



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 01 2019

Ms. Aleira Harris
Administrator
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 Ms. Harris:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 8, 2018 of the above facility, the violations 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.

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.

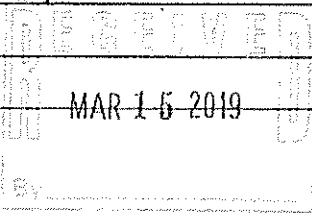
Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: SALISBURY BEHAVIORAL HEALTH 1		License Number: 12832
Address: 626 EASTON ROAD, GLENSIDE, PA 19038		County: Montgomery
Administrator: Aleira Harris		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 Other 08/05/2002 I.&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 9	Waking Staff: 7
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/08/2018: Chung, Youn Hie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 9 ✓ Number of Residents Served: 9 ✓ 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: 2 ✓ Are 60 Years of Age or Older: 4 ✓ Have Mental Illness: 0 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 0 ✓ Have a Physical Disability: 0 ✓	

Violation Report: 12832 - 11/08/2018 - Chung, Youn Hie
 PCH Name: SALISBURY BEHAVIORAL HEALTH 1

1. REGULATION 55 Pa.Code §2800
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for resident # 1, admitted on 09/18/2018, was not signed by the administrator.

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 contract for resident #1 was immediately signed on November 8, 2018 by the Administrator. I the Administrator will sure I thoroughly review the Contract to ensure that it is filled out correctly and signed.

Within 10 days of receiving this POC, the Administrator or a designee will review all resident's contract to ensure that the same is dully signed by resident, payer or cosigned by a designated person as appropriate. Administrator will create a checklist that will prompt the need to sign the resdent's contract as stipulated in the cited reg. 4/1/19

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Aleia Harris* Date *3-15-19*

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

The above plan of correction is approved as of <u>4/1/19</u> (Date)	Plan of correction implementation status as of <u>4/1/19</u> (Date)
The above plan of correction was approved by <u>AAA</u> (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: 12832 - 11/08/2018 - Chung, Youn Hlo
 PCH Name: SALISBURY BEHAVIORAL HEALTH 1

1. REGULATION 55 Pa.Code §2000
 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
 Room #1 does not have a chair in the bedroom that meets the resident's needs.

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 chair belonging to Room #1 was immediately placed back in room #1. The resident moved it to another room. To ensure that room #1 always has a chair in the room I the Administrator talked to the resident about the value of having a chair in the room. I also purchased another chair that the resident can use in the other area of the home.

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* Date *3/15/19*

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The above plan of correction is approved as of 4/1/19
 (Date)

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

Plan of correction implementation status as of 4/1/19
 (Date)

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

Violation Report: 12832 - 11/08/2018 - Chung, Youn Hie
 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 11/08/2018, at 02:00 PM, the temperature in the freezer located in the home's basement was 12 degrees farenheit.

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 freezer was immediately checked by maintenance on November 8, 2018 to see if it was malfunctioning. After further review it was determined by maintenance that the freezer does work properly, but due to cleaning it out during the overnight shift prior to the morning of the inspection. The temperture of the freezer was affected. Moving forward to ensure the freezer remains at the correct temperature. Staff will not store foods in the freezer after cleaning it until the freezer temperature reaches the manditory temperature of At or below 0°Fahrenheit.

Administrator or designee will create a checklist to routinely monitor the freezer and thus ensure continual compliance with the cited reg. 4/1/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Aleiva Harris</i>	Date <i>3/15/19</i>
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The above plan of correction was approved by <u>A-AA</u> (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: 12832 - 11/09/2018 - Chung, Youn Hio
 PCH Name: SALISBURY BEHAVIORAL HEALTH 1

1. REGULATION 65 Pa.Code §2600
 2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted on 09/18/2018. The resident's medical evaluation was completed on 07/09/2018.

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.

I the Administrator will ensure that the residents Admittance be conducted within the mandatory 60 days prior time frame from the date their medical evaluation was completed by a physician.

Within 10 days of receiving this POC, the Administrator or designee will review/Audit all resident's record to ensure compliance with the cited reg. The Administrator will proactively create a checklist to track the due dates for medical evaluation form; as well as prompt the need for its completion as stipulated in the cited reg. 4/1/19

A.A.A

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)	Date
Alecia Harris	3-15-19

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Violation Report: 12832 - 11/08/2018 - Chung, Youn Hie
 PCH Name: SALISBURY BEHAVIORAL HEALTH 1

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening form for resident #1, admitted on 09/18/2018, does not indicate resident's ability to handle poisonous materials.

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 pre-Admission screening form for Resident #1 was corrected on November 8, 2018 immediately. The form now indicates the residents ability to handle poisonous materials. I the Administrator will make sure I thoroughly review the pre-admission screening to ensure everything is properly indicated regarding the residents ability to handle poisonous materials and other important information.

Within 10 days of receiving this POC, the Administrator or designee will review/Audit all resident's record to ensure compliance with the cited reg. The Administrator will proactively create a checklist to track the due dates for the pre-admission screen form; as well as prompt the need for its completion as stipulated in the cited reg. 4/1/19. A-A.A

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* Date *3-15-19*

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