

Department of Human Services
Bureau of Human Service Licensing

March 31, 2021

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

RE: SALISBURY BEHAVIORAL HEALTH
513 LEHIGH STREET
ALLENTOWN, PA, 18103
LICENSE/COC#: 21674

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/25/2021 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 #:** 21674 **Licen e Expiration Date:** 03/26/2021
Adde : 513 LEHIGH STREET, ALLENTOWN, PA 18103
County: LEHIGH **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 6104324335 **Email:** [REDACTED]

Legal Entity

Name: SALISBURY BEHAVIORAL HEALTH LLC
Address: 3894 COURTNEY STREET, SUITE 100, BETHLEHEM, PA, 18017
Phone: 6104324335 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 07/12/1999 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 20 **Waking Staff:** 15

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 02/25/2021

Inspection Dates and Department Representative

02/25/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 20 **Residents Served:** 20

Secured Dementia Care Unit

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

Current Re ident : 0

Number of Residents Who:

Receive Supplemental Security Income: 20	Are 60 Years of Age or Older: 10
Diagnosed with Mental Illness: 20	Diagnosed with Intellectual Disability: 2
Have Mobility Need: 0	Have Physical Disability: 1

Inspections / Reviews

02/25/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *03/22/2021*

3/18/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/29/2021*

3/31/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 2/25/2021 two ceiling tiles were missing from the kitchen ceiling exposing electrical wires.

Plan of Correction

Accept

Salisbury Behavioral Health understands the importance of regulation 2600.88(a). The mentioned ceiling tiles were removed by our maintenance department due to a leak to dry any remaining moisture in the ceiling. Immediately and ongoing grated ceiling tiles have been purchased in the event any ceiling tiles may need to be removed and cannot be replaced the same day.

Completion Date: 03/11/2021

Document Submission

Implemented

Above mentioned ceiling tiles have been purchased, there has not been a need to utilize them at this time.

101j6 - Mirror

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

6. A mirror.

Description of Violation

Bedroom [REDACTED] did not contain a mirror.

Plan of Correction

Accept

Salisbury Behavioral Health understands the importance of regulation 2600.101(j). Effective Immediately and ongoing a monthly checklist has been created for the Administrator and Assistant Administrator to be completed and ensure all bedrooms are within compliance of the 2600 regulations.

Completion Date: 03/08/2021

Update - 03/18/2021

Upon resubmission of the Plan of Correction the Home will show the form actually IN USE to verify compliance.
AG, 3-18-21

Document Submission

Implemented

Walk through checklist attached

101r - Bedroom - shades/drapes/window covering

1. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window in bedroom [REDACTED] does not have shades, blinds, or shutters.

101r - Bedroom - shades/drapes/window covering (continued)

Plan of Correction

Accept

Salisbury Behavioral Health understands the importance of regulation 2600.101(r). Effective Immediately and ongoing a monthly checklist has been created for the Administrator and Assistant Administrator to complete to ensure all bedrooms are within compliance of the 2600 regulations.

Completion Date: 03/08/2021

Update - 03/18/2021

Upon resubmission of the Plan of Correction, the Home will show the form actually IN USE to verify compliance. AG, 3-18-21

Document Submission

Implemented

The walk through form in use is attached

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Located behind the dyer in the 2nd floor laundry room was lint caked on the exhaust pipe, wall and dyer.

Plan of Correction

Accept

Salisbury Behavioral Health understands the importance 2600.125(a). Immediately and ongoing the maintenance/facility department has implemented a sign-off sheet that will be located in each laundry room that is to be initialed quarterly by the assigned Maintenance Technician upon completion of ensuring the exhaust pipes, walls, and dryers are lint free.

Completion Date: 03/15/2021

Update - 03/18/2021

Upon resubmission of the Plan of Correction the home will submit the form actually IN USE to verify compliance. AG, 3-18-21

Document Submission

Implemented

Paper work for the Maintenance Technician to initial quarterly is attached

185a - Implement Storage Procedures

1. Requirements

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

The home did not properly maintain the Medication Administrator Record (MAR) of the indicated resident due to staff incorrectly transcribing the blood glucose test results in the individual glucometer:

Resident #1- At 8pm on 2/29/21 the reading was 255 but was incorrectly transcribed as 265.

185a - Implement Storage Procedures (continued)**Plan of Correction****Accept**

Salisbury Behavioral Health understands the importance of regulation 2600.185(a). The staff member responsible for documenting the blood glucose incorrectly on 2/29/2021 was assigned by the Administrator and Assistant Administrator to successfully complete a documentation training through our quickmar training system

Completion Date *03/12/2021*

Document Submission**Implemented**

Training Completed