

Department of Human Services
Bureau of Human Service Licensing

August 18, 2022

[REDACTED], ADMINISTRATOR
[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 06/28/2022 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: *08/19/2022*
Address: *1482 CHERRY LANE, EAST STROUDSBURG, PA 18301*
County: *MONROE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *SALISBURY BEHAVIORAL HEALTH LLC*
[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: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/28/2022*

Inspection Dates and Department Representative

06/28/2022 - 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: *7* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/28/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/22/2022*

Inspections / Reviews (*continued*)

07/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/02/2022*

08/18/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's most recent renewal inspection summary from 7/7/2021 was not posted within the home.

Plan of Correction

Accept

Immediately, the administrator posted the current full inspection summary from 7/7/2021. It is in an inconspicuous place.

Going forward the administrator and the house manager will ensure that the most current full inspection summary is posted daily.

The administrator will be responsible for ensuring that the full inspection summary is posted daily.

Completion Date: 06/28/2022

Update: 07/25/2022

Please send proof of compliance (picture).

Document Submission

Implemented

Immediately, the administrator posted the current full inspection summary from 7/7/2021. It is in an inconspicuous place.

Going forward the administrator and the house manager will ensure that the most current full inspection summary is posted daily.

The administrator will be responsible for ensuring that the full inspection summary is posted daily.

82a - Poisonous Materials

1. Requirements

2600.

- 82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

There was an unlabeled bottle containing liquid that looked and smelled similar to bleach found in the laundry room.

Plan of Correction

Accept

Immediately, the administrator removed the unlabeled bottled of bleach and it was discarded. The label came off during the course of the use of the bleach.

An audit was conducted on 6/29/22 to ensure that all poisonous materials are stored with labels with no additional findings.

All staff were educated on Regulation 82.a that poisonous materials shall be stored in their original, labeled containers and the label must be on it.

The administrator, house manger and all staff will be responsible for making sure labels are on containers monthly.

Completion Date: 06/28/2022

Update: 07/25/2022

Please send proof of staff training.

82a - Poisonous Materials (continued)

Document Submission**Implemented**

Immediately, the administrator removed the unlabeled bottled of bleach and it was discarded. The label came off during the course of the use of the bleach.

An audit was conducted on 6/29/22 to ensure that all poisonous materials are stored with labels with no additional findings.

All staff were educated on Regulation 82.a that poisonous materials shall be stored in their original, labeled containers and the label must be on it.

The administrator, house manger and all staff will be responsible for making sure labels are on containers monthly.

89c - Testing Non-Public Water

1. Requirements

2600.

89.c. A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels. A public water system is a system that provides water to the public for human consumption, which has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year.

Description of Violation

The home does not have verification that their well water was tested for coliform since 11/2021.

Plan of Correction**Accept**

Lakewood well water is tested once every 3 months. The information was requested by the administrator from the company who tests the water.

These documented are being prepared to be given to the administrator for this citation.

The documents have yet to be received. Another email will be sent out to the company for the request.

Completion Date: 07/26/2022

Update: 07/25/2022

Please send proof of compliance (water testing).

Document Submission**Implemented**

Lakewood well water is tested once every 3 months. The information was requested by the administrator from the company who tests the water.

These documented are being prepared to be given to the administrator for this citation.

The documents have yet to be received. Another email will be sent out to the company for the request.

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit located in the medication room did not have scissors included with it.

Plan of Correction**Accept**

Immediately, staff replaced the scissors in the First Aid Kit located in the med room. Going forward the house manager will fill out a monthly checklist to ensure all items are replaced if missing.

96a - First Aid Kit (continued)

An audit was conducted by the administrator on 7/1/22 to ensure all items were in the First Aid Kit with no additional findings.

Staff were educated on the importance of replacing missing items out of the First Aid Kit and regulation 96.a.

The administrator and the house manger will be responsible and ensure that monthly checks are completed on the First Aid Kit and the checklist has been completed and all items are available.

The administrator and house manager will be responsible for checking the check list.

Completion Date: 07/01/2022

Update: 07/25/2022

Please send proof of monthly checklist.

Document Submission

Implemented

Immediately, staff replaced the scissors in the First Aid Kit located in the med room. Going forward the house manager will fill out a monthly checklist to ensure all items are replaced if missing.

An audit was conducted by the administrator on 7/1/22 to ensure all items were in the First Aid Kit with no additional findings.

Staff were educated on the importance of replacing missing items out of the First Aid Kit and regulation 96.a.

The administrator and the house manger will be responsible and ensure that monthly checks are completed on the First Aid Kit and the checklist has been completed and all items are available.

