

Department of Human Services
Bureau of Human Service Licensing

May 18, 2022

[REDACTED], PERSONAL CARE HOME ADMINISTRATOR
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/18/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
[REDACTED]

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 #: *12832* License Expiration: *03/25/2022*
Address: *626 EASTON ROAD, GLENSIDE, PA 19038*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/05/2002* Issued By: *West Brandywine Township*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/18/2022*

Inspection Dates and Department Representative

04/18/2022 - 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: *9* Are 60 Years of Age or Older: *7*
Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/18/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2022*

05/13/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *05/18/2022*

05/18/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/20/2022*

24 - Personal Hygiene

1. Requirements

2600.

24. Personal Hygiene - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

6. Nail care.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident #1 indicates the resident requires assistance with nail care. On 04/18/22, the resident's nails were observed to be long. The resident is legally blind and cannot perform this care task independently. The resident did not receive assistance as required.

Plan of Correction

Do Not Accept

Immediately after getting the report on [REDACTED], staff performed nail care on [REDACTED] nail's. They were cut and filed. Moving forward every two weeks and as needed. Staff will assist [REDACTED] with performing [REDACTED] nail care. The administrator will follow up to ensure that this task is completed in a timely manner.

Completion Date: 03/29/2022

Update: 05/13/2022

How often, and for what duration will the administrator follow up? How will this be documented? What is the plan to ensure all resident's needs are met?

Plan of Correction

Accept

How often, and for what duration will the administrator follow up? How will this be documented? What is the plan to ensure all resident's needs are met?

As stated on the previous POC resident #1 will have assistance with his nail care every two week and as needed. This is documented on the attached resident #1 nail care sign sheet. The administrator will check the sign in sheet bi-weekly and physically check resident #1 nails that it's completed. Once administrator verifies completion on resident #1 nail care by staff she will initial resident #1 nail care sheet. The duration will be on going until resident #1 needs change. The plan to ensure all residents need are met is that RASP will always be completed to reflect the most accurate needs of each resident. (Please see attached nail care documentation form)

Completion Date: 05/13/2022

85b - Infestation

1. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 04/18/22 at 2:40 pm, two mice were found in room #3 stuck to a glue trap.

Plan of Correction

Do Not Accept

Immediately on 4/18/2022 maintenance removed two mice that was on the trap in room #3. Moving forward staff will do a routine daily room check. They will check for any infestation of rodent the resident room. The administrator will follow up to ensure that these checks are done in a timely manner.

Completion Date: 04/18/2022

Update: 05/13/2022

How often, and for what duration will checks be completed? How will this be documented?

Plan of Correction

Accept

How often, and for what duration will checks be completed? How will this be documented?

85b - Infestation (continued)

As stated in the previous POC, staff will conduct daily resident room checks. This will be done on each shift. This documented on the resident room check form. The administrator will complete weekly checks of the residents room check binder to verify and ensure staff are completing the daily checks. The duration of these resident room checks will be on going and updated if any other checks need to be added to reflect proper care for the residents. (Please see attached resident room check form)

Completion Date: 05/07/2022

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

During initial walk through, mattresses were observed in the second-floor foyer leaning against the wall. The mattresses were not secured and could fall on top of residents and/or a cause a tripping hazard.

Plan of Correction

Do Not Accept

Immediately on 4/18/2022 maintenance removed mattresses on the second floor foyer. Moving forward staff will be mindful to keep all area in the home secured and safe from all trip hazards. The administrator will perform a walk thought of the home to ensure all safety measures are implemented.

Completion Date: 04/18/2022

Update: 05/13/2022

How often, and for what duration will walk-throughs be completed? How will this be documented?

Plan of Correction

Accept

How often, and for what duration will walk-throughs be completed? How will this be documented? During staff meeting on 5/5/2022 staff was educated on Reg. 95 regarding furniture and equipment. All staff are now aware of hazard regarding furniture and equipment in the home. The administrator also informed maintenance who was responsible for leaving it there of the regulation/violation to prevent future reoccurrence. The administrator will conduct a weekly walk threw with maintenance to ensure all safety measure are implemented. The duration of these walk-through will be documented in the maintenance binder and work order binder. (Please see attached work order form)

Completion Date: 05/05/2022

101o - Walls, Floors, Ceilings

1. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The plaster on the ceiling in bedroom #4 is cracked and the ceiling has peeling paint.

Plan of Correction

Do Not Accept

Immediately on 4/18/2022 maintenance repair the cracked ceiling in bedroom #4. Moving forward staff will look at all areas in the resident room to ensure they are no cracks in their bedroom. The administrator will check to see if this duty has been performed.

Completion Date: 04/18/2022

101o - Walls, Floors, Ceilings (continued)

Update: 05/13/2022

How often, and for what duration will the administrator complete these checks? How will this be documented?

Plan of Correction

Accept

How often, and for what duration will the administrator complete these checks? How will this be documented?

Staff conducts daily resident room checks. Check #3 on the resident room check form this is to ensure the residents bedrooms have walls, floors. and ceiling in good repair. Theses checks will be ongoing and completed during each shift. This will be documented on the resident check form. The administrator will complete weekly checks of the resident room binder. Any and all finding will be addressed immediately and a work order implemented. (Please see attach work order and resident room check form)

Completion Date: 05/07/2022

127a - Portable Space Heaters

1. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 04/18/22 at 9:10 AM, a portable space heater was in use on the second floor next to the medication room.

Plan of Correction

Do Not Accept

Immediately on 4/18/2022 maintenance removed the heater that was sitting in the hallway next to the medication room. Staff will ensure that there is no heater sitting in the home at all. Moving forward the administrator will walk thought the home, to ensure there are no heaters sitting in the home.

Completion Date: 04/18/2022

Update: 05/13/2022

How often, and for what duration will walk-throughs be completed? How will this be documented?

Plan of Correction

Accept

How often, and for what duration will walk-throughs be completed? How will this be documented?

During Staff meeting on 5/5/2022 staff was educated on Reg. 127a regarding portable space heaters. the administrator also informed maintenance of the regulation/violation to prevent future reoccurrence. The administrator will conduct a weekly walk threw with maintenance to ensure there are no space heaters on site. The duration of these walk-though will be ongoing. Any finding during these walk-though will be documented in the maintenance binder and work order binder. (Please see attached work order form)

Completion Date: 05/05/2022