



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: February 4, 2019

Ms. Cynthia Mazza
Vice President/Chief Operating Officer
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's Bureau of Human Services Licensing inspection on December 28, 2018 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

Violation Report: 21674 - 12/28/2018 - DeVries, Kristin
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

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 11-18-18, Resident #1 and Resident #2 had a verbal altercation, and were separated by Staff person A and Staff person B. Resident #2 and Staff person B went into the dining room to talk. Resident #1 then charged at Resident #2, and punched Resident #2 in the nose with a closed fist, causing Resident #2 to fall to the ground. Resident #1 then began wrestling with Resident #2 and continued punching Resident #2 in the head. The residents eventually separated a few minutes later; no major injuries were incurred.

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.

As a result of this altercation, resident #1 was issued a written notice that any additional incidents of physical aggression would result in a 30 day termination notice.

The administrator shall monitor and ensure on-going compliance. 1-24-19
 MM

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana A. Carroza DB PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Diana A. Carroza DB PCHA</i>	Date <i>1/22/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1-24-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>1-24-19</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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