the outcome of the error or refusal.
2. Resident complaints (resident, family, collateral contact, etc.)
3. Monthly Resident meetings.

The targeted timeframe for completion of every quarterly audit is within 10 days post the end of each quarter end and will require an audit summary to be retained as part of the Quality Management Plan.

Required documentation includes:

1. The date of the review;
2. The names of the individuals participating in the review;
3. The process used during the review
4. Meeting minutes

Monthly Audit Responsibilities:

On a monthly basis the Administrator, Assistant Administrator, Client Care and Activities Coordinators will be required to review the following:

1. Number of incidents reported and types of incidents reported during the month in review;
2. Number of complaints received during the month in review; and
3. Resident or meetings that met during the month in review.


Documentation of monthly review activities will be as follows:

1. Reportable incidents: the number of reportable incidents will be maintained in a spreadsheet along with the conditions requiring reportable incidents;
2. Complaints: the number of complaints received will be maintained in a spreadsheet along with the general nature of the complaint; and
3. Resident meetings: the number of meetings, and the type of meeting, will be maintained in a spreadsheet, resident meeting agenda and meeting minutes.

The targeted timeframe for completion of every monthly audit is within 5 days post the end of each month and will require an audit summary to be retained as part of the Quality Management Plan.

SBH Quality Assurance Division:

On a quarterly basis, monthly and quarterly data collected will be submitted to Salisbury Behavioral Health Quality Assurance Division for review and analysis. As part of this process, SBH QA will provide the PCH with an annual outcomes analysis that identifies trends or patterns, and which denotes process breakdown and or identifies whether or not a corrective action is needed or required. Additionally, by sharing the monthly and quarterly review submissions, aids in coordinating with SBH Quality Assurance Division potential requests for changes to supporting policies and procedures regarding the complaint procedure, incident management (including medication errors), and resident rights. See attachment.

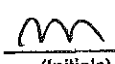
The administrator shall monitor and assure ongoing compliance

 7/26/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kristena Allen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristena Allen Administrator* Date *7/25/16*

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Violation Report: 21213 - 06/29/2016 - Foulkes, Kimberl
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The facility's Emergency Procedures does not include duties and responsibilities of staff persons during evacuation, transportation and at the emergency location.

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.

Staff Responsibilities:

Administrator is responsible to coordinate and monitor overall evacuation efforts. The Administrator is responsible to notify the Operation Director and SBH Facilities department. The Administrator is responsible to coordinate contact with emergency personnel. The Administrator is responsible to alert and coordinate the emergency evacuation response with the Assistant Administrator. The Administrator is responsible to maintain practices to ensure the safety of all residents and staff. The Administrator is responsible to identify and coordinate alternate emergency housing resource for the residents. The Administrator is responsible to notify resident emergency contacts as to the emergency evacuation. The Operations Director is responsible to notify SBH V/P and DHS Licensing as to the emergent evacuation assistance. The Operations Director is responsible to submit to DHS within 24 hours a written evacuation plan specific to the current evacuation response. The Assistant Administrator is responsible to notify in person, by walkie talkie or by phone on site and off shift staff as to the emergency evacuation and need for additional staff assistance. The Assistant Administrator is responsible to direct and assist staff in implementing emergency evacuation protocol. The Assistant Administrator is responsible to maintain practices to ensure the safety of all residents and staff. The Assistant Administrator is responsible to ensure all emergency supplies (i.e. flashlights, etc.) are available and in active working condition. The Assistant Administrator is responsible to assist the Administrator in notifying resident emergency contacts as to the emergency evacuation. The Client Care Coordinator is responsible to gather resident psychiatric and medical appointment schedule. The Client Care Coordinator is responsible to gather all pertinent psychiatric and/or medical document (orders, scripts, etc.) for transport. The Client Care Coordinator is responsible to assist the Lead Resident Advisor with securing medication and medication cart for transport. The Client Care Coordinator is responsible to gather all resident cigarettes/cigars for transport. The Client Care Coordinator is responsible to assist in transporting residents to the designated emergency resource. The Lead Resident Advisor is responsible to securing medication and medication cart for transport. The Lead Resident Advisor is responsible to secure the Quick Mar computer for transport. The Lead Resident Assistant is responsible to assist in transporting residents to the designated emergency resource. The Lead Resident Advisor is responsible to assist in directing residents to evacuate. Resident Advisors are responsible to alert residents to emergency situation and need to evacuate. Resident Advisors are responsible to support residents in evacuating. Resident Advisors are responsible to assist residents in gathering essential personal belongings (i.e. eye glasses, false teeth, hearing aids, etc.) Resident Advisors are responsible to gather dedicated food and water supplies necessary for transport. See attachment.

• The administrator shall monitor and assure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kristina Allen* Date *7/26/16*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristina Allen Administrator* Date *7/25/16*

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Violation Report: 21213 - 06/29/2016 - Foulkes, Kimberli
 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
 The medical evaluation completed on 5/3/16 for resident # 1 does not include the resident's cognitive functioning.

