



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: June 7, 2018

Ms. Cynthia Mazza,
Vice President/Chief Operating Officer
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's Bureau of Human Services Licensing inspection on December 27, 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
Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 21213 - 12/27/2017 - Novak, Ryan
PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 65 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

Nursing notes indicate that on 12/13/17 staff members smelled tobacco smoke in Resident #1's room. The resident was not observed smoking in the room but two cigarette butts were noted on the floor along with ashes on the floor. Later that evening Resident #1 went into the bedroom with a lit cigarette staff observed this happening. On 12/15/17 Resident #1 walked through the foyer with a lit cigarette. On 12/16/17 Resident #1 was observed trying to walk through the foyer with a lit cigarette twice. On 12/18/17 Resident #1 continued to attempt to smoke in the building and trying to put the cigarette out on the resident's clothes and walker. On 12/19/17 Resident #1 was attempting to put cigarettes out on the mattress in the bedroom.

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 moving forward the Administrator will review the smoking policy with all residents at community meetings on a monthly basis. Residents who are found to be violating the smoking policy will be given a verbal warning on the first offense. Residents who are found to be violating the smoking policy after this warning will be given a 30 day notice to vacate the home for safety concerns.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Diana A. Carroza

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Diana A. Carroza Operations Director 5/23/18

Date

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

The above plan of correction is approved as of

5/30/18
(Date)

Plan of correction implementation status as of

5/30/18
(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: 21213 - 12/27/2017 - Novak, Ryan
PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

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's RASP dated 5/12/17 has not been updated to reflect the residents unsafe smoking and the home's increased supervision.

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 moving forward the Administrator will update all increased supervision plans when the plans are made effective. Any resident that is found to be violating the smoking policy will have their RASP updated to reflect this behavior and their increased supervision immediately after speaking with the resident.

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) Date

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