



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: January 12, 2018

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 September 20, 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.

Sincerely,


Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 21674 - 09/20/2017 - Harvey, Jason
 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
 On 8/31/2017 the Department of Aging conduct an abuse investigation, the home failed to notified the Department of this incident.

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 Personal Care Home of Lehigh County will notify the Department of Human Services of any reportable incidents, regardless of the resident's location when the incident is reported. The administrator, and assistant administrator will be responsible for ensuring the timely reporting of any incidents within the facility. In this particular incident, due to the resident being hospitalized at the time of the allegations and subsequent investigation, PCH staff believed this did not fall under the reporting regulation. To correct this misunderstanding and prevent any further reporting errors, all staff were re-educated on this regulation and the above stated corrective action in a staff meeting scheduled on 11/9/17.

documents provided. 09 1-9-18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/29/2016
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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)	Date
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The above plan of correction is approved as of <u>1-9-18</u> (Date)	Plan of correction implementation status as of <u>1-9-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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