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.

Medical evaluation was faxed to the doctor and updated to include resident's cognitive functioning.
 All medical evaluations will be checked twice, once by Client Care Coordinator and then by the Administrator. See attached.

The administrator shall monitor and assure ongoing compliance.

m
 7/26/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/05/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Kristina Allen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristina Allen Administrator* Date *7/25/16*

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Plan of correction implementation status as of 7/26/16
 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 21213 - 06/29/2016 - Foulkes, Kimberli
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 The facility's smoking policy does not include proper safe guards outside of the home to prevent fire hazards involved in smoking, including providing fire proof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking area through other parts of the home, extinguishing procedures, fire resistant furniture and fire extinguishers in the smoking area.

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.

Under Salisbury Behavioral Health Smoking Policy #301, the 'Designated Smoking Areas' effective 7/20/2016 an addendum to this policy has been created to include PCH program (Lakewood) specific response. The information is as follows.

While at the PCH (Lakewood) residents have access to two smoking areas located in front and rear exterior of the building. The front and rear exterior smoking areas allow for direct outdoor ventilation and do not permit smoke from entering other parts of the home. Each smoking area is equipped with the following:

1. One mounted fire extinguisher
2. Two fire proof receptacles (metal containers filled with sand) that serve as ashtrays for the disposition of cigarette butts.

Staff Response:

Staff participate in annual fire safety training. In doing so, fire extinguishing procedures that include the PASS process (8 feet away) are reviewed. The PASS process demonstrates fire response readiness by learning how to properly extinguish a fire with an extinguisher:

1. Pull the pin
2. Aim at the base of the fire
3. Squeeze the handle
4. Sweep from side to side

During monthly resident meetings, staff will educate residents as to the importance of fire safety and proper disposal of smoking materials. In the event of a fire, residents are advised to:

1. Alert the staff
2. Immediately evacuate to the outside designated fire free zone.

Staff will visually evaluate whether or not the fire can be contained with the use of an extinguisher. If not, staff need to contact 911 for emergency fire assistance. Staff shall alert the administrator and/or on call supervisor.

In the event of an actual fire, the PCH administrator and/or assistant administrator will submit notification to DHS in the form of an incident report. (See attachment)

The administrator shall monitor and assure ongoing compliance

Repeat Violation: No Date(s) of Previous Violation(s): MM 7/26/16

Signature of Legal Entity Representative *Christina Allen* (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Christina Allen Administrator* Date *7/25/16* (Required on EVERY Page)

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Plan of correction implementation status as of 7/26/16 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21213 - 06/29/2016 - Foulkes, Kimberli
PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
2800.224(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
Resident # 1 was admitted to the facility on [redacted] 16. The facility failed to complete a pre admission screening of the resident.
Resident # 3 was admitted to the facility on [redacted] 16. The facility completed a pre admission screening of the resident on [redacted] 16, which was more than 30 days prior to the resident's admission to the facility.

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. The goal of the PCH is to remain in compliance with DHS. Although at the inspection

PCH staff were unable to provide documented verification of the preadmission screening for Resident #1 the PCH Administrator later found the documentation had been misfiled within the resident's chart.
It has since been refiled and filed within third section (# 3) of the resident's chart: Preadmission Screening, Initial Referral Packet, Intake Information and Universal MAR's sign in. Please see attachment.

In reference to Resident #3, on [redacted] 2016 the Operations Director (receiving the initial referral) met with the staff of the referral placement to review required documentation for admission to the PCH. The resident's MAT and OME were not completed until [redacted] 2016.

the previous PCH Administrator conducted the preadmission screening during a trial visit for Resident #3 on [redacted] 2016.

As such, the previous administrator inadvertently made error to the preadmission form by documenting the date of initial contact with the referral source rather than the first date of admission on a trial basis at the facility. At was at this trial visit that the preadmission form was completed.

In response to the violation, the Date of Screening Completed has been corrected by the Operations Director to reflect the date of the initial trial visit beginning [redacted] 2016. See attachment.

The administrator shall monitor and assure ongoing compliance m 7/26/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kristena Allen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristena Allen Administrator* Date *7/25/16*

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 - Not Implemented
- The above plan of correction was approved by *m* (Initials)

Violation Report: 21213 - 06/29/2016 - Foulkes, Kimberl
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 Resident # 2 was admitted to the facility on [redacted] 14. The assessment and support plan finalized on 7/21/15 does not include a Summary and Determination of the resident's care needs, which is required to be completed during the Assessment and Support Plan process.

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.

Assessment and Support Plan for resident was updated with annual assessment and a new Summary and Determination of the resident's care needs was completed. All RASP will be done annually and/or changes in the resident's need are needed and all RASP will include a Summary of Determination. See attachment.

The administrator shall monitor and assure ongoing compliance
 m 7/26/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kristina Allen

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

Kristina Allen Administrator

Date

7/25/16

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 (Date)

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