



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: [nnevarez@salisb.com](mailto:nnevarez@salisb.com)**  
**MAILING DATE: August 20, 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 inspection on June 25, 2019 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 that reads "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: SALISBURY BEHAVIORAL HEALTH PCH OF MONROE COUNTY

License Number: 212130

Address: 1482 CHERRY LANE, EAST STROUDSBURG, PA 18301

County: MONROE

Region: NORTHEAST

## Administrator

Name: *Netoya Nevarez*

Phone: 5704217668

Email: CMAZZA@SALISBURYMGT.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:

Issued By:

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 19

Waking Staff: 14

## Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

## Inspection Dates and Department Representative

06/25/2019 - On-Site: *Amy Deluca*

## 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: 8

Diagnosed with Mental Illness: 18

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 1

Have Physical Disability: 0

227d - Support Plan Medical/Dental

**Regulations**

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

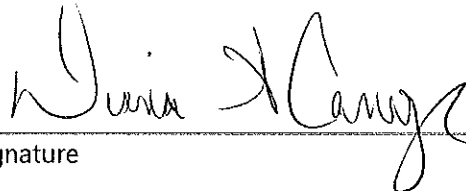
According to staff interview and a reportable incident that occurred on 6/4/2019, resident #1 frequently must be redirected from attempting to take walks on the road in front of the home. The road is deemed unsafe for the resident to walk on due to the lack of shoulder and the speed at which cars are driven on it. The resident's support plan dated 10/12/2018 does not include a plan to address this behavior.

**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 resident support plans will include plans to address noted behaviors that require support from the home. The home administrator or designee will ensure this information is documented in the plan upon admission and within 24 hours of noted behavior changes. This plan has since been updated and the resident no longer resides in the home.

**Legal Entity Representative**

  
Signature

<sup>LPA</sup>  
Diana A. Carroza PCHA 7/16/19  
Printed Name and Title Date

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The above plan of correction is approved as of 8-8-19  
(Date)

Plan of correction implementation status as of 8-8-19  
(Date)

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

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