



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 28 2014

Mr. John F. Bulman LCSW, VP, COO
Salisbury Behavioral Health, Inc.
300 Welsh Road, Bldg. 4, Suite 100
Horsham, Pennsylvania 19044

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

Dear Mr. Bulman:

As a result of the Department of Public Welfare's licensing inspection on July 10, 2014, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Your regular license for the period October 26, 2014 to October 26, 2015 was issued on July 18, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

5H

Enclosure
Licensing Inspection Summary

Violation Report: 12820 - 07/10/2014 - Colon, Lissette
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa. Code §2600
 2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION
 Resident bedroom #1 did not have a chair.

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.

A chair was given to the resident in room #1 on 7/10/14.
 Staff will check rooms daily to ensure a chair is always inside the rooms. A memo will be posted on 7/25/14 for all staff to review and sign, regarding what should be in each room.
 A regulation checklist will be implemented during staff training on 8/5/14 and 8/7/14, for staff to complete daily during room checks, in regards to what needs to be in each room.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Eric A. Bigelow, MS*, Operations Director SE Region

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Eric A. Bigelow, MS OD SE Region Date 7-25-2014

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

The above plan of correction is approved as of 7/30/14
 (Date)

Plan of correction implementation status as of 8/10/14
 (Date)

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

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

Violation Report: 12820 - 07/10/2014 - Colon, Lissette
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55. Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

In resident bedroom #1, the wall mounted push light next to the resident's bed was inoperable.

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.

The batteries, in the inoperable lamp were replaced on 7/10/14. Staff will complete room checks daily to ensure all lamps are in working condition. A memo will be posted on 7/25/14 for all staff to review and sign, regarding operable lamps.

A regulation checklist will be implemented during staff training on 8/5/14 and 8/7/14, for staff to complete daily during room checks, regarding what needs to be done during room checks.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Eric A. Bigelow* MS Operations Director, SE Region

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Eric A. Bigelow, MS OD, SE Region Date 7-25-2014

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

The above plan of correction is approved as of 7/30/14
 (Date)

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

Plan of correction implementation status as of 8/12/14
 (Date)

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

Violation Report: 12820 - 07/10/2014 - Colon, Lissette
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #1 does not include a purpose for Lorazepam 0.5 mg.

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.

The specific medication, Lorazepam 0.5mg for resident in room #1, was rewritten on the MAR to include its purpose on 7-10-14. Staff members will complete a medication checklist daily applicable to regulation 55 Pa. Code s. 2600, to ensure accurate records of medications. The Program Director will also complete a monthly medication checklist. The Pharmacy was also notified on 7-10-14, to include a purpose printed in for all medications on the MAR. On 8/5/14 and 8/7/14 all staff will attend training to review how to accurately complete a medication check.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Eric A. Bigelow*, Operations Director SE Region

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Eric A. Bigelow, MS, OD, SE Region Date 7-25-2014

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

The above plan of correction is approved as of 7/30/14 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 8/10/14 (Date)

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