

Department of Human Services
Bureau of Human Service Licensing

January 28, 2021

ANDREA DAVIS-HOSTEN, PCH ADMINISTRATOR
SALISBURY BEHAVIORAL HEALTH LLC
3894 COURTNEY STREET, SUITE 100
BETHLEHEM, PA 18017

RE: SALISBURY BEHAVIORAL HEALTH
LLC
2538 GYPSY LANE
CHELTENHAM TOWNSHIP, PA,
19038
LICENSE/COC#: 12834

Dear Ms. Davis-Hosten,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/30/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *SALISBURY BEHAVIORAL HEALTH LLC* License #: *12834* License Expiration Date: *07/22/2021*
 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 LLC*
 Address: *3894 COURTNEY STREET, SUITE 100, BETHLEHEM, PA, 18017*
 Phone: *2158852908* Email: *adavishosten@salisb.com*

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *09/09/2003* Issued By: *Dept. L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *4* Waking Staff: *3*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/30/2020*

Inspection Dates and Department Representative

10/30/2020 - On-Site: David Carrion

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: *1* Are 60 Years of Age or Older: *4*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/30/2020 - Full

Lead Inspector: *David Carrion* Follow-Up Type: *POC Submission* Follow-Up Date: *11/26/2020*

Inspections / Reviews *(continued)*

1/4/2021 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *POC Submission*Follow-Up Date: *01/07/2021*

1/12/2021 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Document Submission*Follow-Up Date: *01/15/2021*

1/28/2021 - Document Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Not Required*

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident 1 was discharged on [REDACTED] The home did not provide the required refund until 10/27/19.

Plan of Correction

Accept

Immediately on 10/30/20 our companies accountant was notified of the violation. They said they would put a plan in place to ensure all residents will receive any refund owed to them within the 30 day termination of services by the home or the resident's leaving the home. This plan will go in affect.

Completion Date: 11/02/2020

Document Submission

Implemented

Immediately on 10/30/20 our companies accountant was notified of the violation. A plan was put in place with our companies accountant to ensure all residents will receive any refund owed to them within the 30- day termination of service by the home or the resident's leaving the home. This plan was put into effect on 11/2/20. This plan involves the account team following the companies policy that's been in place since 4/24/17. In addition, the home administrator will submit a status change informing the account team of the termination of service of the resident leaving the home. This will ensure the account team with adequate time to give the resident any refund owed to them within the 30-day termination of service period.

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 10/30/20 at 11 am, the hot water temperature at the bathroom on the 1st floor measured 128 degrees Fahrenheit and at 11:30 am it was 124.7 degrees Fahrenheit.

On 10/30/20 at 11:15 am the hot water temperature at the bathroom measured 124.7 degrees Fahrenheit and at 11:30 am it was 122.8 degrees Fahrenheit.

Plan of Correction

Do Not Accept

Immediately on 10/30/20 our companies maintenance came to test the hot water temperature. The temperature was adjusted to not exceed 120. Moving forward a hot water temperature check will be completed monthly and kept in the maintenance binder for documented records.

Completion Date: 10/30/2020

89b - Hot Water Temperature (continued)

Update - 01/04/2021

frequency of more often than monthly

Plan of Correction

Accept

Immediately on 1/4/21 the administrator put in place a water temperature log that will be completed by staff weekly. This weekly check will ensure the hot water temperature in areas accessible to the resident will not exceed 120 F. The administrator will check to ensure that this temperature log is being completed weekly by staff. Moving forward the temperature log will be conducted every Wednesday starting 1/6/21. I have attached the temperature log with our first check.

Completion Date: 01/06/2021

Document Submission

Implemented

Moving forward we will do weekly Temperature checks.

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Outdated food was found in the dried good cabinet:

40 packs Lance Toasty crackers with expiration date of 10/22/19.
20 cans vegetable beef and chicken "use by" 01/25/20.

Plan of Correction

Accept

Immediately on 10/30/20 the expired food was thrown away. Moving forward the administrator will assign weekly check to ensure no outdated or spoiled foods or dented cans are on site. The administrator will ensure these checks are being completed weekly and documented.

Completion Date: 10/30/2020

Document Submission

Implemented

Moving forward we will check Disaster Kit weekly

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

190a - Completion Medication Course (*continued*)**Description of Violation**

Staff person A, B and C, who have not successfully completed the Department-approved medications administration course, administered medications to residents.

Staff member A, whose initial practicum dated 6/29/19 was not completed in its entirety, administered medications to resident 2 on 10/1/20, 10/3/20, 10/4/20, 10/10/20, 10/11/20, and 10/15/20.

Staff member B, whose initial practicum dated 3/28/18, administered medications to resident 2 on 10/1/20, 10/2/20, 10/5/20 through 10/9/20, 10/12/20, and 10/19/20 through 10/22/20.

Staff member C, who completed the practicum observation certification on 5/18/20 but did not complete the medication administration initial training, administered medications to resident 2 on 10/14/20, 10/15/20, 10/16/20, and 10/26/20 through 10/29/20.

Plan of Correction**Do Not Accept**

Immediately on 10/30/20 our companies medication trainer was notified.

Staff A, [REDACTED] paperwork will be completed in it's entirety.

Staff B, [REDACTED] initial practicum 3/28/18. Do to COVID-19 all class were on suspension. for 3/28/20.

Staff C, [REDACTED] did complete this initial training for this year.

Completion Date: 11/02/2020

Update - 01/04/2021

DPOC 1/04/2021 CM: Immediately – Staff persons A, B, and C will not administer medications until the completion of a medication administration course conducted by a Department-approved medication Train – the – Trainer. Documentation of training shall be kept in the staff record.

Immediately: Only staff persons who have met the requirements of regulation 2600.190(a) shall be permitted to administer medications and the required documentation of training is in the staff person's record. If no staff persons in the home are qualified to administer medications, the administrator shall arrange for medication administration by an outside agency or person whom meets the requirements of regulation 2600.182(b).

Documentation of qualifications of any person administering medications in the home shall be kept.

Within 15 days of the receipt of the accepted plan of correction: The administrator shall review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a) and the documentation is present in the staff person's record.

190a - Completion Medication Course (continued)**Plan of Correction****Accept**

Immediately staff person A, B, and C will not administer medication and be removed from the schedule until the completion of a medication administration course conducted by a Department-approved medication Train - the Trainer. Once completed this documentation of training shall be kept in the staff record. Staff person A, B, and C have completed the required medication administration course on 1/6/21. I have attached the supporting documents. Moving forward the administration will ensure that only staff person who have met the requirements of regulation 2600.190 (a) shall be permitted to administer medications and the required documentation of training is in the staff person's records

Completion Date: 01/06/2021

Document Submission**Implemented**

Moving forward we will use clear documentation of medication training forms.