



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 30 2017

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

RE: Salisbury Behavioral Health 1
626 Easton Road
Glenside, Pennsylvania 19038
License #: 128320

Dear Mr. Bulman:

As a result of the Department of Human Services' annual licensing inspection on November 29, 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.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 12832 - 11/29/2016 - Freeman, Sabrina
 PCH Name: SALISBURY BEHAVIORAL HEALTH 1

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On November 29, 2016, at 2PM, there was no thermometer in the kitchen freezer by the door or the deep freezer in the basement.

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. All refrigerators and freezers will have a thermometer. On November 30, 2016 the administrator purchased thermometers for the kitchen freezer and the deep freezer in the basement. There is a refrigerator and freezer temperature log that is completed by residential staff daily. The violation was reviewed with all residential staff on 12/6/16 and 12/8/16. Also the program director will perform periodic checks to make sure the thermometers are in all refrigerators and freezers. Ensuring we stay in compliance with Regulation 2600.103 (F)

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

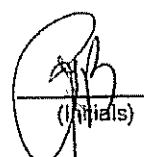
Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Gallagher*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Laura Gallagher, Assistant Operations Director* Date *12/27/16*

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

The above plan of correction is approved as of 1/10/17
 (Date)

Plan of correction implementation status as of 1/10/17
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 12832 - 11/29/2016 - Freeman, Sabrina
 PCH Name: SALISBURY BEHAVIORAL HEALTH 1

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 the prescribed 1mg Bzotropine.

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. All medication administration records will include all prescribed medications. This record will include the name of the medication, strength, dosage form, dose, route of administration, administration times, diagnosis or purpose of medication, and date and time of medication administration. This change was made immediately on 11/29/16 by the residential advisor. The lead residential advisor will add all new medication to the medication administration record and perform weekly medication checks. The violation was reviewed with all residential staff on 12/6/16 and 12/8/16. Also the program director will perform periodic medication checks to ensure we are in compliance with Regulation 2600.187(a).

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Gallagher*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Laura Gallagher, Assistant Operations Director* Date *12/27/16*

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| | |
|---|---|
| The above plan of correction is approved as of <u>1/10/17</u> (Date) | Plan of correction implementation status as of <u>1/10/17</u> (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 |