



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 03 2018

Ms. Cynthia Mazza  
VP/COO  
Salisbury Behavioral Health Inc.  
Courtney 1, Suite 100  
3894 Courtney Street  
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' (Department) annual licensing inspection on February 6, 2018 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](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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 21874 - 02/06/2018 - Foulkes, Kimberl  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

**1. REGULATION 55 Pa.Code §2600**  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**2a. DESCRIPTION OF VIOLATION**  
 On 2/6/18 the home's current violation report; copy of 55 Pa.Code Chapter 2600 was not posted in a conspicuous and public place in the home. The home's current LIS was posted on the bulletin board in the main part of the office and the regulations were kept in a staff office further back. There is a sign on the door stating "office is open M-F 10am-4pm".

**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 2600.3 (c). The home has purchased a shadow box that was hung in the foyer that contains the current licensing inspection summary for all residents and visitors to have access to.

*The administrator shall monitor and be responsible for ongoing compliance*

*3/30/18*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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* Date *3-30-18*

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

The above plan of correction is approved as of <u>3/30/18</u> (Date)	Plan of correction implementation status as of <u>3/30/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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

Violation Report: 21674 - 02/06/2018 - Foulkes, Kimberli  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A, date of hire 9/18/02 did not receive training in 4) OAPSA during training year 1/1/17 through 12/31/17.

Direct care staff person B, date of hire 4/29/08, did not receive training in 4) OAPSA and 5) falls and accident prevention during training year 1/1/17 through 12/31/17.

**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.*

Immediately and ongoing the administrator will audit staff training records quarterly to ensure compliance with the facilities annual training plan.

*The administrator shall monitor and be responsible for ongoing compliance.*

*M*  
3/30/18

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 (Date)

Plan of correction implementation status as of 3/30/18  
 (Date)

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

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

Violation Report: 21674 - 02/06/2018 - Foulkes, Kimberli  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
 Bedrooms 19 and 4 did not have an operable lamp or other source of lighting at bedside.

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 Direct care staff will have a task sheet that will be followed during there shift. The task sheet will have a section under room cleaning schedule that states to check bedside lamps and replace light bulbs if needed.

The administrator shall monitor and be responsible for ongoing compliance.

M  
 3/30/18

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 (Required on EVERY Page) *Jessica Silva*

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Violation Report: 21674 - 02/06/2018 - Foulkes, Kimberli  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600  
 2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION  
 During the fire drills on 3/30/17 and 9/28/17, the fire alarm was not sounded. Instead, staff used air horns.  
 During the fire drill on 5/31/17, the fire alarm was not sounded. Instead, staff used air horns.

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 26.00132(i). Immediate and ongoing the Administer and Assistant Administrator will ensure the fire alarm is triggered and sounds at every fire drill completed by the home.

*The administrator shall monitor and be responsible for ongoing compliance.*  
*M 3/30/18*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) *Jessica S*

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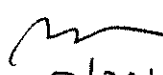
Violation Report: 21674 - 02/06/2018 - Fouikes, Kimberli  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

**1. REGULATION 55 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**  
 At approximately 9:05am on 2/6/18 there were in excess of 15 cigarette butts on the smoking porch, not extinguished in proper receptacles and the cigarette urn for extinguishing had cigarette butts in it with a paper packet of something torn open that would be flammable.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Salisbury Behavioral Health understands the importance of regulation 2600.144(c)(1). Immediate and ongoing Direct care staff will follow a task sheet for each shift, in the task sheet there is a section for staff to initial that the smoking areas are cleaned twice per shift. Cleaning the smoking areas include: Emptying ashtrays, sweeping, and removing scattered cigarette butts.

*The administrator shall monitor and be responsible for ongoing compliance.*  
  
 3/30/18


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 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600  
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
 The home had the current and the previous week's menus posted on a bulletin board but did not have the following week's menu posted in advance as required by this regulation.

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 2600.162(c). Immediate and ongoing the Administrator and Assistant Administrator will ensure that there is a menu posted one week in advance at all times.

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