The administrator and house manager will be responsible for checking the check list.

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The notification letter to the local fire department dated 6/28/2021 did not include the home's address and indicated that there were 19 residents in the home and that it has a capacity of 21 residents. The home currently has 22 residents and a capacity of 28 residents.

Plan of Correction

Accept

The notification letter to the fire department was rewritten to fit the criteria of Regulation 124. The letter includes the homes address, updated resident census and the building capacity. The letter also includes the floor plan with marked bedrooms and the Emergency Management procedures. A certified copy of all documents has been sent to the Township Fire Department.

The administrator will be responsible and ensure that when the census changes a updated letter will be sent to the township fire department.

Completion Date: 07/08/2022

Update: 07/25/2022

Please send proof of compliance.

Document Submission

Implemented

The notification letter to the fire department was rewritten to fit the criteria of Regulation 124. The letter includes the homes address, updated resident census and the building capacity. The letter also includes the floor plan with marked bedrooms and the Emergency Management procedures. A certified copy of all documents has been sent to the Township Fire Department.

124 - Notice to Fire Department (continued)

The administrator will be responsible and ensure that when the census changes a updated letter will be sent to the township fire department.

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

There was a tissue or lint sheet observed on the exhaust vent of the dryer in the laundry room.

Plan of Correction

Accept

Immediately, staff removed a piece of tissue that was observed from the exhaust in the laundry room.

All staff has been trained on the importance of checking behind the washers and dryers for debris.

Staff will be responsible for daily checks of any lent behind the washers and dryers and removing any debris.

An audit was conducted by the administrator on 6/28/22 to ensure that was no debris on the vents with no additional findings.

The administrator, house manger and maintenance will be responsible for monthly and quarterly checks.

Completion Date: 06/28/2022

Update: 07/25/2022

Please send proof of staff training.

Document Submission

Implemented

Immediately, staff removed a piece of tissue that was observed from the exhaust in the laundry room.

All staff has been trained on the importance of checking behind the washers and dryers for debris.

Staff will be responsible for daily checks of any lent behind the washers and dryers and removing any debris.

An audit was conducted by the administrator on 6/28/22 to ensure that was no debris on the vents with no additional findings.

The administrator, house manger and maintenance will be responsible for monthly and quarterly checks.

131a - Fire Extinguisher

1. Requirements

2600.

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

Description of Violation

The fire extinguishers found in each of the home's two vehicles were last inspected in 2/2014.

Plan of Correction

Accept

On 7/11/22 new fire extinguishers were purchased and secured to the inside of the van.

Staff were educated on the importance of the making sure the fire extinguishers are operable, tagged and in the green once a week and regulation 131.a.

The client care coordinator and the house manager will be responsible for making sure that the fire extinguishers in the vans are inspected once a month.

The administrator and maintenance will be responsible for checking the fire extinguishers quarterly.

Completion Date: 07/11/2022

131a - Fire Extinguisher (continued)

Update: 07/25/2022

Please send proof of compliance (picture).

Document Submission

Implemented

On 7/11/22 new fire extinguishers were purchased and secured to the inside of the van.

Staff were educated on the importance of the making sure the fire extinguishers are operable, tagged and in the green once a week and regulation 131.a.

The client care coordinator and the house manager will be responsible for making sure that the fire extinguishers in the vans are inspected once a month.

The administrator and maintenance will be responsible for checking the fire extinguishers quarterly.

141a - Medical Evaluation

1. Requirements

2600.

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.

Description of Violation

The home did not have a Document of Medical Evaluation for Resident 2 who was admitted to the home [REDACTED].

Plan of Correction

Accept

For regulation 141.a the resident 2 has already been scheduled for a Document of Medical Evaluation on 7/29/2022.

An audit was conducted on all DMEs to ensure they have been completed with no additional findings.

The client care coordinator is and will be responsible for ensuring that medical evaluations are completed within 60 days prior to admission or within 30 days after admissions.

The administrator and the house manger will be responsible for making sure that that the appointments are scheduled in advance the timeframe.

Completion Date: 07/29/2022

Update: 07/25/2022

Please send proof of Resident 2's DME.

Document Submission

Implemented

For regulation 141.a the resident 2 has already been scheduled for a Document of Medical Evaluation on 7/29/2022.

An audit was conducted on all DMEs to ensure they have been completed with no additional findings.

The client care coordinator is and will be responsible for ensuring that medical evaluations are completed within 60 days prior to admission or within 30 days after admissions.

The administrator and the house manger will be responsible for making sure that that the appointments are scheduled in advance the timeframe.

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 2's glucometer had a blood sugar reading of [REDACTED] on 6/8/2022 at 12:12pm that was not recorded on the MAR.

