



**Sent via e-mail to: [jsilva@salisb.com](mailto:jsilva@salisb.com)**  
**MAILING DATE: March 31, 2020**

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

RE: Salisbury Behavioral Health  
513 Lehigh Street  
Allentown, Pennsylvania 18103  
License #: 216740

Dear Ms. Mazza:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 5, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: SALISBURY BEHAVIORAL HEALTH PERSONAL CARE HOME OF LEHIGH CO

License Number: 21674

Address: 513 LEHIGH STREET,, ALLENTOWN, PA 18103

County: LEHIGH

Region: NORTHEAST

## Administrator

Name: Jessica Silva

Phone: 6104324335

Email: jsilva@salisb.com

## Legal Entity

Name: SALISBURY BEHAVIORAL HEALTH INC

Address: 3894 COURTNEY STREET, COURTNEY 1, SUITE 100,, BETHLEHEM, PA, 18017

## Certificate(s) of Occupancy

Type: C-2 LP

Date: 08/14/1998

Issued By: PA L&I

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 19

Waking Staff: 14

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

02/05/2020 - On-Site: Ann O'Haire, Ryan Yankowy

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 20

Residents Served: 19

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 0

### Number of Residents Who:

Receive Supplemental Security Income: 19

Are 60 Years of Age or Older: 10

Diagnosed with Mental Illness: 19

Diagnosed with Intellectual Disability: 3

Have Mobility Need: 0

Have Physical Disability: 1

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #1's glucometer had dried blood on the machine.

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.)

Salisbury Behavioral Health understands the importance of regulation 2600.85(a). Immediately and on-going a treatment of "Sanitize Glucometer" has been entered into our QuickMar system for staff to ensure each individual glucometer is Sanitized after every use.

\*\* Immediately and Ongoing:

The administrator or designee shall spot check all glucometers, on all three shifts, for the next 5 months to ensure ongoing compliance. 3-30-2020 --MM

Legal Entity Representative

*Jessica Silva*  
Signature

Jessica Silva/Administrator  
Printed Name and Title

3/5/2020  
Date

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

The above plan of correction is approved as of 3-30-2020 (Date) Plan of correction implementation status as of 3-30-2020 (Date)

The above plan of correction was approved by MM (Initials)  Implemented  Not Implemented

144c2 - Smoking Area Distance

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

Approximately 25 plus extinguished cigarette butts were located on the porch of the 2nd floor smoking area. In addition, 3 extinguished cigarette butts were located on a napkin on the porch. These items pose a possible fire hazard.

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.)

Salisbury Behavioral Health understands the importance of regulation 2600.144(c). Immediately and on-going the 2 designated smoking areas are being utilized as follows; Smoking area 1 (Picnic Bench Area) will be in use from the hours of 6:30 AM-11:00 PM and smoking area 2 (Second Floor Porch) will be in use from the hours of 11:00 PM-6:30 AM. The staff daily task sheet has been updated to have the designated smoking areas monitored and cleaned twice per shift.

\*\*Immediately and Ongoing:

The administrator or designee shall spot check these areas on all three shifts for the next 5 months to ensure ongoing compliance. 3-30-2020 --MM

Legal Entity Representative

  
Signature

Jessica Silva/Administrator  
Printed Name and Title

3/5/2020  
Date

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\*\*  Implemented  
 Not Implemented

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

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

Resident #1 & #2's glucometer was not calibrated to the correct time.

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.)

Salisbury Behavioral Health understands the importance of regulation 2600.185(a). Immediately and on-going our Weekly glucometer audit tool has been updated and a section has been added that during our weekly audit the Glucometers are to be checked to ensure they are accurate to the time and day.

Legal Entity Representative

  
Signature

Jessica Silva/Administrator  
Printed Name and Title

3/5/2020  
Date

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The above plan of correction is approved as of 3-30-2020  
(Date)

Plan of correction implementation status as of 3-30-2020  
(Date)

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

Implemented  
 Not Implemented