

Department of Human Services
Bureau of Human Service Licensing

April 20, 2021

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

RE: SALISBURY BEHAVIORAL HEALTH 1
626 EASTON ROAD
GLENSIDE, PA, 19038
LICENSE/COC#: 12832

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/01/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

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 1 **License #:** 12832 **License Expiration Date:** 03/25/2021
Address: 626 EASTON ROAD, GLENSIDE, PA 19038
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2158867147 **Email:** [REDACTED]

Legal Entity

Name: SALISBURY BEHAVIORAL HEALTH LLC
Address: 3894 COURTNEY STREET, SUITE 100, BETHLEHEM, PA, 18017
Phone: 2158867147 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/05/2002 **Issued By:** CWOPA

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 9 **Working Staff:** 7

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 04/01/2021

Inspection Dates and Department Representative

04/01/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 9 **Residents Served:** 9

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 6 **Are 60 Years of Age or Older:** 6
Diagnosed with Mental Illness: 9 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

04/01/2021 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/19/2021

Inspections / Reviews *(continued)*

4/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *04/19/2021*

4/20/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A was hired [REDACTED]. Staff person A did not complete the Older Adult Protective Services Act training.

Plan of Correction

Accept

Staff member A was trained in New Hire training on Residents Rights, Emergency Medical Plan, Abuse and Neglect under Older Adult Protective Services Act including reporting of reportable incidents and conditions.

The training file was at the main office and is attached.

Completion Date: 04/01/2021

Update - 04/15/2021

SP 04-15-2021 - Home will ensure all staff are trained in required aspects of regulation 2600.65b within required timeframes. Documentation to be made available for Department review.

Document Submission

Implemented

Immediately, on 4-15-21 the administrator called the administrative assistant to let [REDACTED] know that going forward the New Hire trainings which include Residents Rights, Emergency Medical Plan, Abuse and Neglect under Older Adult Protective Services Act including Incidents and condition must be added to the mini files kept on site in preparation for Licensing when it occurs.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

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

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Room [REDACTED]'s bedside lamp did not have a light bulb.

Plan of Correction

Accept

On 4/1/21 Room [REDACTED] was able to get a light bulb immediately from the maintenance department. Staff educated the resident on the importance of keeping a light bulb on their side table next to their bed. A staff meeting was held on 4/6/21 and staff were educated on the regulation 2600.101.j. Moving forward the lead staff and Administrator will perform monthly checks to ensure all residents have a light bulbs in their lamps.

Completion Date: 04/06/2021

101j7 - Lighting/Operable Lamp *(continued)***Document Submission****Implemented***Please see the attached image 101j.7*

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation*On 4/1/21 at approximately 11:45AM the temperature in the:*

- *resident refrigerator in the dining room was 50 degrees Fahrenheit and the freezer was 14 degrees Fahrenheit.*
- *basement freezer was 10 degrees Fahrenheit.*

Plan of Correction**Accept**

Immediately, on 4/1/21 the administrator turned the temperatures down in the refrigerators and freezers. The resident refrigerator will be replaced with new refrigerator due to the temperature not changing after 24 hours in spite of it being turned to the lowest setting.

The basement freezer was also turned down and within 24 hours it reached 0 degrees. The administrator and lead staff will do additional monthly checks to ensure that the freezer is at freezing temperature.

Staff were trained on 4/6/21 on regulation 2600.103.f. during staff meeting. The administrator and lead staff will ensure that the correct temperatures are being documented properly.

Completion Date: *04/01/2021***Document Submission****Implemented***Attached images for 103f*

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation*The home's emergency procedures are not posted in a conspicuous and public place in the home.*

123b - Emergency Procedures Posted (*continued*)**Plan of Correction****Accept**

Immediately on 4/1/21 the administrator was able to locate the Emergency Procedures and post them in a conspicuous and public place. They had been moved due to plastering the wall and painting. Going forward the administrator and the lead staff will do weekly checks to ensure that the Emergency procedures are posted. This will be implemented as apart of weekly check list for the lead staff responsibilities. A picture is attached to show that the procedures have been hung.

Completion Date: 04/01/2021

Document Submission**Implemented**

Emergency procedures posted image please see the attached 123b

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 is prescribed [REDACTED] which they are to [REDACTED]) However, the [REDACTED].

Plan of Correction**Accept**

On 4/1/21 the administrator immediately contacted the Radius pharmacy to find an explanation for the [REDACTED] manufactures label for Resident #1. The pharmacist [REDACTED] contacted the manufacturer and was given an explanation and a case number the two letters are attached.

The [REDACTED] are [REDACTED] each and [REDACTED] are [REDACTED] the label on the [REDACTED]. This is so because [REDACTED] out of the [REDACTED] is not a [REDACTED]

Staff were trained on this explanation in staff meeting on 4/6/21

Please see attached.

Completion Date: 04/01/2021

Document Submission**Implemented**

Attached image of the explanation 185a