



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 19 2018

Ms. Cynthia Mazza  
Vice President / Chief Operating Officer  
Salisbury Behavioral Health, Inc.  
3894 Courtney Street, Suite 100  
Bethlehem, Pennsylvania 18017

RE: Salisbury Behavioral Health 2  
2538 Gypsy Lane  
Cheltenham Township, Pennsylvania 19001  
License #:128340

Dear Ms. Mazza:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 8, 2018 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](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**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SALISBURY BEHAVIORAL HEALTH 2		License Number: 12834
Address: 2538 GYPSY LANE, CHELTENHAM TOWNSHI, PA 19038		County: Montgomery
Administrator: Sabrina Reed		Region: SOUTHEAST
Legal Entity Name: SALISBURY BEHAVIORAL HEALTH INC		
Legal Entity Address: 300 WELSH RD BLDG 4 SUITE 100, HORSHAM, PA 19044		
Certificate(s) of Occupancy C-3 SP 09/08/2003 L&I		OCT 24 2018
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 5	Working Staff: 4
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/08/2018: Wilson, Kenneth; Chung, Youn Hio		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Trigger:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 4 Number of Residents Served: 4 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 3 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 12834 - 08/08/2018 - Wilson, Kenneth  
 PCH Name: SALISBURY BEHAVIORAL HEALTH 2

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
 The home did not post an Influenza Awareness Poster.

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 personal care home will post up an appropriate Influenza Awareness poster visible to all employees. An Influenza Awareness poster was printed and posted in the staff lounge area immediately after it was received on 8/8/18. The program Administrator will ensure that the Influenza Awareness poster remains visible by all staff and updated as needed.


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sabrina Reed - Administrator</i>	Date <i>10/24/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12/11/18  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 12/11/18  
 (Date)

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

Violation Report: 12834 - 08/08/2018 - Wilson, Kenneth  
 PCH Name: SALISBURY BEHAVIORAL HEALTH 2

1. REGULATION 55 Pa.Code §2800

2600.141 (a)(7) – A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 04/19/2018, does not indicate whether the resident can self-administer the medications listed on Medication addendum.

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 forms were reviewed and all areas are completed in it's entirety. The Documentation of medical evaluation was sent back to the physicians office to note medication administration capabilities, Program Administrator and Residential Advisors will review documentation along with physician to ensure each form is completed on the day of examination, Changes will occur immediately and ongoing.


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

Signature of Legal Entity Representative (Required on EVERY Page) *Sabrina Reed*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sabrina Reed - Administrator PCH*      Date *10/24/18*

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

The above plan of correction is approved as of 12/11/18 (Date)

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

Plan of correction Implementation status as of 12/11/18 (Date)

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

Violation Report: 12834 - 08/08/2018 - Wilson, Kenneth  
 PCH Name: SALISBURY BEHAVIORAL HEALTH 2

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 The support plan for resident #1, dated 05/13/2017, was not signed by the assessor.

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.

Immediately following inspection resident #1's Support plan was reviewed and signed by resident. Program Administrator reviewed the regulation and violation with the Lead Residential Advisor. Program Administrator will verify that the resident participated in the completion of a support plan by having the resident sign on the appropriate signature line. Changes will occur immediately and ongoing.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sabrina Reid - PCH Administrator</i>	Date <i>10/24/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12/11/18  
 (Date)

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

Plan of correction implementation status as of 12/11/18  
 (Date)

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