



November 20, 2019

Ms. Cynthia Mazza
VP/COO
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 July 16, 2019 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 (relating to Personal Care Homes) 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, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: SALISBURY BEHAVIORAL HEALTH 2 License Number: 12834
Address: 2538 GYPSY LANE,, CHELTENHAM TOWNSHIP, PA 19038
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: Sabrina Reed Phone: 2158852908 Email: CMAZZA@SALISBURYMGT.COM

Legal Entity

Name: SALISBURY BEHAVIORAL HEALTH INC
Address: 3894 COURTNEY STREET, SUITE 100, BETHLEHEM, PA, 18017

Certificate(s) of Occupancy

Type: C-3 SP Date: 09/09/2003 Issued By: dept L&I

Staffing Hours

Resident Support Staff: 4 Total Daily Staff: 8 Waking Staff: 6

Inspection

Type: Full BHA Docket #: Notice: Unannounced
Reason: Renewal

Inspection Dates and Department Representative

07/16/2019 - On-Site: Jennie Heinberg

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 4 Residents Served: 4

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who

Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 3
Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 0

5a) - DHS Access

Regulations

2600.

- 5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
 1. Agents of the Department.

Description of Violation

On 7/16/2019, at 9:00 A.M, an agent of the Department, requested access to documents in the home. Staff person A hired on 4/30/2019 was unable to provided requested documentation. Staff person A stated they didn't have knowledge where the requested documents were and was not able to provide all documents until 11:05am.

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.)

Immediatey staff person A was retrained on site orientation.
 ON 7/17/19 staff person A completed her site orientation.
 I have attached supporting documents of staff person a completing her training. Moving forward the personal care home Administrator will ensure all New hirers are fully knowledgeable of residents records and any documentation upon request.

Legal Entity Representative

PC H Administrator

Andrea Davis-Hosten
Signature

Andrea Davis-Hosten 10/8/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 10/17/19
(Date)

Plan of correction implementation status as of 10/17/19
(Date)

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

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

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 7/16/2019 at 4:00pm residents' doctor prescription records, and vital records were unlocked, unattended, and accessible in wall pockets in a common area in the home.

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 on 7/16/19 the residents records were taken down and stored in a confidential locked area. Moving forward the personal care home Administrator will ensure the Resident Records are kept confidential and not accessible to anyone other than the resident or staff person's for the purpose of providing services to the resident. By conducting daily checks.

Legal Entity Representative

PCH Administrator

Andra Davis-Hosten
Signature

Andra Davis-Hosten 10/8/19
Printed Name and Title Date

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20b1 - Financial Records

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident #2. However, the financial records were not available during the time of inspection.

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 on 7/17/19 the mandatory Adult Residential Quarterly Financial Summary and Record of Financial Transactions forms were obtained at the home. These forms are since and currently being used in the home. The personal care home administrator will ensure these forms are being used for any resident the home provides assistance with financial management.

The administrator will conduct a quarterly check to ensure the financials are available for review. SW

Legal Entity Representative

PCH Administrator

Andrea Davis-Hosten
Signature

Andrea Davis-Hosten 10/8/19
Printed Name and Title Date

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20b9 - Record Keeping

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

9. A copy of the itemized account shall be kept in the resident's record.

Description of Violation

There is no copy of the quarterly account of financial transactions in resident 1's record found in the home.

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 on 7/17/19 the mandatory Adult Residential licensing personal care home Quarterly financial forms were obtained. This form has since and currently being used in the home. The Personal Care Home Administrator will ensure these forms are being used for any resident the home provides assistance with financial management, by checking quarterly, starting immediately. (slw 10/17/19)

Legal Entity Representative

PC H Administrator

Andrea Davis-Hasten
Signature

Andrea Davis-Hasten 10/8/19
Printed Name and Title Date

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66b - Training Plan Content

Regulations

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's 2019 staff training plan does not include courses as follows:

Safe Management Techniques

Fire Safety

Personal Care Service needs of the resident

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 3 Above trainings are a part of the 2019 Staff training plan. I have attached the corrected 2019 staff training plan. Moving forward the PCH Administrator will make sure the staff training Plan is updated correctly, and will review the plan bi-annually for updates. (slw 10/19)

Legal Entity Representative

PCH Administrator


Signature

Andrea Davis-Hosten 10/8/19
Printed Name and Title Date

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95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The chair in the medication administration area is in poor condition. The seat has lost cushioning and the home used a black trash bag to cover the seat.

