



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: November 28, 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 August 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.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1 required assistance with frequent bladder incontinence. On 7/3/2018 the resident was transported via ambulance to the hospital due to shortness of breath. The EMS staff and hospital staff noted that the resident was found soaked in urine and found to have a strong smell of urine and redness around the waist due to the briefs the resident was wearing. The resident required assistance with changing and personal hygiene that was not provided by staff on 7/3/2018.

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 that residents are being assisted with their activities of daily living. Furthermore, residents with ongoing bowel and bladder incontinence will be placed on a monitoring plan to ensure their incontinence needs are met. The administrator will ensure bowl and bladder incontinence is listed on the RASP.

| | | | |
|----------------------|-----------------------------------|--|--|
| 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, PCH Administrator* Date *11/8/18*

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

The above plan of correction is approved as of 11-19-18
 (Date)

The above plan of correction was approved by MM
 (Initials)

Plan of correction implementation status as of 11-19-18
 (Date)

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

Violation Report: 21213 - 08/14/2018 - Deluca, Amy
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 Resident Assessment and Support Plan (RASP) dated 11/28/2017 was not updated to reflect the resident's increased need for incontinence care and assistance with toileting and changing briefs. The RASP also does not accurately reflect that the resident required assistance with transferring from a bed and/or chairs.

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 that RASPs are updated to reflect certain needs that a resident requires assistance with. Furthermore, the administrator will conduct monthly audits of the RASPs to ensure the accuracy of the information.

| | | | |
|----------------------|-----------------------------------|--|--|
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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, PCH Administrator

Date 11/8/18

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