

Department of Human Services
Bureau of Human Service Licensing

July 28, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: SALISBURY BEHAVIORAL HEALTH
LLC
1075 EASTON ROAD
ROSLYN, PA, 19001
LICENSE/COC#: 12820

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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 - PUBLIC

Facility Information

Name: *SALISBURY BEHAVIORAL HEALTH LLC* License #: *12820* License Expiration: *10/26/2022*
Address: *1075 EASTON ROAD, ROSLYN, PA 19001*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/14/1998* Issued By: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/13/2022*

Inspection Dates and Department Representative

06/13/2022 - On-Site: Charlotte Wiley

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *13* Residents Served: *13*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *5*
Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

06/13/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/08/2022*

07/15/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/26/2022*

07/28/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b1 - Financial Records

1. Requirements

2600.

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

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident 1. However, on 6/13/22, during the review of the monthly statements, resident 1 is missing [REDACTED] that was not all carried over to the month of February 2022 upon completion of the month of January 2022.

Plan of Correction

Accept

On 6/14/22 I conducted an internal Audit. My findings where there was a clerical error on Resident 1 financial form that totaled the amount of [REDACTED]. Resident 1 balance should have been [REDACTED] to date. [REDACTED] had [REDACTED] in [REDACTED] safe on site. After auditing everyone's cash on hand in the safe. There was [REDACTED] over in another resident's account in the safe. The [REDACTED] was immediately placed in Resident 1 account. Resident 1 account now has [REDACTED] in the safe. I have attached the corrected financial transaction form that we reviewed with Resident 1. Moving forward the Administrator and the lead staff will conduct monthly financial audits of the residents financial transactions form to insure ensure accurate documentation of the dates, amounts of deposits, withdrawals, and current balance.

Completion Date: 06/14/2022

Document Submission

Implemented

On 6/14/22 I conducted an internal Audit. My findings where there was a clerical error on Resident 1 financial form that totaled the amount of [REDACTED]. Resident 1 balance should have been [REDACTED] to date. [REDACTED] had [REDACTED] in [REDACTED] safe on site. After auditing everyone's cash on hand in the safe. There was [REDACTED] over in another resident's account in the safe. The [REDACTED] was immediately placed in Resident 1 account. Resident 1 account now has [REDACTED] in the safe. I have attached the corrected financial transaction form that we reviewed with Resident 1. Moving forward the Administrator and the lead staff will conduct monthly financial audits of the residents financial transactions form to insure ensure accurate documentation of the dates, amounts of deposits, withdrawals, and current balance.

20b9 - Record Keeping

1. Requirements

2600.

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

- 9. A copy of the itemized account shall be kept in the resident's record.

Description of Violation

On 6/13/22, the home is not using the correct amounts for the entire quarter to calculate resident 1's money in [REDACTED] account. They are using a 1 month total of [REDACTED] deductions and not a 3 month total of [REDACTED] deductions in which is actually being deducted. The amounts are not calculated correctly with the total quarterly amount.

Plan of Correction

Accept

Immediately our companies financial management team was contacted and made aware of violation 2600 20.b. Being that the financial department has full access to resident 1 total account. They will be completing the PCH Quarterly financial summary 2600.20(b)(8) form. They are scheduled to come to the site on 7/25/22 and complete the form. The administrator will ensure a copy of the itemized account shall be kept in the resident's record.

20b9 - Record Keeping (continued)

Moving forward the financial team will complete this process every three months for all residents we our representative payee for.

Completion Date: 07/25/2022

Document Submission

Implemented

Immediately our companies financial management team was contacted and made aware of violation 2600 20.b. Being that the financial department has full access to resident 1 total account. They will be completing the PCH Quarterly financial summary 2600.20(b)(8) form. They are scheduled to come to the site on 7/27/22 and complete the form. The administrator will ensure a copy of the itemized account shall be kept in the resident's record. Moving forward the financial team will complete this process every three months for all residents we our representative payee for.

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A does not have a valid Pennsylvania Criminal Background check.

Plan of Correction

Accept

Immediately HR was contacted and notified of the error on their end. HR completed a valid Pennsylvania Criminal Background check on 6/17/22 for staff person A. Moving forward the administrator will conduct an audit of HR staff mini charts upon new hire to ensure a valid Pennsylvania Criminal Background check is completed and in there charts.

Completion Date: 07/17/2022

Document Submission

Implemented

Immediately HR was contacted and notified of the error on their end. HR completed a valid Pennsylvania Criminal Background check on 6/17/22 for staff person A. Moving forward the administrator will conduct an audit of HR staff mini charts upon new hire to ensure a valid Pennsylvania Criminal Background check is completed and in there charts.

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.

Description of Violation

The assessment for resident 1, dated [REDACTED] does not indicate a level of degree for Securing and Using Transportation, Managing finances, Making and keeping appointments, Engaging in Social and Leisure activities, obtaining clean, seasonal clothing, judgement, agitation and hallucinations.

227d - Support Plan Medical/Dental (continued)**Plan of Correction****Accept**

Immediately on 6/13/22 after discovery it was corrected and properly document/updated on residents 1 support plan. Moving forward the Administrator will complete a thorough review to double check and ensure the residents support plans are fully completed and accurately updated.

Completion Date: 06/13/2022

Document Submission**Implemented**

Immediately on 6/13/22 after discovery it was corrected and properly document/updated on residents 1 support plan. Moving forward the Administrator will complete a thorough review to double check and ensure the residents support plans are fully completed and accurately updated.