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 on 7/16/19 the poor conditioned chair was thrown out and replaced. The chair in the medication room is in good repair, clean and free of hazards. Moving forward the Personal Care Home Administrator will check and maintain all furniture in the home is in good repair, clean and free of hazards. At least monthly, starting immediately. (slw 10/17/19)

Legal Entity Representative

PCH Administrator

Signature: *Andrea Davis-Hasten*

Printed Name and Title: Andrea Davis-Hasten

Date: 10/8/19

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96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the medication administration area did not include a thermometer.

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 on 7/17/19 a thermometer was purchased and added to the homes first aid kit. Moving forward a monthly first aid supply check will be conducted by staff.

Logs to be made available for Department review..... SW

Legal Entity Representative

PC/H Administrator

Andrea Davis-Hosten
Signature

Andrea Davis-Hosten
Printed Name and Title

10/8/19
Date

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103f - Refrigerator/Freezer Temps

Regulations

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.

Description of Violation

There was no thermometer in the freezer in the kitchen.

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.)

On 7/16/19 there was a thermometer in the freezer in the kitchen.

The administrator or designee will conduct monthly checks of all refrigerators and freezers in the home, starting immediately, and will replace any missing thermometers within 72 hours should the thermometer be missing. (slw 10/17/19)

Legal Entity Representative

PCH Administrator

Andrea Davis-Hosten
Signature

Andrea Davis-Hosten
Printed Name and Title

10/8/19
Date

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132e - Fire Drill Sleeping Hours

Regulations

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 9/20/18 at 12:03 a.m.

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 on 7/31/19 at 5:30AM a fire drill was conducted during sleeping hours. Moving forward the Administrator will ensure the fire drills are coordinated in compliance with the 2600 Reg. 132.e.

Legal Entity Representative

PCH Administrator

Andrea Davis-Hosten
Signature

Andrea Davis-Hosten
Printed Name and Title

10/8/19
Date

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- Not Implemented

132f - Alternate Exit Routes

Regulations

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front door was the only exit route used during the fire drills held from January 2019 to June 2019. The home has an exit route located in the staff offices that has never been used in a fire drill per fire drill records.

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 on 7/31/19 all the exit routes were utilized during that drill. Moving forward the Personal Care home Administrator will ensure the fire drill exits are all being utilized and documented on fire drill records.

The administrator will conduct a training with all staff and residents to ensure they understand the importance of alternating exits during emergency evacuations, no later than 11/25/19. The administrator will review monthly fire drill logs to ensure alternative evacuation routes are being used and if not, conduct a second drill, starting immediately. (slw 10/17/19)

Legal Entity Representative

PCH Administrator

Andrea Davis-Hosten
Signature

Andrea Davis-Hosten 10/8/19
Printed Name and Title Date

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183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 7/16/2019 at 9:19 a.m., the drawer where residents' medications are kept was unlocked, unattended, and accessible in a common area on the first floor. The medication administration area is a shared space with a common area.

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 a new medication cart was purchased and placed in the home on 7/17/19. The medication cart has a built in lock. Moving forward the medications are locked and secured in the medication cart.

The administrator will conduct an inservice training to all staff on the importance of keeping medications locked at all times, by 11/25/19.

The administrator will conduct periodic checks of the medication carts, at least monthly, to ensure the carts are locked at all times, starting immediately. (slw 10/17/19)

Legal Entity Representative

PC H Administrator

Andrea Davis Hasten
Signature

Andrea Davis Hasten
Printed Name and Title

10/8/19
Date

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- Not Implemented

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 7/16/2019, Resident #1's glucometer had readings not matching the resident's medical log written by the home's staff. The glucometer was also not calibrated to the correct date and time. The readings were as follows:

7/7/2019 - written reading- 123 at 7:00 am- no pm readings written; glucometer reading-123 at 5:54am and 233 at 2:15pm

7/8/2019- written reading- none on written log; glucometer reading- 161 at 5:01am and 194 at 2:08pm

