



July 15, 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 annual inspection on February 5, 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.

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](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 that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 21674 - 02/05/2019 - Novak, Ryan  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:  
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.  
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.  
 (3) Resident rights.  
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).  
 (5) Falls and accident prevention.  
 (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff member A hired 8/31/15 did not receive training in emergency preparedness for 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.

Salisbury Behavioral Health understands the importance of regulation 2600.65(g) Immediately and ongoing the administrator and assistant administrator will audit staff training records quarterly to ensure compliance with the facilities annual training plan.

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The Administrator will also ensure that Emp. A makes up the missed training and that it is documented and retained by the home.  
 6-6-19

AG

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Silva/Administrator</i>	Date <i>6/6/19</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>6-6-19</u> (Date)  The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>6-6-19</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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Violation Report: 21674 - 02/05/2019 - Novak, Ryan  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600  
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION  
 During the initial walk through a box of tissues was found behind the dryer located in the home's 2nd floor laundry room, posing a possible fire hazard.

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.

Salisbury Behavioral Health understands the importance of regulation 2600.125(a). Effective immediately and on-going signs will be hung in the laundry rooms that state the following: "No paper products are to be stored in the laundry room at any given time"

The Administrator will also ensure that there is a person in the home who will have the added responsibility of checking behind all of the dryers in the home to ensure ongoing compliance. The person identified as having this task will have this documented and retained by the home. The Administrator will also establish a frequency for these checks and that will be documented as well. 6-6-19

ag

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative -  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jessica Silva/Administrator* Date *6/6/19*

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Violation Report: 21674 - 02/05/2019 - Novak, Ryan  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. REGULATION 55 Pa.Code §2600  
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION  
 The home has 3 floors with exits on both the 2nd and 3rd floors leading to fire escapes. The home does not conduct fire drills using all available exits in the home. The home's fire drill logs for the past 12 months indicate only the 1st floor front and back doors are used during the fire drills.

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.

Salisbury Behavioral Health understands the importance of regulation 2600.132(f). Effective immediately and on-going the Administrator and Assistant Administrator will ensure the 2nd and 3rd floor exits are put in to the rotation of exits used during monthly fire drills.

The Administrator and Assistant Administrator will also ensure that this practice is put into place by the next monthly fire drill, if not done already. These alternate routes will be recorded on the Home's fire drill log as required. Either the Adm or Asst Adm will review the home's fire drill logs on a monthly basis to ensure ongoing compliance. 6-6-19

ag

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Silva/Administrator</i>	Date <i>6/6/19</i>
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Violation Report: 21674 - 02/05/2019 - Novak, Ryan  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

1. **REGULATION 55 Pa.Code §2600**  
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. **DESCRIPTION OF VIOLATION**  
 The home routinely conducted fire drills at the end of the month over the past 12 months. The home's fire drill logs indicate that fire drills were held on the following dates: 1/23/19, 12/31/18, 11/29/18, 10/26/18, 9/28/2018, 8/29/18, 7/31/18, 6/29/18, 5/31/18, 4/30/18, and 3/30/18.

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.

Salisbury Behavioral Health understands the importance of regulation 2600.132(g). Effective immediately and on-going the Administrator and Assistant Administrator will ensure the monthly fire drills are held at different dates throughout the month.

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

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Violation Report: 21674 - 02/05/2019 - Novak, Ryan  
 PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

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

2a. DESCRIPTION OF VIOLATION  
 Resident #1's Documentation of Medical Evaluation (DME) form dated 8/2/2018 was completed more than 12 months after the previous DME form which is dated 3/15/2017.

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.

Salisbury Behavioral Health understands the importance of regulation 2600.141(b)(1). Effective immediately and on-going a DME audit tool as been created for the client care coordinator to track DME progress.

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

Plan of correction implementation status as of 6-6-19  
 (Date)

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- Partially Implemented - Adequate Progress
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Violation Report: 21674 - 02/05/2019 - Novak, Ryan

PCH Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

**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**

Approximately 6 cigarette butts were found strewn along the edges of the outdoor smoking area porch located on the 2nd floor.

**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.*

Salisbury Behavioral Health understands the importance of regulation 2600.144(c)(1). Effective immediately and on-going. A shift report log has been created that will prompt staff on each shift to clean all smoking areas twice throughout there shift.

The Administrator will also conduct a mandatory staff training for all employees on the regs 2600.141 a, b and c, 1, 2,3 and d. This will include a review of the home's smoking policies and review of the home's designated smoking area(s). Docuementation of the training and the sign in sheet will be retained by the home.

In addition, the Admnistrator will conduct a resident council meeting and review the home's smoking policies and remind every resident where the designated smoking area(s) is (are). If necessary the home rules will be updated to include that repeated violations of home rules is a reason for the issuance of a 30 day notice. The administrtor will retain doucmentation of hte resident council meeting. Both trainings/meetings will take place within 30 days of receipt of this approved Plan of Correction. 6-6-19

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Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/06/2018		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Jessica Silva*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Jessica Silva/Administrator* Date *6/6/19*

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**Violation Report:** 21674 - 02/05/2019 - Novak, Ryan  
**PCH Name:** SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

**1. REGULATION 55 Pa.Code §2600**  
 2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #2 has an order for an additional 2 units of insulin in the AM if the blood glucose is more than 200 and an additional 1 unit in the PM if the blood glucose is more than 200. On 2/1/19 the AM blood glucose reading was 139 and the additional 2 units was administered and shouldn't have been. On 2/2/19 the PM blood glucose reading was 203 and zero units were administered.

**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.*

Salisbury Behavioral Health understands the importance of regulation 2600.187(d). Immediately following inspection on 2/5/19 the responsible staff were suspended from medication administration obligations until re education of medication administration under the Department of Human Services as well as documentation training utilizing the education portal via QuikMAR had been completed.

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 (Required on EVERY Page) *Jessica Silva*

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