



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 05 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 annual inspection on June 14, 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.

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".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY		License Number: 21213
Address: 1482 CHERRY LANE, EAST STROUDSBURG, PA 18301		County: Monroe
Administrator: Jennifer Mahon		Region: NORTHEAST
Legal Entity Name: SALISBURY BEHAVIORAL HEALTH INC		
Legal Entity Address: 3894 COURTNEY STREET SUITE 100, BETHLEHEM, PA 18017		
Certificate(s) of Occupancy C-2 LP 06/20/2017 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 22 Working Staff: 17		
Type of Inspection: Full BHÄ Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/14/2018: Harvey, Jason		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 28 Number of Residents Served: 19 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 17 Are 60 Years of Age or Older: 11 Have Mental Illness: 19 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0	

Violation Report: 21213 - 06/14/2018 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

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 6/14/18 the home's License Inspection Summaries were not posted in a conspicuous and public place in the home.

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.

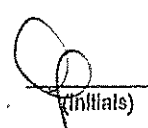
Immediately and moving forward the Administrator of the home will ensure all inspection summaries are posted in a common area. The Administrator will check the board where the summaries are posted twice weekly to ensure they are consistently present.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/20/2017
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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
Jennifer Mahon, Administrator	8/24/18

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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  (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 - 06/14/2018 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 66 Pa.Code §2600
 2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:
- (1) The reportable incident and condition reporting procedures.
 - (2) Complaint procedures.
 - (3) Staff person training.
 - (4) Licensing violations and plans of correction, if applicable.
 - (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION
 The home's quality management plan did not address the following:
 Reportable incident and condition reporting procedures
 Complaint procedures
 Staff person training
 Licensing violations and plans of corrections
 Resident or family councils, or both

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 utilize the attached Quality Management plan. (please see attachment) *YES*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Mahon, Administrator</i>	Date <i>8/24/18</i>
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The above plan of correction is approved as of <u>8/28/18</u> (Date) The above plan of correction was approved by <u><i>JM</i></u> (Initials)	Plan of correction implementation status as of <u>8/28/18</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: 21213 - 06/14/2018 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

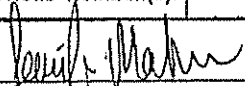
1. REGULATION 56 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's notification to the local fire department on the number and location of residents with mobility needs was not current. The notice was dated 10/16/17 and indicated that the home had 0 residents that required assistance. As of 6/14/18 the home has 3 residents that require assistance in room locations that were not previously reported to the fire 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.



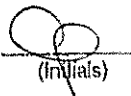
Immediately and on-going the Administrator will ensure the local fire department is notified in writing of any changes to mobility needs of residents in the home within 24 hours of the change. Additionally, the Administrator will conduct a monthly audit of the fire drill binder containing all correspondence with fire departments and emergency services to ensure all communications are current.

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) Jennifer Mahon, Administrator	Date 8/24/18
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The above plan of correction is approved as of  (Date) 8-30-18	Plan of correction implementation status as of  (Date) 8-30-18
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

Violation Report: 21213 - 06/14/2018 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home did not have an observed fire drill and fire safety inspection by a fire safety expert within the past 12 months. The homes most recently conducted fire drill by a fire safety expert was conducted 10/17/17. The home last conducted fire safety inspection was conducted on 8/25/16.

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.

Immediately and on-going the Administrator will ensure the fire safety expert is scheduled every 360 days. Additionally, the Administrator will conduct a monthly audit of the fire drill binder containing all correspondence with the fire safety expert and ensure they are current.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jennifer Mahon, Administrator	Date 8/24/18
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The above plan of correction is approved as of 8/28/18
 (Date)

Plan of correction implementation status as of 8/30/18
 (Date)

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

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

Violation Report: 21213 - 06/14/2018 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home did not have a designated evacuation time from a fire safety expert from 8/25/17 until 10/7/17. The home's fire drills on 9/29/17 had an evacuation time of 3 minutes and 22 seconds and on 10/6/17 had evacuation time of 3 minutes and 1 second. Both fire drill evacuation times on 9/29/17 and 10/6/17 exceeded the 2 minutes and 30 seconds required time to evacuate from the entire building.

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 ensure the fire safety expert is scheduled every 360 days, and evacuation times are clearly established by the expert. Additionally, the Administrator will conduct a monthly audit of the fire drill binder containing all correspondence with the fire safety expert and ensure they are current.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jennifer Mahon, Administrator</i>	Date <i>8/24/18</i>
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The above plan of correction was approved by <i>[Signature]</i> (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 - 06/14/2018 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home's fire drill log indicates that the two most recent sleeping-hour fire drills took place 9/29/17 and 4/25/18. The home did not conduct a sleeping-hour fire drill every 6 months as specified by the 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.

Immediately and on going the Administrator of the home will ensure overnight fire drills are conducted every 6 months as regulated. Additionally, the Operations Director will track all fire drills in an electronic system to provide prompts for overnight drills according to regulatory requirements.

Administrator will review the fire drill log monthly to ensure ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/20/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Jennifer Mahon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jennifer Mahon, Administrator* Date *8/24/18*

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 (Date)

Plan of correction implementation status as of 8/28/18
 (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 - 06/14/2018 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

The current medical evaluation in the record of resident #1 (dated 6/5/18) was completed more than 12 months and 15-day flex or grace period after the previous medical evaluation completed on 5/10/17 and was therefore not completed in a timely manner.

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 within the regulated time frame. An electronic spreadsheet has been created to track due dates for medical evaluations which the Administrator and Client Care Coordinator will monitor and maintain.

YES

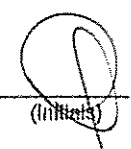
Repeat Violation: Yes Date(s) of Previous Violation(s): 12/27/2017

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Mahon*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Jennifer Mahon, Administrator Date 8/24/18

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 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8/28/18
 (Date)

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

Violation Report: 21213 - 08/14/2018 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

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
 On 8/14/2018 at 1:40pm approximately 12 cigarette butts were located on the grounds of the home near the resident designated smoking area.

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 DCS at the home will monitor the resident smoking area on an hourly basis and remove any cigarette butts found.

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) Jennifer Mahan, Administrator Date 8/24/18

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Violation Report: 21213 - 06/14/2018 - Harvey, Jason
 PCH Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

1. REGULATION 65 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The record of resident #1 did not indicate the resident's identifying marks, if any.

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 resident records contain information regarding the presence of identifying marks, or note not applicable if none are present.

Adm will oversee to ensure ongoing compliance

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Mahon*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jennifer Mahon, Administrator* Date *8/24/18*

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The above plan of correction is approved as of 8/28/18
 (Date)

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

Plan of correction implementation status as of 8/28/18
 (Date)

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