

Department of Human Services
Bureau of Human Service Licensing

June 1, 2022

[REDACTED]
SALISBURY BEHAVIORAL HEALTH LLC
[REDACTED]
[REDACTED]

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 02/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
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: *08/19/2022*
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: *236 BROADHEAD ROAD, SUITE 110, B THLEHEM, PA, 18017*
Phone: *5704217668* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/26/2008* Issued By: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *03/11/2022*

Inspection Dates and Department Representative

02/24/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *28* Residents Served: *22*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *22* Are 60 Years of Age or Older: *17*
Diagnosed with Mental Illness: *22* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/24/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/06/2022*

Inspections / Reviews *(continued)*

05/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *05/13/2022*

05/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/01/2022*

06/01/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home is rationing the resident cigarettes. Staff member A verifies that the home will hold all of the resident's cigarettes. The residents receive 5 of their own cigarettes at 10 am and 5 more at 4pm. They are not allowed to get additional cigarettes at any other times.

Plan of Correction

Accept

- On 2/24/22, resident 1 agreed to let Salisbury Behavioral Health hold [redacted] cigarettes. [redacted] signed a form stating that [redacted] would be comfortable receiving 10 cigarettes a day due to the fact [redacted] would smoke them all and run out.
- An addition talking smoke detector was installed in [redacted] room and a No Smoking sign
- A wireless smoke detector that alerts staff in the office was also installed in [redacted] room.
- An audit was conducted a week later 3/3/22 to ensure resident 1 was still okay with having [redacted] cigarettes distributed to [redacted] 10 a day.

Completion Date: 03/03/2022

Update: 05/10/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

Document Submission

Implemented

The administrator is responsible for ensuring that the staff are checking in on resident 1 to see if [redacted] is smoking in [redacted] room.

Immediately additional smoke detectors were placed in [redacted] room.

The administrator provided verbal education to staff on regulation 42.s. A resident has the right to privacy of self and possessions.

Resident 1 was provided with education about the danger of smoking in [redacted] room and agreed not to smoke in [redacted] room but only designated areas. This will happen immediately.

The administrator will be responsible for on-going compliance and monitoring.

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

85d - Trash Receptacles (continued)

Description of Violation

Garbage can in the kitchen was not covered and was not in use at the time of inspection.

Plan of Correction

Accept

- On 3/3/22 staff were educated about regulation 85.d that trash lids must be down covering the trash can and cannot be left open at any given time.
- This regulation was added to the staff meeting agenda and staff were trained by the Administrator on the importance of the regulation concerning rodents being drawn into the building.

Completion Date: 03/03/2022

Update: 05/10/2022

Who will monitor and be responsible for ongoing compliance?

Document Submission

Implemented

The administrator will monitor for ongoing compliance. The staff who are in the kitchen will also monitor the trash can lid is remaining closed.

103d - Storing Food Off Floor

1. Requirements

- 2600.
- 103.d. Food shall be stored off the floor.

Description of Violation

There was a bag of chicken nuggets found on the floor of the walk-in freezer.

Plan of Correction

Accept

- On 3/3/22 staff were educated on the importance of making sure no food falls on the floor in the walk-in deep freezer.
- An audit was conducted by the Administrator on 2/24/22 and found that the bag of chicken nuggets slid off the bag under it. Going forward staff will ensure that the food in the walk-in freezer is secure and not stacked too high.
- The chef will conduct daily checks during [redacted] shift to ensure that food is not fallen on the floor.
- The administrator will conduct random checks to ensure food is not being stored on the floor.

Completion Date: 03/03/2022

Update: 05/10/2022

Document Submission

Implemented

Administrator will be responsible for ongoing compliance.

144c1 - Smoking Area Guidelines

1. Requirements

- 2600.

144c1 - Smoking Area Guidelines (continued)

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

Description of Violation

Resident 1 has been smoking cigarettes on numerous occasions in their room.

Plan of Correction

Do Not Accept

Please see attached

Completion Date: 03/03/2022

Update: 05/10/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

Plan of Correction

Accept

The administrator is responsible for fixing the problem and

on 3/3/22 the administrator had maintenance installed two extra smoke detectors in resident room 1. The smoke detectors are very high tech and give detailed information and help to the administrator and staff for dealing with the smoking issues. For example, one smoke detector will light up and say "No smoking" and the second smoke detector is wireless and it sends a signal to the front office to alert staff to go check the residents room to confirm if [redacted] is smoking.

