

Department of Human Services  
Bureau of Human Service Licensing

April 21, 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 03/16/2021, 03/18/2021, 03/26/2021 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      **Licence #:** 21213      **Licence Expiration Date:** 08/19/2021  
**Address:** 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**

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 21      **Waking Staff:** 16

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 03/29/2021

**Inspection Dates and Department Representative**

03/16/2021 - On-Site: [REDACTED]  
03/18/2021 - Off Site: [REDACTED]  
03/26/2021 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**Licence Capacity:** 28      **Resident Served:** 20

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 18      **Are 60 Years of Age or Older:** 14  
**Diagnosed with Mental Illness:** 20      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 1      **Have Physical Disability:** 0

## Inspections / Reviews

03/16/2021 - Partial

Lead Inspector: [REDACTED]

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

4/14/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/26/2021*

4/21/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 141a - Medical Evaluation

## 1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

## Description of Violation

*Resident #1's DME dated 1/12/21 has nothing noted for weight, pulse, blood pressure and temperature.*

## Plan of Correction

Accept

*Going forward all Medical evaluations will be double checked by the Client Care Coordinator and the Assistant Director to ensure all areas of the form are completed in its entirety.*

**Completion Date:** 04/11/2021

## Update - 04/14/2021

*Upon Resubmission of the Plan of Correction, the home will submit a copy of the updates/corrected DME, if possible. If not possible, the home will submit a copy of a compliant DME that has been completed since the date of the inspection.*

AG, 4 14 21

## Document Submission

Implemented

*I have submitted a copy of the updated DME for resident 1.*

## Update - 04/21/2021

*completed.*

AG, 4-21-21

## 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

*Resident #1 had a new order for Jardiance 10mg daily on 2/12/21. The medication was not available from the pharmacy until 2/18/21. Interviews with staff members determined the home's pharmacy is located in Delaware and it typically takes at least 3 days to fill prescriptions.*

## Plan of Correction

Accept

*All orders will be checked by the resident aide on duty at the time the new order arrives. The Resident Aide will then contact the pharmacy and arrange for them medication to arrive no later than the next day. If needed we will request the pharmacy coordinate with a local pharmacy to dispense the medication with 24 hours of the new order.*

**Completion Date** 04/09/2021

185a - Implement Storage Procedures (continued)

**Update - 04/14/2021**

*Upon Resubmission of the Plan of Correction, the Administrator will submit evidence of training that all Med techs in the home have been trained in this policy so they are aware of medication availability and know what to do in the event a medication is not available.*

*Question: Should a Resident Aid be making calls about medications if not trained as a med tech?*

*AG, 4-14-21*

**Document Submission**

**Implemented**

*A resident aid will not be making calls about medications unless trained as a med tech. There is always a trained med tech on site every shift to make those calls. I have attached a copy of a mandatory training that was given to our staff to cover the new protocol regarding medication availability and the event medication is not available*

**Update - 04/21/2021**

*approved,  
AG, 4-21-21*

187a - Medication Record

**1. Requirements**

2600.

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
  - 3. Name of medication.
  - 4. Strength.
  - 6. Dose.

**Description of Violation**

*Resident #1's sliding scale of Lantus is not listed on the MAR.*

**Plan of Correction**

**Accept**

*Going forward all medications will be entered into the MAR with the appropriate directions immediately upon receiving the new order. The client care coordinator and assistant director will check to make sure all new medication orders are entered correctly.*

**Completion Date:** *04/09/2021*

**Update - 04/14/2021**

*Upon Resubmission the Plan of Correction will be accompanied by evidence of Training of the Med Techs in these directions.*

*The home will also submit evidence of some type of auditing or reviewing by the Administrator or a designee to ensure that this is occurring. A system of copies of orders that are dated and are being filed in the resident record or the master file of some sort managed by the Administrator or the Client Care Coordinator would show evidence of compliance.*

*AG, 4-14-21*

187a - Medication Record (continued)

Document Submission

Implemented

I have attached the evidence of the completed training of med techs and the auditing tool that will be use to review the Medications and MAR weekly by med techs.

Update 04/21/2021

approved,  
AG, 4-21-21

187d - Follow Prescriber's Orders

1. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 was administered 1,000 mg of metformin twice daily from 2/13 3/3/21 at 8am. The order from the doctor notes 500mg twice daily.

Resident #1 has a discontinue order dated 2/12/21 for humulin 70/30 quickpen. The medication was administered on 2/12/21 at 4pm and twice daily until 2/16/21.

Plan of Correction

Accept

All medication orders will be checked by the Client care coordinator and assistant director to ensure they are accurate and no orders were missed on the electric MAR. The client care coordinator will immediately contact the prescribing physician to clarify any concerns.

Completion Date: 04/09/2021

Update - 04/14/2021

Upon Resubmission of the Plan of Correction, the home will submit evidence of compliance.

This can be accomplished by submitting recent changes in orders for a current resident.

Please describe the home's policy to address issues that arise when the Client Care Coordinator or a licensed professional is absent from the building. How will the resident's needs be met? What is the communication policy for staff to notify someone? Who will that be and what is the time frame?

AG, 4-14-21

Document Submission

Implemented

In the event that the client care coordinator is absent from the building. There will be a designated person who is trained to resume the care coordinator's responsibilities. The residents needs will be meet by the trained designated person acting on behalf of the care coordinator. The communication policy for staff is to notify the administrator, PCH nurse, and the residents Physician. This communication time frame is to be done as soon as any issue or concern found.

**187d - Follow Prescriber's Orders (continued)****Update - 04/21/2021**

*approved, as b=noted above the home will have a med tech on duty 24/7 to address any PRN needs and to address calls to pharmacies or supervisors or management after hours as the home's policies state.*

*AG, 4-21-21*