

Department of Human Services
Bureau of Human Service Licensing

February 18, 2021

[REDACTED], VP/COO
SALISBURY BEHAVIORAL HEALTH LLC
3894 COURTNEY STREET,SUITE 100
BETHLEHEM, PA 18017

RE: SALISBURY BEHAVIORAL HEALTH
1482 CHERRY LANE
EAST STROUDSBURG, PA, 18301
LICENSE/COC#: 21213

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/28/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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 **Licen e #:** 21213 **Licen e Expiration Date:** 08/19/2021
Adde : 1482 CHERRY LANE, EAST STROUDSBURG, PA 18301
County: MONROE **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 5704217668 **Email:** [REDACTED]

Legal Entity

Name: SALISBURY BEHAVIORAL HEALTH LLC
Address: 3894 COURTNEY STREET, SUITE 100, BETHLEHEM, PA, 18017
Phone: 5704217668 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 07/26/2008 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 18 **Waking Staff:** 14

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 01/28/2021

Inspection Dates and Department Representative

01/28/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 28 **Residents Served:** 18

Secured Dementia Care Unit

In Home: No	Area:	Capacity:	Residents Served:
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Hospice

Current Resident : 0

Number of Residents Who:

Receive Supplemental Security Income: 5	Are 60 Years of Age or Older: 12
Diagnosed with Mental Illness: 18	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0	Have Physical Disability: 0

Inspections / Reviews

01/28/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *02/17/2021*

2/18/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/01/2021*

2/18/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

144c1 - Smoking Area Guidelines

1. Requirements

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:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On 1/25/2021 resident #1 was caught by staff smoking in their room.

On 1/27/2021 resident #2 was caught by staff smoking in their room.

On 1/27/2021 resident #3 was caught by staff smoking in their room.

Plan of Correction

Directed

Immediately upon discovering residents were smoking in their bedrooms, we held a house meeting to discuss the importance of smoking in the designated smoking area only. We reviewed where the designated smoking area is located. We also discussed the dangers of smoking in the building and the possible consequences of smoking in the building such as eviction from the program. Staff complete hourly rounds to account for all residents and to check they are not smoking in their bedrooms. A check-in meeting with the residents was held on 2/15/2021 at 4pm to check their understanding of the fire safety rules and to reinforce that smoking is not allowed in the building. Going forward any resident caught smoking in the building will receive a 30-day eviction notice.

Directed Plan of Correction:

Upon Resubmission of the Plan of Correction, the home will submit, via the Portal, the evidence of Compliance for this event.

Documentation shall consist of either a Resident List where residents shall initial that they have been educated about the home's smoking policy and the location of the smoking areas, or individually signed Policy Statements signed and dated by each resident.

Any resident refusal must be documented.

AG, 2-18-21

Completion Date: 02/16/2021

Update - 02/18/2021

Upon Resubmission of the Plan of Correction the Home will attach a sign in sheet from the Check In Meeting of 2-15-21 meeting if there was one.

If no sign in sheet was used, the home will produce a Resident List along with a synopsis of the meeting and a copy of the house rules that includes the smoking rules and a copy of the smoking area(s) at the home. The resident will initial by their name. If any resident refuses to initial, the home will indicate so, and why.

Copies will be attached to this Plan of correction via the Portal in Sans Write.

AG, 2-17-21

144c1 - Smoking Area Guidelines (continued)**Document Submission****Implemented***forms have been uploaded.**Received and reviewed, AG, 2-18-21*