



August 27, 2019

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, 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.

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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY
Address: 1482 CHERRY LANE, EAST STROUDSBURG, PA 18301
County: MONROE Region: NORTHEAST

License Number: 212130

Administrator

Name: *Netoya Nevarez* Phone: 5704217668 Email: *nnevarez@salisb.com*

Legal Entity

Name: SALISBURY BEHAVIORAL HEALTH INC
Address: 3894 COURTNEY STREET SUITE 100, BETHLEHEM, PA, 18017

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/20/2017* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *19* Waking Staff: *14*

Inspection

Type: *Full* Reason: *Renewal* BHA Docket #: Notice: *Unannounced*

Inspection Dates and Department Representative

06/14/2019 - On-Site: Vanessa Mendez , Kristin DeVries

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *28* Residents Served: *18*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *18* Are 60 Years of Age or Older: *10*
Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The Licensing Inspection Summary dated 08/14/18 was displayed behind a locked glass case.

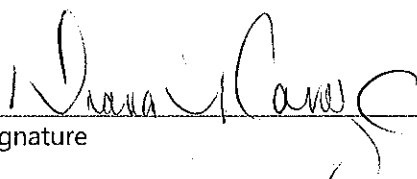
Repeat violation: 06/14/18

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 all licensing inspection summaries will remain displayed behind a glass case as instructed by DHS inspectors on 6/14/2018. However, the home administrator will ensure this case is unlocked at all times to enable access for visitors, inspectors, and residents. The case was unlocked on the date of this inspection to address this violation.

Legal Entity Representative


Signature

Diana A. Carmona ^{LPN} RCHA
Printed Name and Title

7/16/19
Date

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The above plan of correction is approved as of 7-30-19
(Date)

Plan of correction implementation status as of 7-30-19
(Date)

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

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

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The resident privacy coding was attached to the Licensing Inspection Summaries dated: 08/14/18, 06/14/18, 05/30/18, and 06/20/17.

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 will ensure all posted licensing inspection summaries have PHI and any other confidential information removed from the reports prior to posting in the designated common area. This was completed on 6/14/2019 to ensure immediate compliance.

Legal Entity Representative

Juanita J. Canoy
Signature

Diana A. Carroza Pelta
Printed Name and Title

7/16/19
Date

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124 - Notice to Fire Department

Regulations

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.

Description of Violation

The home did not update the notice to the fire department dated 10/23/18. There were 18 residents in the home at the time of inspection and the letter indicated that 17 residents reside in the home. The home's capacity is 28.

Repeat Violation: 06/14/18

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.)

An updated written notice was sent certified mail to the Fire Chief of Stroud Township on 6/29/2019. The written notice highlighted the corrected occupancy and mobility needs the Lakewood home is eligible to serve. Documentation was mailed certified mail to Fire Chief Stroud Township PO Box 807 Stroudsburg, Pa 18360. Immediately and moving forward, the Administrator will update notice in writing within 72 business hours, informing the Stroud Fire Chief of changes in resident mobility needs and/or changes in resident occupancy.

Legal Entity Representative

Diana A. Carneza
Signature

Diana A. Carneza ^{LDU} ^{PCFA}
Printed Name and Title

7/16/19
Date

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144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 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.

Description of Violation

There were cigarette butts discovered in and around the gazebo area and in the rear deck, which are the home's designated smoking areas.

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.)

Assistant Director has developed and implemented a new smoking policy on July 9, 2019. Staff has educated residents in group and individual sessions regarding the importance of smoking in the designated areas and proper disposal of cigarette butts in the smoking receptacles located in the Gazebo and rear deck. Resident's agreed and signed a notice to confirm education of new smoking guidelines. Direct care staff will monitor and ensure proper cleanup twice per shift and as needed to ensure proper cleanup during shift hours. Administrator or designee will monitor cleanup and proper disposal of cigarette butts.

Legal Entity Representative

[Signature]
Signature

Diana A. Camoza LPD RHA
Printed Name and Title

7/16/19
Date

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144c2 - Smoking Area Distance

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

There were cigarette butts discovered inside a trash can that contained garbage located in the rear deck of the home's designated smoking area.

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, Assistant Director has implemented safeguards to removal and storage of disposed cigarette butts. Original container has been discarded and a new metal locked container has been placed outside of the Gazebo area. Staff has been advised that at the completion of cleaning cigarette butts from the rear deck, gazebo area and building perimeter that the used butts should be placed in the sealed locked can. Staff has also been advised that used cigarette butts can not be disposed of in a regular trash receptacles and proper disposal of trash and cigarette butts must be disposed of in separate containers. Assistant Director will monitor daily for proper disposal of cigarette butts.

