



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 17 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' annual licensing inspection on January 6, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe', written over the printed name.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21674 - 01/06/2017 - Novak, Ryan
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was discharged from the home on [redacted] 16, the refund was not returned to the resident until [redacted] /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 Ongoing
 As per DHS Licensing Regulation 2600.28 (f)(2), within 30 days of discharge, the Administrator shall ensure SBH residents will receive from the Director of Residential Services a financial balance letter that includes an itemized list of resident's account funds either due to the resident or owed to the PCH, and if applicable a refund check. In addition to the financial balance letter, the Administrator, or Assistant Administrator will review (for signature) the monthly financial transaction and quarterly financial summary documentation.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/08/2016

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*

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

The above plan of correction is approved as of 3-27-17
 (Date)

Plan of correction implementation status as of 3-27-17
 (Date)

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

The above plan of correction was approved by *[Signature]*
 (Initials)

Violation Report: 21674 - 01/06/2017 - Novak, Ryan
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A hired [redacted] 16 did not complete the Department approved direct care competency course until 1/4/17.

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.

Salisbury Behavioral Health, Inc. PCH of Lehigh County understands the importance of staff receiving required training in ADL's prior to their first day of work on site. SBH PCH will abide by 2600.65(d) by ensuring all staff including ancillary staff, volunteers, and substitute staff will complete the Residential Site orientation checklist, and complete the Direct Care Examination within compliance standards of this regulation. Effective immediately and on-going, all newly employed staff will complete the ADL training, along with the Direct Care Staff Examination, and will be provided on-going supervision within the first 40 scheduled hours of work on site at the PCH. The tool to be utilized to instruct and document participation is the Residential Site Orientation and checklist. All training documentation will be scanned and forwarded to SBH Human Resources office (Courtney Street) to be retained within the official staff human resources services record. Documentation support of these training's is retained within the Acorn training binder which is located on site.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/08/2018

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

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Jessica Silva / Administrator* *2-13-17*

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The above plan of correction is approved as of <u>3/28/17</u> (Date) <i>doc. provided</i>	Plan of correction implementation status as of <u>3/28/17</u> (Date) <ul style="list-style-type: none"> <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
The above plan of correction was approved by <i>[Signature]</i> (Initials)	

Violation Report: 21674 - 01/06/2017 - Novak, Ryan
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 The water temperature in bathroom C which is located on the 2nd floor measured 122.5 degrees Fahrenheit.

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.

Salisbury Behavioral Health, Inc. PCH of Lehigh County understands the importance of regulation 2600.89(b), hot water temperature in areas accessible to residents may not exceed 120 degrees Fahrenheit. Immediate and On-going the Maintenance department will be conducting monthly water temperature readings, and keeping a log in the maintenance binder which will be maintained in the staff office, and made available to the department by the home upon request.

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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 (Date)
WOC. provided

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 (Initials)

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 (Date)

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

Violation Report: 21674 - 01/06/2017 - Novak, Ryan
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

The following food items were located in the homes Frigidaire Freezer not labeled and dated: 10 bags of waffle fries, 2 bags of biscuits, & 1 bag of crab patties.

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.

Salisbury Behavioral Health understands the importance of regulation 2600.103(e), all food in the home shall be labeled and dated. A staff meeting was held on 2/6/2017 and all staff were made aware that all food in the kitchen/pantry needs to be labeled and dated.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) Jessica Silva/Administrator	Date 2-13-17
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Violation Report: 21674 - 01/06/2017 - Novak, Ryan
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

It has been determined through an interview with staff that if the medication is packaged in a blister pack the home will pop out the medication for the specific days the resident will be out of the building, place the medication in a baggie and print the orders out and place it on the bag.

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.

Salisbury Behavioral Health, Inc. understands the importance of regulation 2600.183(a)(1) that all medications shall be kept in their original labeled containers. A staff meeting was conducted on 2/6/17, all staff present were made aware that under no circumstances are medications to be taken out of their original labeled containers. Additionally all staff will be retrained on 2/27/17 and 2/28/17 on proper medication packing procedures.

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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 (Date)

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 Partially Implemented - Inadequate Progress
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Violation Report: 21674 - 01/06/2017 - Novak, Ryan
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 65 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2's Lantus solostar pen and Humalog quick pen did not have a pharmacy label attached.

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.

Salisbury Behavioral Health, Inc. understands the importance of regulation 2600.184(a) and that the insulin pens did not have a pharmacy label which directly violated this regulation.

Immediate and On-going:

The Administrator or designee shall review and audit all medications on a weekly basis and ensure all medications are properly labeled with all required information. Documentation of weekly audits shall be maintained by the home and made available to the department upon request. Additionally all 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) *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: 21874 - 01/06/2017 - 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 per a sliding scale of insulin 3 times daily with meals. The resident also has a straight order of insulin with meals. The home is adding the straight order of insulin to the coverage per the sliding scale on the MAR under the sliding scale amount.

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.

Salisbury Behavioral Health, Inc. understands the importance of regulation 2600.187(a) that adding the straight order of insulin to the coverage per sliding scale on the MAR under the sliding scale amount is violating this regulation. Immediate an On-going:
 The Administrator or designee shall be responsible to ensure that the residents' Medication Administration Records include all of the required information listed under this regulation. The Administrator or designee shall complete weekly audits of the MAR's to ensure that all of the required information listed under this regulation is on the MAR's. The Administrator shall document the weekly audits maintain documentation of the audits for review by Department representatives upon request. Additionally staff will retrained on 2/27/17 and 2/28/17 on proper medication administration and documentation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Silver / Administrator</i>	Date <i>2-13-17</i>
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The above plan of correction is approved as of <u>2/28/17</u> <i>doc provided</i> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>2/28/17</u> (Date) <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 - 01/06/2017 - 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 #3's DME dated 10/5/15 contains correction laps on the dietary needs section.

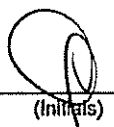
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 Salisbury Behavioral Health, Inc PCH of Lehigh County understands the importance of Resident records being permanent, legible, dated and signed by the staff person making the entry. SBH will abide by 2600.251(b) by ensuring that all staff are aware that white out is not to be used on any part of a resident's record under any circumstance. Furthermore, the Administrator or designee will review each resident's record in the facility to ensure no other documents contain white out.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/28/2016
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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 *2/28/17*

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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