



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]  
March 15, 2019

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**March 15, 2019**

Ms. Cynthia Mazza  
Vice President/COO  
Salisbury Behavioral Health, Inc.  
3894 Courtney Street, Suite 100  
Bethlehem, Pennsylvania 18017

RE: Salisbury Behavioral Health  
1075 Easton Road  
Roslyn, Pennsylvania 19001  
License #: 128200

Dear Ms. Mazza:

As a result of the Department's Bureau of Human Services Licensing inspection on January 17, 2019 of the above facility, the violations 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 cursive script that reads "Mia Johnson".

Mia Johnson  
Human Services Licensing Supervisor

Enclosure  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES - 65 Pa.Code Chapter 2600**

PCH Name: SALISBURY BEHAVIORAL HEALTH		License Number: 12820
Address: 1075 EASTON ROAD, ROSLYN, PA 19001		County: Montgomery
Administrator: Aleira Harris		Region: SOUTHEAST
Legal Entity Name: SALISBURY BEHAVIORAL HEALTH INC		
Legal Entity Address: 3884 COURTNEY STREET SUITE 100, BETHLEHEM, PA 18017		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 08/21/1988 Commonwealth of PA, L&I		JAN 30 2019 By _____
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 14	Working Staff: 11
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 01/17/2019: Gray, Dean		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 13	Number of Residents who:	
Number of Residents Served: 13	Receive Supplemental Security Income: 6	
Secured Dementia Care Unit In Home: No	Are 90 Years of Age or Older: 2	
Area:	Have Mental Illness: 13	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 1	
Number of Current Hoapice Residents: 0	Have a Physical Disability: 1	
Number of Hoapice Residents in past year: 0		

Violation Report: 12820 - 01/17/2019 - Gray, Dean  
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 56 Pa.Code §2600  
 2600.16(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 16.21 - 16.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION  
 On 12/26/18, an allegation of abuse against resident 1 was reported to staff person A. The home did not report the allegation to the local area agency on aging or the State Department of Aging.

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 home administrator or designee will ensure that upon discovery of any suspected abuse of a resident, an immediate oral report be made to the Area Agencies on Aging in accordance with the older Adult Protective service Act.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Aleira Harris* Date *1/20/19*

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

The above plan of correction is approved as of 3/14/19  
 (Date)

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

Plan of correction implementation status as of 3/14/19  
 (Date)

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

Violation Report: 12820 - 01/17/2019 - Gray, Dean  
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 58 Pa.Code §2800

2800.42(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 12/26/18, staff person B threatened resident #1 stating "I will kill you". This statement was witnessed by at least three other residents and one staff person.

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.

Abuse of any kind to our residents will not be tolerated. To ensure the quality of care of our resident a mandatory training on "The Older Adults Protective Service Act" was given to all employees on January 8<sup>th</sup> and 10<sup>th</sup>. Also scheduled February 5<sup>th</sup> and 7<sup>th</sup> all employees will attend a mandatory training where they will be retrained on "Abuse".

Within 30 days receipt of the accepted POC, all staff and residents will receive training from an outside source such as the Local Area Agency on Aging on resident rights and preventing abuse including financial exploitation. Documentation of the training will be submitted to M. Johnson at the Southeast Regional office at ra-pwarsoutheast@pa.gov or fax at 610-270-1147.

The administrator or designee will conduct private interviews with a sample of at least three staff and three residents monthly for 6 months and quarterly thereafter to ensure resident's rights are protected. Documentation of the interviews will be kept for three years. Documents of trainings will be kept for three years. *MJ* 3/14/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **Aleira Harris** Date **1/30/19**

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

The above plan of correction is approved as of <u>3/14/19</u> (Date)	Plan of correction implementation status as of <u>3/14/19</u> (Date)
The above plan of correction was approved by <i>MJ</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