Legal Entity Representative

Diana A. Camza
Signature

Diana A. Camza ^{LPA} *PEHA*
Printed Name and Title

7/16/19
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171b5 - First Aid Kit

Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The antiseptic located in the first aid kit of the home's Dodge Grand Caravan expired on 01/2018.

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 direct care staff will check the contents of the vehicle First aid kits on a monthly basis during the monthly checks of the in home first aid kits. Staff will cross reference the contents of all first aid kits in the home and vehicles with a monthly checklist to ensure compliance with 2600.96 guidelines.

Legal Entity Representative

[Handwritten Signature]
Signature

[Handwritten Name and Title]
Printed Name and Title

[Handwritten Date]
Date

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185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The glucometer for Resident #1 was not calibrated to the correct date and time.

Resident #1 is prescribed blood glucose checks four times a day. There were transcription errors on the home's blood glucose log on the following dates and times:

On 06/09/19 at 3:52 pm, resident's blood glucose was 363 and transcribed as 361.

On 06/09/19 at 5:29 pm, resident's blood glucose was 370 and transcribed as 340.

On 06/10/19 at 4:33 pm, resident's blood glucose was 474 and transcribed as 464.

On 06/11/19 at 8:22 pm, resident's blood glucose was 538 and transcribed as 558.

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 daily glucometer reading audits will be completed by the assigned DCS handling medication administration in the home. The home administrator or designee will complete weekly audits to ensure all readings are transcribed accurately into the electronic MAR. Additionally, DCS assisting residents with blood sugar testing will verify the numerical value listed on the glucometer matches the number the resident has reported to ensure accurate documentation of blood sugar values.

Legal Entity Representative

Numa J. Canoy
Signature

Diana A. Canoy LPD RCHA
Printed Name and Title

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 11. Special precautions, if applicable.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is prescribed Ibuprofen 400 mg as needed. Resident received this medication on 06/02/19 at 8:14 am. The result from this medication administration was not annotated on the resident's Medication Administration Record.

Resident #2 is prescribed Terbinafine HCL 250 mg daily at 8:00 am. On 06/13/19, resident's MAR has initials indicating that medication was administered. The initials listed do not exist for any staff person on the home's caregiver key.

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 will follow up with all PRN administrations within 2 hours of initial administration and document this in the electronic medication record. An alert to remind staff this documentation is needed has been implemented in the electronic medication system. The home administrator or designee will audit MAR's and PRN administrations weekly to ensure this documentation is occurring. Immediately and moving forward the administrator or designee will ensure all staff initials are present on the home's caregiver key on a weekly basis.

Legal Entity Representative

Diana A. Carneza
Signature

Diana A. Carneza ^{LPW} PCHA
Printed Name and Title

7/16/19
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187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Terbinafine HCL 250 mg daily at 8:00 am. On 06/14/19, resident did not receive this medication. Per staff interview, the medication arrived at the home after the prescribed time of 8:00 am. The home did not follow the directions of the prescriber.

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 all medications in the home will be verified by DCS and the administrator or designee upon arrival from the pharmacy to ensure sufficient quantities of the medication are present for un-interrupted administration.

The prescriber was notified of this incident and provided a one-time order to administer this medication at a later time as the medication arrived at 1pm on the afternoon of 6/14/19.

Legal Entity Representative

[Handwritten Signature]
Signature

Diana A. Carroza (LPN) PETA *7/16/19*
Printed Name and Title Date

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190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

The initial practicum for Staff person A was incomplete. It did not list medication administration observation dates, if staff person passed or failed, or the date the practicum was completed.

The initial practicum for Staff person B was incomplete. It was not dated and did not indicate if staff person passed or failed.

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, all staff, including new hires and the administrator will receive annual training for medication administration and management. Documentation of ongoing initial and annual training will be signed by the employee and approved and signed by staff medication trainer. The completion document will be filed in each employee record. All staff including the Administrator, [redacted] received a student certification form dated 7/1/2019 as verification of annual medication training completion. Certification forms were filed in staff records.

Legal Entity Representative

[Signature]
Signature

Diana A. Camuzo ^{CDN} PCH
Printed Name and Title

7/16/19
Date

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227h - Support Plan Refuse Sign

Regulations

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

The Resident Assessment Support Plan for resident #3 dated 05/17/19 was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.

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, all residents will be encouraged to sign their RASP following the review of new, annual or revised entries to the RASP document. Administrator will review each individual RASP for completion in its entirety. Administrator will specify resident's refusal to sign or unable to sign by selecting the appropriate box beneath the signature line to reflect resident acknowledgement for required signature. Administrator will also ensure all required signatures are recorded following the completion of each initial, annual or revised RASP.

Legal Entity Representative

Diana A. Carroza
Signature

Diana A. Carroza ^{LDN} _{PEHA} 7/14/19
Printed Name and Title Date

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