

Department of Human Services
Bureau of Human Service Licensing

October 26, 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 07/07/2021, 07/08/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

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

Administrator

Name: *Aleira Harris* 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: *PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *19* Waking Staff: *14*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/08/2021*

Inspection Dates and Department Representative

07/07/2021 - On-Site: [REDACTED]
07/08/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *28* Residents Served: *19*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *19* Are 60 Years of Age or Older: *15*
Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

07/07/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/10/2021*

10/11/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/18/2021*

10/26/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b8 - Quarterly Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The following resident financial accounts were reviewed and the home failed to provide Quarterly financial reports to the residents or their designee since April 1, 2020.

Resident #1, #2, #3, #4, #5 #6, and #7.

Plan of Correction

Accept

Immediately on 7-13-21 a Quarterly financial report was conducted and reviewed with residents #1,#2,#3,#4,#5,#6,and #7 and the residents designated person. Moving forward the Administrator and program director with conduct on going quarterly financial reports with the residents and their designated person. This will include an itemized account of financial transactions made on the residents behalf on a quarterly basis.

Completion Date: 07/13/2021

Update - 10/11/2021

Please send/Attach proof of Quarterly financial statements for residents #1 thru #7..

Document Submission

Implemented

We are only representative payee for residents # 1,2,and 3. In which I have attached proof of there quarterly financial statements

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Repeat Violation

Room #13 resident's bathroom green tub had a heavy accumulation of soap scum and hair in the bottom of the tub. The water temperature was cool at 85°F. Black staining on the right-side walls and floor in the bathroom.

Repeat Violation-11/15/20

Plan of Correction

Accept

Immediately on 7-8-21 after the findings staff thoroughly cleaned room #13 bathroom. The soap scum and hair was removed from the tub. Also the staining on the walls and floor in the bathroom was cleaned. Moving forward staff will clean the residents bathroom daily. Also the program director and assistant program director will conduct weekly resident room and bathroom checks to ensure the residents room and bathroom are clean .

Completion Date: 07/08/2021

Update - 10/11/2021

Please send/Attach (picture) - proof of compliance. 10-11-2021

Document Submission

Implemented

I have attached (pictures) proof of compliance

103d - Storing Food Off Floor

1. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

The main walk-in freezer located on the lower level adjacent to the dining room had a 20 lbs. box of frozen succotash vegetables that was stored directly on the floor of the freezer.

Plan of Correction

Accept

Immediately the item was removed from the floor. Staff was trained on 7-14-21 on proper food storage, sealing, and labeling in the kitchen. Staff will be responsible for daily checks of the kitchen and food storage area. The program director and assistant program director will conduct weekly checks to ensure proper food storage, labeling and sealing are done.

Completion Date: 07/14/2021

Update - 10/11/2021

Please send/Attach proof of staff training. 10-11-2021

Document Submission

Implemented

Proof of staff training attached.

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The GE freezer located in the kitchen had a package of 10 potato cakes that were not sealed. The walk-in freezer located adjacent to the dining room had a package of 20 beef Hamburg patties that was not sealed.

Plan of Correction

Accept

Immediately the items were properly sealed. Staff was trained on 7-14-21 on proper food storage, sealing, and labeling in the kitchen. Staff will be responsible for daily checks of the kitchen and proper sealing, storing and labeling of food. The program director and assistant program director will conduct weekly checks to ensure proper sealing, food storage and labeling are done.

Completion Date: 07/14/2021

Update - 10/11/2021

Please send/Attach proof of staff training. 10-11-2021

Document Submission

Implemented

Proof of staff training attached

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #8’s DME dated [REDACTED] did not have the resident’s diagnosis listed or attached to the resident’s DME.

Plan of Correction

Accept

Immediately on 7-9-21 resident #8 diagnosis was listed on the residents DME. Moving forward the homes care coordinator will ensure the residents DME is completely filled with all required information including the residents diagnosis prior to leaving the residents appointment. Also the program director and assistant program director will conduct monthly resident chart audits to ensure all required information is completed.

Completion Date: 07/09/2021

Document Submission

Implemented

completed

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home did not have an activities calendar posted in a public and conspicuous area of the facility.

Plan of Correction

Accept

Immediately on 7-9-21 the home posted the activities calendar in a conspicuous and public area in the home for all to see. The program director and assistant program director will conduct weekly activities calendar checks to ensure it is posted.

Completion Date: 07/09/2021

Update - 10/11/2021

Please send/Attach proof - (picture) of compliance. 10-11-2021 [REDACTED]

Document Submission

Implemented

I have attached the (picture) proof of compliance

224c - Preadmission Screening

1. Requirements

2600.

224c - Preadmission Screening (continued)

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Repeat Violation

The home did not indicate on residents #3's DOA [redacted] and resident #4 DOA [redacted] preadmission forms that the home was able to meet their needs.

Repeat Violation-11/15/20

Plan of Correction

Accept

Immediately on 7-9-21 the home indicated on residents #3 and #4 preadmissions form that the home is able to meet their needs. Moving forward the program director and assistant program director will conduct monthly resident chart audits to ensure all the required information is completed in its entirety on the residents charts.

Completion Date: 07/09/2021

Document Submission

Implemented

completed

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident # 7 DOA [redacted] Resident information did not indicate or state if the resident had any identifiable marks.

Plan of Correction

Accept

Immediately on 7-9-21 the home indicated on resident #7 record whether or not [redacted] had any identifiable marks. Moving forward the program director and assistant program director will conduct resident chart audits to ensure all the required information is included on the residents records.

Completion Date: 07/09/2021

Document Submission

Implemented

completed