



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: February 10, 2017

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 November 3, 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21213 - 11/03/2016 - Novak, Ryan
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

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

2a. DESCRIPTION OF VIOLATION
 Resident #1's DME dated 5/5/16 is incomplete as there is nothing noted for cognitive functioning.
 Resident #2's DME dated 9/13/16 is incomplete as there is nothing noted for temperature.

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 home will ensure that the residents listed above has a corrected medical evaluation complete and kept on file.

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

The home will ensure that the resident listed above has a corrected medical evaluation completed and kept on file. In addition, the Administrator/Designee will develop (if not already done so) and implement a tracking tool to record and act on the DMEs for all current residents of the home. They will be doubled checked before filing to ensure ongoing compliance by the Administrator and Client Care Coordinator.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kristera Allen</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Kristera Allen</i>	<i>1-18-17</i>

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

The above plan of correction is approved as of 2-4-17
 (Date)

Plan of correction implementation status as of 2-4-17
 (Date)

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

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

Violation Report: 21213 - 11/03/2016 - Novak, Ryan
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

- 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
 Resident #1's MAR was left blank from 10/20/16 at 8:30pm through 10/25/16. The MAR does not indicate if the residents medications were administered or was out of 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 that the resident's Medication Administration Records include all of the required information listed under this regulation. The administrator will complete weekly audits of the MARS to ensure that all of the required information listed under this regulation is on the MARS, including the name and initials of the staff person administering medication to residents.


Staff/med tech will make documentations that medication was administrated in resident Mars when resident leaves the building. Staff will document when resident is out of the facility and document that resident packed his/her medications. This documentation that medication was administrated in resident Mars will be done every day that resident is out of the facility by med tech. Staff/med tech will also document staffs initials and circle initials each day resident is out of the facility. They will be doubled checked to ensure ongoing compliance by the Administrator.

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) <i>Kristena Allen</i>	Date <i>1-18-17</i>
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Violation Report: 21213 - 11/03/2016 - Novak, Ryan
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

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 prescribed Lactulose twice daily from 10/24/16-10/26/16.

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.

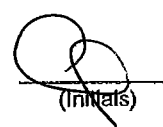
Immediately and ongoing:
 The administrator shall review all physicians' orders on a weekly basis and ensure the home is following the direction of the prescriber. The administrator shall complete weekly audits of physician's orders and be responsible for ongoing compliance. Documentation of weekly audits shall be maintained for ongoing compliance. They will be doubled checked to ensure ongoing compliance by the Administrator.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kristina Allen</i>	Date <i>1-18-17</i>
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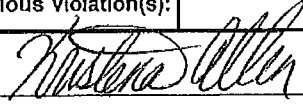
1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 Resident #3 has had physical confrontations with other residents on 8/17/16 & 10/23/16. The RASP dated 7/21/16 does not address these behaviors and how the home is going to meet 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.

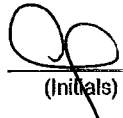
Immediately and ongoing:
 To ensure compliance with this regulation the Administrator, Assistant Program Director, and or Client Care Coordinator will update the RASP of any changes in behavior and or medical whether significant change or not. Any assessment and or observation will be documented accordingly. The Client Care Coordinator will complete an addendum to the RASP that will be filed within the resident chart. Regarding discharge planning, appointment and treatment or any significant change information. The resident advisor staff will be responsible to complete a resident notification form and contact the on-call providing verbal notification as to emergency room visits, hospitalizations, transportation concerns, notification of emergency contact and or significant resident changes. Files will be doubled checked to ensure ongoing compliance by the Administrator.

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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) <i>Kristena Allen</i>	Date <i>1-18-17</i>
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