



Sent via e-mail cmazza@salisb.com
Sent via e-mail aharris@salisb.com
March 9, 2020

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

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

Dear Ms. Mazza:

As a result of the Department's Bureau of Human Services Licensing inspection on September 24, 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 must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: SALISBURY BEHAVIORAL HEALTH

License Number: 12820

Address: 1075 EASTON ROAD,, ROSLYN, PA 19001

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: Aleira Harris

Phone: 2158845566

Email: CMAZZA@SALISB.COM

Legal Entity

Name: SALISBURY BEHAVIORAL HEALTH INC

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

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 13

Total Daily Staff: 27

Waking Staff: 20

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

Inspection Dates and Department Representative

09/24/2019 - On-Site: Jennie Heinberg

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 13

Residents Served: 13

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 10

Are 60 Years of Age or Older: 2

Diagnosed with Mental Illness: 13

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 1

Have Physical Disability: 0

15b - Supervisor Plan

Regulations

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 9/8/2019 at approx. 5:00 p.m., Resident #1 and Staff person A had an altercation that ended with physical contact. The home did not submit a supervision plan to the Department that was approved or suspended Staff person A immediately. The staff person was not suspended until 09/19/19.

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 Administrator suspended staff person "A" on 9/11/19 when the incident was brought to her attention. I the Administrator was deeply sad that it took that long for someone to tell me. Moving forward I meet with staff and went over Regulation 2600 15.b and a refresher of incident reporting. I also talked to the residents encouraging them to tell me of any incident or altercation immediately.

Legal Entity Representative

10-25-19

Alin Hair
Signature

Aleira Harris - Administrator
Printed Name and Title Date

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

The above plan of correction is approved as of

03-06-2020
(Date)

Plan of correction implementation status as of

03-06-2020
(Date)

The above plan of correction was approved by

SP
(Initials)

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

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The home had an incident involving suspected abuse where law enforcement had to be called on 9/8/2019. The home did not report this incident to the department until 9/19/2019.

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.)

The incident was reported on 9/19/19 to DHS and the mandatory abuse report was submitted to protective services. Unfortunately the incident was not told to the administrator until 9/19/19. Moving forward the administrator meet with staff and went of Regulation 2600 16.c and a Refresher of incident reporting was reviewed with staff.

Legal Entity Representative

10-25-19

Alina Acini
Signature

Alara Harris - Administrator
Printed Name and Title

Date

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The above plan of correction is approved as of 03-06-2020
(Date)

Plan of correction implementation status as of 03-06-2020
(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 9/8/2019 at approx. 5:00 p.m., Staff person A and resident #1 had an altercation in the home's kitchen area. Resident #1 felt disrespected when staff person A told resident #1 to take a shower before eating dinner. Resident #1 states she didn't want to take a shower before dinner because of the cold water, and staff person A was persistent that she shower anyway.

Resident #1's assessment and support plan state that resident #1 is independent for personal hygiene. It was unnecessary for Staff person A to order resident #1 to take a shower.

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.)

Staff person "A" had to take a mandatory Refresher training on "Client Rights" which she took on 10/22/19. Moving forward the Administrator went over Regulation 2600 42.C with all staff at the staff meeting on 10/8/19 and 10/10/19. Staff also reviewed "Resident Rights" according to the Commonwealth of PA Adult Residential licensing of Personal Care Homes.

Legal Entity Representative

10-25-19

[Handwritten Signature]

Signature

Aleira Harris - Administrator

Printed Name and Title

Date

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