



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: December 8, 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 October 13, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY		License Number: 21213
Address: 1482 CHERRY LANE, EAST STROUDSBURG, PA 18301		County: Monroe
Administrator: Kristena Allen		Region: NORTHEAST
Legal Entity Name: SALISBURY BEHAVIORAL HEALTH INC		
Legal Entity Address: 3894 COURTNEY STREET SUITE 160, BETHLEHEM, PA 18017		
Certificate(s) of Occupancy		
C-2 LP 07/26/2008 Department of L&I		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 16	Waking Staff: 12
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
10/13/2016: Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 28	Number of Residents Served: 16	Number of Residents who:
Secured Dementia Care Unit in Home: No	Area:	Receive Supplemental Security Income: 16
Secured Dementia Unit Capacity, if Applicable:	Number of Residents Served in Secured Dementia Care Unit, if applicable:	Are 60 Years of Age or Older: 5
Number of Current Hospice Residents: 0	Number of Hospice Residents in past year: 0	Have Mental Illness: 16
		Have an Intellectual Disability: 1
		Have a Mobility Need: 0
		Have a Physical Disability: 0

Violation Report: 21213 - 10/13/2016 - Hummel, Jesse
 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 was admitted to the facility on [redacted] 16. The resident had a medical evaluation completed on 7/8/16, however, only page one of two of the documentation of the medical evaluation form was completed. The resident's evaluation does not include the Diagnosis Addendum, Needs Addendum, or Medication Addendum.

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 ensure all medical evaluations are completed in full. This will include all required addendums being addressed, as well as all other required information on the medical evaluation form being completed.

They will be double checked before filing to ensure ongoing compliance by The Adm. Director, Wellness, or designee
 Q. 11-9-16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *11-2-16*

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

The above plan of correction is approved as of <u>11-9-16</u> (Date)	Plan of correction implementation status as of <u>11-9-16</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: 21213 - 10/13/2016 - Hummel, Jesse
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 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
 Resident #1 was admitted to the facility on [redacted] 16. The resident's preadmission screening of personal care needs was completed on [redacted] 16, more than 30 days prior to the resident's admission to the facility. The screening also does not indicate the resident's needs can be met by the services provided by 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.

Immediately and Ongoing:
 The administrator will ensure all preadmission screenings are completed within 30 days prior to the resident's admission as regulated. Additionally, the administrator will ensure all preadmission screenings are completed in full prior to a resident's admission. *The form will be double checked upon admission to ensure ongoing compliance. Adm. Director of Wellness or designee will review documents prior to or on the day of admission.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kristina Allen</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Kristina Allen Administrator</i>	Date	<i>11-2-16</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>11-19-16</u> (Date)	Plan of correction implementation status as of <u>11-19-16</u> (Date)
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The above plan of correction was approved by <u><i>[Signature]</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
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