



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: January 26, 2017

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

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

Dear Ms. Mazza:

As a result of the Department of Human Services' licensing inspection on October 28, 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: 21674 - 10/28/2016 - Novak, Ryan  
 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**  
 Resident #1 did not receive the morning medications on 10/4/16 and on 9/20/16. Resident #2 did not receive the morning medications on 10/7/16, 10/5/16 & 9/20/16. Resident #2 did not receive the noon medications on 10/13/16. The home did not submit an incident report to the Department regarding the medication errors.

**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

Within 24 hours of an incident DHS will receive written notification as prescribed by DHS Bureau of Human Services Licensing form. The Administrator and Assistant Administrator will implement an internal process that instructs staff as to supervisory and on-call notification, outlines the reporting timeframe, standardizes the initial and final reporting and which defines the documentation and recording practices.

*Adm / Designee will also ensure all staff are trained on all 19 elements that require reporting to BHS / DHS. P. 1-21-17*

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 *12-16-16*

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

The above plan of correction is approved as of <i>12-17</i> (Date)	Plan of correction implementation status as of <i>1-21-17</i> (Date)
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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 - 10/28/2016 - Novak, Ryan  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600  
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION  
 On 10/6/16 at approximately 7:30am Resident #1 hit Resident #2 over the head with a terracotta flower pot. Resident #2 sustained an injury that required 8 stitches in the head.

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 resident # 1 will be placed on a monitoring plan for hourly checks. Furthermore, the administrator replaced all the current flower pots at the facility with plastic pots following the above specified incident.

*ADM/Designee will also consult w/ case Manager, behavior Specialist or PCP/ specialist*

*regarding behavior(s) of Resident #1. Outcome(s) of this consult will be updated in Res RASP.*  
*CO, 1-21-17*

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 *12.16.16*

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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
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Violation Report: 21674 - 10/28/2016 - Novak, Ryan  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

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

2a. DESCRIPTION OF VIOLATION

Resident #1 did not receive the morning medications on 10/4/16 and on 9/20/16. Resident #2 did not receive the morning medications on 10/7/16, 10/5/16 & 9/20/16. Resident #2 did not receive the noon medications on 10/13/16.

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.*

Immediate and On-Going

The Administrator and Assistant Administrator shall review all physicians orders on a weekly basis and ensure the home is following direction of the prescriber. The Administrator and Assistant Administrator shall be completing weekly audits of physicians orders and be responsible for on-going compliance. Documentation of weekly audits shall be maintained and made available to the department by the home upon request.

*Adm will oversee to ensure ongoing compliance  
 @p. 1-21-17*

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 *12.16.16*

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Violation Report: 21674 - 10/28/2016 - Novak, Ryan  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

**1. REGULATION 55 Pa.Code §2600**  
 2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1's pre-admission screening dated [redacted] 16 was incomplete as there was nothing noted regarding the residents ability to safely handle or identify poisons.

**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 or designee will ensure all pre-screening forms are completed in their entirety according to the pre-admission assessment findings.

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 *12-16-16*

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Violation Report: 21674 - 10/28/2016 - Novak, Ryan  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 had a physical altercation with resident #2. Resident #1's RASP dated 4/25/16 indicates the resident does not have a problem with irritability, judgement, agitation or aggression. The residents RASP has not been updated to reflect the residents current care 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.*

Immediately and ongoing the administrator or designee will ensure all changes to resident care needs are updated on the RASP within 24 hours of the change.

Resident #1's RASP was updated to reflect the above noted changes immediately following the DHS exit interview on 10/28/2016.

*Adm will oversee this process takes place for every resident(s) involved in similar situations to ensure ongoing compliance. @. 1-21-17*

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 (Required on EVERY Page) *Jessica Silva*

Printed Name and Title of Legal/Entity Representative  
 (Required on EVERY Page) *Jessica Silva, Administrator* Date *12-16-16*

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Violation Report: 21674 - 10/28/2016 - Novak, Ryan  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600  
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's DME dated 4/8/16 contains white out on page #3.

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 all staff will be made aware that white out is not to be used on any part of a resident's record under any circumstances. Furthermore, the administrator or designee will review each resident's record in the facility to ensure no other documents contain white out on them.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Silva - Administrator* Date *12-16-16*

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