185a - Implement Storage Procedures (continued)

On 6/9/2022, Resident 2's MAR indicated a blood sugar level of [REDACTED] at 4pm. The glucometer indicated a blood sugar reading of 260 for this same time.

Correction

Directed

Document Submission

Implemented

Immediately, on 6/28/22 the administrator and the direct care professional reviewed residents 2's Medication Administration Record and compared it with residents glucometer. After completing a med audit of residents 2's medications, glucometer and MAR everything has been updated and corrected. Staff was educated on the importance of accurate documentation and double checking the MAR to make sure they match. Audits will be conducted once a week by the direct support professional and the site supervisor. The administrator was conduct bi-weekly audits to ensure checks are conducted.

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 2 has a physician's order to receive 4 units of [REDACTED] with a blood sugar reading between 250-299. On 6/9/2022 at 4pm, Resident 2 has a blood sugar reading of [REDACTED] but received 0 units of Novolog.

Plan of Correction

Accept

Immediately, staff were educated on the importance of making sure the correct amount of units are being given and regulation 187.d. Staff will follow the directions are directed by Quick Mar. The staff who is distributing medication will have the second staff double check the glucometer number and how many units are to be given to ensure it is correct. The administrator, house manager and lead staff will be responsible and conduct weekly audits to ensure that the correct amount of units are being given according to the blood sugar reading.

Completion Date: 06/30/2022

Update: 07/25/2022

Please send proof of staff training.

Document Submission

Implemented

Immediately, staff were educated on the importance of making sure the correct amount of units are being given and regulation 187.d. Staff will follow the directions are directed by Quick Mar. The staff who is distributing medication will have the second staff double check the glucometer number and how many units are to be given to ensure it is correct. The administrator, house manager and lead staff will be responsible and conduct weekly audits to ensure that the correct amount of units are being given according to the blood sugar reading.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 3 was admitted to the home on [REDACTED]. Their assessment was not completed until [REDACTED].

Plan of Correction

Accept

After admission a resident shall have a written initial assessment within the first 15 days.

An audit was conducted on 7/1/22 to ensure all assessments are within the correct timeframe with no additional findings.

The administrator will be responsible for writing the assessment.

The administrator and house manager will be responsible for checking the RASP list to ensure that they are written in a timely manner.

Completion Date: 06/30/2022

Document Submission

Implemented

After admission a resident shall have a written initial assessment within the first 15 days.

An audit was conducted on 7/1/22 to ensure all assessments are within the correct timeframe with no additional findings.

The administrator will be responsible for writing the assessment.

The administrator and house manager will be responsible for checking the RASP list to ensure that they are written in a timely manner.

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

There was no verification that Resident 1 received an itemized account of financial transactions within the last year.

Repeat violation from 7/7/2022.

Plan of Correction

Accept

On 6/30/22 resident 1 received an itemized account information of [REDACTED] financial transaction.

Each quarter residents shall being given a statement of their financial.

The administrator will be responsible for obtaining the records.

The house manager will be responsible in making sure that the residents will receive statements every quarter.

Completion Date: 06/30/2022

Update: 07/25/2022

Please send proof of resident 1's itemized account.

Document Submission

Implemented

On [REDACTED] resident 1 received an itemized account information of [REDACTED] financial transaction.

Each quarter residents shall being given a statement of their financial.

The administrator will be responsible for obtaining the records.

The house manager will be responsible in making sure that the residents will receive statements every quarter.

252 - Record Content

1. Requirements

2600.

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

2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident 2's record does not indicate if the resident has any identifying marks. Repeat Violation from 7/7/2021.

Plan of Correction**Accept**

Immediately, resident 2 face sheet was updated with [REDACTED] identifying marks.

The lead staff will check each face sheet for identifiers to ensure that they are all present over the next week.

An audit was conducted by client care coordinator and administrator to ensure all identifiers were present with no additional findings.

The house manager and administrator will check each face sheet to ensure that all identifiers are present the following week.

The house manager and administrator will be responsible for ensuring that the identifiers are present.

Completion Date: 07/15/2022

Update: 07/25/2022

Please send face sheet for resident 2.

Document Submission**Implemented**

Immediately, resident 2 face sheet was updated with [REDACTED] identifying marks.

The lead staff will check each face sheet for identifiers to ensure that they are all present over the next week.

An audit was conducted by client care coordinator and administrator to ensure all identifiers were present with no additional findings.

The house manager and administrator will check each face sheet to ensure that all identifiers are present the following week.

The house manager and administrator will be responsible for ensuring that the identifiers are present.