



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: March 28, 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 December 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21674 - 12/29/2016 - 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 #2 has an order for blood glucose readings twice daily. On 12/12/16 & 12/16/16 at 8pm the reading was not completed. The home did not submit an incident report to the Department regarding the medication error.

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.

Regulation 2600.16 ensures the facility consistently holds itself accountable for incidents that occur within the site by reporting them to the licensing agency. This did not occur on 12/12 & 12/16 when incomplete glucometer readings were not reported to DHS within the 24 hour reporting window. As a result, immediately and ongoing, the administrator and/or designee will complete daily glucometer audits to ensure all testing is either completed, or reported within the 24 hour window. Additionally staff will be retrained on 2/27/17 and 2/28/17 on proper incident documentation and reporting.

Repeat violation: No Date(s) of previous violation(s):

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

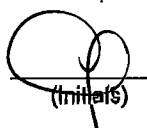
Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jessica Silva / Administrator*

Date *2/13/17*

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

The above plan of correction is approved as of 3/24/17
(Date)

Plan of correction implementation status as of 3/24/17
(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 - 12/29/2016 - Novak, Ryan
PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident #1's glucometer was used to test Resident #2's blood glucose on 12/10/16 at 8pm.

Resident #3's glucometer contained dried blood on the machine.

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.

Regulation 2600.85 ensures the health and safety of all residents in a licensed facility. On 12/10/16 this did not occur due to staff utilizing the incorrect glucometer for a resident's blood sugar testing. Additionally, dried blood was noted on a separate glucometer due to insufficient cleaning of the machine. Immediately and ongoing, the administrator and/or designee will complete daily glucometer audits to ensure the machines were cleaned. The administrator and/or designee will also ensure all machines, lancet devices, and storage cases are clearly labeled with the resident's name to avoid accidental use of the wrong machine. The home has already determined via the res' physicians that no communicable diseases exist and glucometer has been replaced. Q. 3-24-17

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 (Required on EVERY Page) *Jessica Silva / Administrator* Date *2/13/17*

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Violation Report: 21674 - 12/28/2016 - Novak, Ryan
 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

Resident #2 has an order for blood glucose readings twice daily. On 12/7/16 the MAR indicated a reading of 121, however no reading was noted in the glucometer. On 12/12/16 the MAR indicated a reading of 110, however no reading was noted in the glucometer. The MAR's were incorrectly documented.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

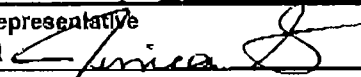
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.187 ensures the accurate administration and documentation of medications within the licensed home. On 12/7 and 12/12 the resident's MAR was incorrectly documented in by staff. As a result, immediately and ongoing, the administrator and/or designee will complete daily glucometer audits to ensure the machine readings accurately match the resident's MAR. Additionally staff will be retrained on 2/27/17 and 2/28/17 on proper medication administration and documentation.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 2/13/17

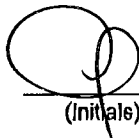
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 (Date)
 docs provided (w/ renewal)

Plan of correction implementation status as of 3/28/17
 (Date)

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- Not Implemented

The above plan of correction was approved by



(Initials)

Violation Report: 21674 - 12/29/2016 - 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 #2 has an order for blood glucose readings twice daily. On 12/12/16 & 12/16/16 at 8pm the reading was not completed.

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.

Regulation 2600.187 ensures the safe and accurate administration of medications to the residents within the home. On 12/12 and 12/16 staff did not complete the prescribed glucose testing. As a result, immediately and ongoing, the administrator and/or designee will complete daily glucometer audits to ensure all testing is completed as prescribed. Additionally, staff will be re-trained on 2/27/17 and 2/28/17 on following physicians prescribed orders.

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 2/13/17

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docs. provided (w/renewal)
(Date)

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(Initials)

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Violation Report: 21674 - 12/29/2016 - Novak, Ryan
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
 Resident #2 has an order for blood glucose readings twice daily. On 12/12/16 & 12/16/16 at 8pm the reading was not completed. The prescriber was not notified regarding the medication error.

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.

Regulation 2600.188 ensures the communication of medication incidents with the resident, their designated person, and their providers. On 12/12 and 12/16 staff did not properly notify all involved parties of the missed glucometer readings. As a result, immediately and ongoing, the administrator and/or designee will complete daily glucometer and incident audits to ensure any missed readings are reported to all involved parties within the 24 hour reporting window. Additionally staff will be retrained on 2/27/17 and 2/28/17 on proper incident documentation and reporting.

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) <i>Jessica Silva / Administrator</i>	Date <i>2/13/17</i>
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