What action that person will take, (training etc..) and when that action will happen - (date).

Resident 1 and other residents that smoke were educated and shown a video of the dangers of smoking in the facility in a non-smoking area.

Staff will continue to be trained in our annual Fire Safety meeting by the Fire Marshall.

The administrator will be responsible for ongoing compliance and staff will be responsible for ongoing compliance.

Completion Date: 03/03/2022

Document Submission

Implemented

The administrator will be responsible for the ongoing compliance.

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

Menu was not posted for a full week in advance. On 2/24/2022, the menu was only posted until 2/26/2022.

Plan of Correction

Do Not Accept

•Immediately on 2/24/22 the chef was notified and educated on regulation 162.c and 162.e. Effective immediately menus shall be prepared for one week in advance and shall be followed weekly menus should be posted for 1 week

162c - Menus Posted (continued)

in advance for residents to view.

•Any change to a menu shall be posted in a public place in the home and assessable to residents in advance of the meal.

**Staff were educated on the importance.*

Completion Date: 03/03/2022

Update: 05/10/2022

Who will monitor and be responsible for ongoing compliance?

Plan of Correction

Accept

The administrator will monitor for ongoing compliance every Friday to ensure the next weeks menu and complete and posted. The chef will be responsible for making the menu and posting it in a timely fashion.

Completion Date: 05/10/2022

Document Submission

Implemented

The administrator and staff will be responsible for ongoing compliance.

162e - Menu Changes

1. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

The menu posted was not updated to reflect changes. The menu listed dinner on 2/23/2022 as Spaghetti, meatballs, and vegetable. The residents were served Ham steaks, scalloped potatoes, and spinach.

Plan of Correction

Accept

•Immediately on 2/24/22 the chef was notified and educated on regulation 162.c and 162.e. Effective immediately menus shall be prepared for one week in advance and shall be followed weekly menus should be posted for 1 week in advance for residents to view.

•Any change to a menu shall be posted in a public place in the home and assessable to residents in advance of the meal.

Completion Date: 03/03/2022

Update: 05/10/2022

Who will monitor and be responsible for ongoing compliance?

162e - Menu Changes (continued)

Document Submission

Implemented

The assistant administrator and the administrator will monitor and be responsible for ongoing compliance.

201 - Positive Interventions

1. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident 1 is punished punitively by having to wait longer than other residents to get their cigarettes. This was verified by Staff Member A.

Plan of Correction

Do Not Accept

- Immediately, on 2/24/22 positive interventions were implemented to modify behaviors such as praise for smoking in designated areas. Other positive supports have been meeting with his BCM team to redirect and reinforce appropriate behavior. A positive reinforcement implemented was after a week without smoking in [redacted] room [redacted] was treated to [redacted] favorite meal.
- A no smoking sign has been hung in resident room number 1 and a talking smoke detector was installed.
- A wireless smoking system has also been installed it alerts the system that smoke is in resident 1 room to defuse any potential emergency situations.

Completion Date: 03/03/2022

Update: 05/10/2022

Who will monitor and be responsible for ongoing compliance?

Plan of Correction

Accept

The administrator will be monitoring regulation 201 for ongoing compliance. Staff will monitor on a daily basis.

Completion Date: 03/03/2022

Document Submission

Implemented

The administrator will be monitor for on going compliance.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

227d - Support Plan Medical/Dental (continued)

Description of Violation

Resident 1's RASP dated [redacted] was not updated to reflect their behavior of smoking in their room.

Plan of Correction

Do Not Accept

- An audit was conducted by the Administrator on 2/26/22 and the RASP was updated to reflect the behavioral changes of resident 1 smoking in [redacted] room. Moving forward the Administrator will conduct quality audits to ensure RASPs are updated with behavioral changes.
- On 3/3/22 current staff will be educated by the Administrator about resident 1 smoking in [redacted] room.
- A no smoking sign has been hung in resident room number 1 and a talking smoke detector
- A wireless smoking system has also been installed it alerts the system that smoke is in resident 1 room

Completion Date: 02/26/2022

Update: 05/10/2022

Who will monitor and be responsible for ongoing compliance?

Plan of Correction

Accept

The administrator will be responsible for monitoring the ongoing compliance of the RASPs being updates with new behavioral and medical changes.

Completion Date: 03/03/2022

Document Submission

Implemented

The administrator will be responsible for monitoring and ongoing compliance.