

Department of Human Services
Bureau of Human Service Licensing

May 10, 2021

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

RE: SALISBURY BEHAVIORAL HEALTH
LLC
1075 EASTON ROAD
ROSLYN, PA, 19001
LICENSE/COC#: 12820

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/10/2021 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 #:** 12820 **License Expiration Date:** 10/26/2021
Address: 1075 EASTON ROAD, ROSLYN, PA 19001
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2158845566 **Email:** [REDACTED]

Legal Entity

Name: SALISBURY BEHAVIORAL HEALTH LLC
Address: 3894 COURTNEY STREET, SUITE 100, BETHLEHEM, PA, 18017
Phone: 2158845566 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 06/12/1998 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 14 **Working Staff:** 11

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/10/2021

Inspection Dates and Department Representative

03/10/2021 - On-Site: [REDACTED]

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: 13 **Are 60 Years of Age or Older:** 3
Diagnosed with Mental Illness: 13 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 1 **Have Physical Disability:** 1

Inspections / Reviews

03/10/2021 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/25/2021

Inspections / Reviews (*continued*)

3/17/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *03/25/2021*

3/25/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/09/2021*

5/10/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 3/10/21 at 9:20am, an exit door on the first floor to the patio was blocked for egress by having 2 metal carts and a traffic cone placed in front of the door.

Plan of Correction

Do Not Accept

Immediately, on 3/10/21 the two metal carts, and cone were removed from Infront of the door that blocks the egress.

The Administrator placed a sign that reads, "This is not an exit".

Moving forward the Administrator will conduct routine checks to ensure the egress and passageway is unobstructed.

Completion Date: 03/10/2021

Plan of Correction

Accept

Immediately, on 3/10/21 the two metal carts, and cone were removed from In front of the door that blocks the egress. The Administrator placed a sign that reads, "This is not an exit" on the door. A TEAMS training for all employees was conducted on 3/17/21; where I the administrator reviewed the 2600 reg. 121.a with staff. I have attached a list of all employees that attended the training. Moving forward daily routine checks will be conducted by staff during each shift. This will ensure and prevent a reoccurrence of the violation. I the administrator will conduct weekly checks to ensure staff are doing the daily checks.

Completion Date: 03/17/2021

Document Submission

Implemented

Please see attached image.

227g Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

Do Not Accept

On 3/11/21 a meeting was held with Resident #1 to educate [REDACTED] on the importance of not only participating but also signing [REDACTED] support plan to show proof of acknowledgment.

Moving forward, the lead staff will ensure that the support plans are signed by residents or that there is documentation of the refusal to sign the support plan.

Completion Date 03/11/2021

227g -Support Plan Signatures (continued)

Plan of Correction

Accept

On 3/11/21 a meeting was held with Resident #1 to educate [redacted] on the importance of not only participating but also signing [redacted] support plan to show proof of acknowledgment. Resident #1 RASP/Support Plan was updated on 3/11/21 to reflect the initial refusal and actual date in which [redacted] agreed to sign. I have attached the updated RASP/Support Plan of resident #1. Moving forward, the lead staff and administrator will ensure that the RASP/support plans are signed and or refusals/inability to sign has been indicated. This will be implemented by completing monthly audits on all residents RASP/Support Plan on a checklist. A TEAMS training for all employees was conducted on 3/17/21; where I the administrator reviewed the 2600 reg. 227.h. I have attached a list of all employees that attended the training. On 3/18/21 the administrator and Lead staff conducted an audit on all resident's RASP/ Support plans. I have attached a copy of the monthly audit checklist.

Completion Date: 03/18/2021

Document Submission

Implemented

Please see attached documents

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #1 participated in the development of his/her support plan on [redacted]. The resident did not sign the support plan. The home did not make a notation regarding the resident's refusal to sign.

Plan of Correction

Do Not Accept

Immediately, on 3/11/21 it was noted that Resident 1 refused to sign [redacted] support plan. However, after educating [redacted] on the importance Resident #1 signed [redacted] support plan.

Moving forward if any residents refuse to sign their supports plans it will be documented.

Completion Date: 03/11/2021

227h - Support Plan Refuse Sign (*continued*)**Plan of Correction****Accept**

On 3/11/21 a meeting was held with Resident #1 to educate [REDACTED] on the importance of not only participating but also signing [REDACTED] support plan to show proof of acknowledgment. Resident #1 RASP/Support Plan was updated on 3/11/21 to reflect the initial refusal and actual date in which [REDACTED] agreed to sign. I have attached the updated RASP/Support Plan of resident #1. Moving forward, the lead staff and administrator will ensure that the RASP/support plans are signed and or refusals/inability to sign has been indicated. This will be implemented by completing monthly audits on all residents RASP/Support Plan on a checklist. A TEAMS training for all employees was conducted on 3/17/21; where I the administrator reviewed the 2600 reg. 227.h. I have attached a list of all employees that attended the training. On 3/18/21 the administrator and Lead staff conducted an audit on all resident's RASP/ Support plans. I have attached a copy of the monthly audit checklist.

Completion Date: 03/18/2021

Document Submission**Implemented**

Please see attached documentation.