



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: August 30, 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 May 24, 2018 and May 30, 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.

Sincerely,

Anne Graziano
Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 21213 - 06/24/2018 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.15(c) - The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

2a. DESCRIPTION OF VIOLATION
 On 4/13/2018, an allegation of abuse was made against staff person A regarding resident #3. The home did not submit of plan of supervision to the Department and brought staff person A back to work without the Department investigating the allegation of abuse.

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 on going the administrator of the home will submit a plan of supervision to DHS for any abuse allegations. Furthermore, the home will communicate any allegations of abuse with DHS via incident reporting, and bringing staff back to work will be coordinated with DHS investigators.

Handwritten Signature
 8/4/18

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)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>8/28/18</u> (Date)	Plan of correction implementation status as of <u>8/28/18</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

Violation Report: 21213 - 05/24/2018 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

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
 The home failed to notify the Department's Regional Office of the reportable incidents involving medication errors for resident #3. On 2/25/18 and 2/26/18 resident #3's medication of Xarelto 20 mg was not available to the resident and on 3/2/18 medication of Haloperidol 7 mg was not available to the resident.

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 of the home will ensure submission of all medication incident reports to DHS within the 24 hour regulated time frame. This includes omissions regardless of pre-authorization status.

Handwritten signature: Diana S. Carney
Handwritten date: 8/14/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 21213 - 05/24/2018 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.16(d) - The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

2a. DESCRIPTION OF VIOLATION
 The home submitted an initial incident report on 4/13/2018 for an allegation staff to resident abuse. The home did not submit a final report to the Department.

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 on going the administrator of the home will ensure a final incident report is submitted to DHS within 24 hours of the incident being completed and/or resolved.

Jason K. Gange
 8/4/18


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Violation Report: 21213 - 05/24/2018 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 On 4/9/18 at approximately 4pm resident #1 was asking resident #2 for food, money and cigars. Resident #2 became irritated by resident #1's multiple requests for food, money and cigars so he punched resident #1 in the face knocking the resident to the ground. Resident #2 then got on top of resident #1 and began hitting the resident in the face, throat and head. Resident #1 had cuts to the head that were bleeding from the altercation. Resident #1 was taken to the hospital for treatment.

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 on going the administrator will educate residents of the home on resolving disagreements verbally and avoiding physical altercations. This education will occur in the monthly community meeting at the home with all residents in July, as well as quarterly for reinforcement moving forward.

Dana V Canoy
8/4/18

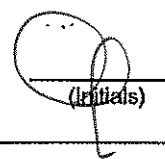
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Violation Report: 21213 - 05/24/2018 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #2, dated 5/15/18, does not indicate the resident's health status or cognitive functioning.

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 on going the administrator of the home will ensure all medical evaluations are completed in full when they are returned from the primary physician completing the initial form. Quarterly audits of all medical evaluations will be conducted by the administrator to ensure forms are properly completed as well.


*Handwritten signature: Diana J. Canoy
 8/28/18*

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Violation Report: 21213 - 05/24/2018 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written Initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The initial assessment in the record of resident #3 dated 2/12/18 does not indicate the resident's medical diagnoses.

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 on going the administrator of the home will ensure all medical evaluations are completed in full when they are returned from the primary physician completing the initial form. Quarterly audits of all medical evaluations will be conducted by the administrator to ensure forms are properly completed as well.

Jason J. Canigg
 8/4/18

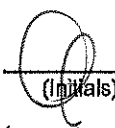
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 (Initials)

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Violation Report: 21213 - 05/24/2018 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2800

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 #2's Resident Assessment Support Plan dated 8/29/17 does not address the resident altercation with resident #1 or a plan to supervise the resident's behavior.

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 on going the administrator of the home will ensure all RASP's are updated with supervision plans as well as recent incidents concerning the resident. Quarterly audits will be conducted by the administrator to ensure RASP's are current and contain updated supervision plans.

Diana St. Angelo
 8/28/18

Repeat Violation: Yes	Date(s) of Previous Violation(s): 12/27/2017
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