7/10/2019 - written reading-none on written log; glucometer reading-150 at 6:08am and 206 at 7:10pm

7/12/2019 - written reading- 263 at 4:00 am-no pm written reading; glucometer reading-176 at 4:05am and 266 at 2:15pm

On 7/16/2019, Resident #2's glucometer had readings not matching the resident's medical log entered by the home's staff. The glucometer device was also not calibrated. Readings are as follows:

7/11/2019 - entered reading 155 at 8:35pm; glucometer reading 147 at 8:08pm

7/12/2019 - entered reading 121 at 3:20pm; glucometer reading 173 at 8:11pm

7/13/2019 - entered reading 146 at 4:11pm-no am entry on log; glucometer reading 143 at 4:11pm and 138 at 6:50am

7/14/2019: entered reading 128 at 7:16am, 141 at 3:08pm; glucometer reading 172 at 8:01pm.

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 staff was retrained on 8/6/19 on the proper procedures of documenting and calibrating the residents glucometer. The Administrator will conduct monthly checks to ensure the accuracy of the glucometer readings.

Legal Entity Representative

The administrator will conduct training on the importance of not sharing glucometers by 11/25/19. (slw 10/17/19) PCH Administrator

Signature: *Andrea Davis-Hosten*

Printed Name and Title: Andrea Davis-Hosten PCH Administrator

Date: 10/8/19

185a - Implement Storage Procedures (continued)

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(Date) (Date)

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(Initials) Partially Implemented - Adequate Progress
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 Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident#1 is prescribed Albuterol Sulfate HFA 108 (90 BAS AERO) Inhale two puffs by mouth four times daily at 8:00am, 12:00 pm, 4:00pm and 8:00pm for wheezing. However, resident# 1 was not administered the medication on 7/6/2019 at 12:00 pm, 7/7/2019 at 12:00pm and 8:00pm. The home has no notation for the omission. Residents #1,#2, #3 and #4 all have multiple medications not given on multiple days per prescriber's orders in July 2019.

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 on 7/25/19 All of Gypsy lane staff was retrained on medication self-Administration. Moving forward Staff and the Personal Care home Administrator will conduct weekly medication checks to ensure the home is following the directions of the prescriber.

The administrator will conduct monthly audits of the MAR's for all residents to ensure the residents are receiving their medications, as prescribed and the blood sugar readings are being recorded correctly, starting immediately. (slw10/17/19)

Legal Entity Representative

PCH Administrator

Andrea Davis-Hasten
Signature

Andrea Davis-Hasten 10/8/19
Printed Name and Title Date

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- Partially Implemented - Inadequate Progress
- Not Implemented

227.i - Support Plan Accessible

Regulations

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

On 7/16/2019 at 9:30 a.m., residents' support plans were inaccessible to direct care staff A as the staff stated not to have knowledge as to where to locate the residents' support plan.

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 staff person "A" was retained on site orientation. On 7/17/19 staff person "A" completed her site orientation and is very knowledgeable of the residents records and any requested documentation that may be needed upon request. Moving forward the Personal Care home administrator will ensure all new hires are fully knowledgeable of residents records and any documentation upon request.

The administrator will ensure the staff have access to all resident Support Plans at all times. (sw 10/19)

Legal Entity Representative

Signature

Printed Name and Title

Date

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Violation Report

Facility Information

Name: SALISBURY BEHAVIORAL HEALTH 2

License Number: 12834

Address: 2538 GYPSY LANE,, CHELTENHAM TOWNSHIP, PA 19038

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: Andrea Davis-Hosten

Phone: 2158852908

Email: ADAVISHOSTEN@SALISB.COM

Legal Entity

Name: SALISBURY BEHAVIORAL HEALTH INC

Address: 3894 COURTNEY STREET, SUITE 100, BETHLEHEM, PA, 18017

Certificate(s) of Occupancy

Type: C-3 SP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 4

Waking Staff: 3

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Monitoring

Inspection Dates and Department Representative

10/28/2019 - On-Site: Denise Gillespie

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 4

Residents Served: 3

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 1

Are 60 Years of Age or Older: 2

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 1

Have Physical Disability: 0