



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

SEP 27 2016

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

Dear Mr. Bulman:

As a result of the Department of Human Services' annual licensing inspection on July 13, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 12820 - 07/13/2016 - Colon, Lissette
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The most current fire safety inspection observed by a fire safety expert was conducted on 3/30/16. However, the last fire safety inspection was conducted on 3/3/15.

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 change that was made is that the fire safety inspection will be conducted by a fire safety expert within the annual time frame. This change was made effective immediately. The program director and administrator met and reviewed regulation 55 Pa. Code 2600.132(b). A plan was put in place that each year the administrator will schedule the fire safety expert to come out in the required time frame. This plan will make sure that the same violation will not occur again.

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) <i>Aleira Harris - Administrator</i>	Date <i>8-16-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>[Signature]</i> (Date) <i>8/16/16</i>	Plan of correction implementation status as of <i>8/16/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</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

Violation Report: 12820 - 07/13/2016 - Colon, Lissette
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The home's designated evacuation time from Fire safety expert is 2:30 sec. The home's fire drill evacuation time on 7/18/15 was 2:36 sec.

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 change that was made is that the residents shall be able to evacuate the building to a fire safe area within the fire experts designated evacuation time of 2:30secs or less. The change was made by the administrator immediately. The program director and administrator met and reviewed regulation 55 Pa. code 2600.132(d). Changes have been implemented with monthly fire drills to ensure residents safely evacuating in the designated time. A fire safety expert will come out on train staff on 11/1/16 and 11/3/16.

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

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 - Administrator* Date *8-16-16*

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The above plan of correction is approved as of *8/16/16* (Date) Plan of correction implementation status as of *8/16/16* (Date)

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

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

Violation Report: 12820 - 07/13/2016 - Colon, Lisselle
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with §.2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On 7/11/16, resident # 1's glucometer reading was 279. However the documented glucose reading on the medication administration record was 179.

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 program director and administrator met and reviewed regulation 55 PA. Code 2600.182(c). The specific change was that all staff are to ensure the residents correct medication records are entered on their MAR. A meeting with all staff was made immediately to discuss the importance of accurately documenting the glucose reading on the medication administration. The administrator will periodically oversee and check that the correct information is documented on the MAR. The change has been made effective immediately. The system used for making sure the same violation will not occur again is the program director monitoring staff and weekly resident medication checks. A mandatory diabetic education training will be provided on 12/6/16 and 12/15/16 by a Certified Nurse.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/06/2015	
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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 - Administrator** Date **8-16-16**

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Violation Report: 12820 - 07/13/2016 - Colon, Lissette
 PGH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa.Code §2600
 2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening dated [redacted] 15, for resident # 2 admitted [redacted] 15, was completed by Staff member A.

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 program director and administrator met and reviewed regulation 55 Pa. Code 2600.224(c). A system was implemented immediately to ensure all preadmissions are completed in a 30 day time frame by the administrator or designee. The program director and administrator will review the residents preadmission to ensure they are completed accurately and in compliance with regulation 55 Pa. Code 2600.224(c)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alecia Harris - Administrator</i>	Date <i>8-16-16</i>
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