

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

January 27, 2023

[REDACTED], REGIONAL SUPERVISOR
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 11/29/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SALISBURY BEHAVIORAL HEALTH License #: 21213 License Expiration: 08/19/2023
 Address: 1482 CHERRY LANE, EAST STROUDSBURG, PA 18301
 County: MONROE Region: NORTHEAST

Administrator

Name: [REDACTED] Email: [REDACTED]

Legal Entity

Name: SALISBURY BEHAVIORAL HEALTH LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/08/2008 Issued By: Pa L&I

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 11/29/2022

Inspection Dates and Department Representative

11/29/2022 - 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: 15
 Diagnosed with Mental Illness: 22 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/29/2022 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/17/2022

12/19/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/18/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/23/2022

Inspections / Reviews *(continued)*

01/08/2023 POC Submission

Submitted By: [REDACTED] Mullen

Date Submitted: 01/18/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/13/2023

01/27/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/18/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home's fire drills for drills conducted for 10/04/22 and 11/22/22 did not state the number of residents that were evacuated from the home during the fire drill and actual fire event, that occurred on 11/22/22 at 6:00 pm.

Plan of Correction

Accept [redacted] - 01/08/2023)

The administrator and program manger is responsible for fixing the problem.

Immediately, the administrator added the number of residents that evacuated the fire drill and actual fire event that occurred on 10/04/22 and 11/22/22.

The documentation was corrected on 11/29/22 by the administrator.

An audit was conducted on 12/13/22 by the Operations Director to ensure that the documentation record is correct.

The program manger the administrator will monitor ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented [redacted] - 01/27/2023)

132d - Evacuation

2. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

Interview with staff person A, it was determined that not all residents evacuated the building in a timely fashion during a fire event on 11-22-2022. Resident #1 refused to leave the facility initially and only evacuated the building after the fire company was on site and demanded they evacuate the building. The home has a fire safety letter with an evacuation time of 3.5 minutes. The fire company was on site 5 minutes after 911 was called.

Plan of Correction

Accept ([redacted] - 01/08/2023)

The administrator and the program manager is responsible for training the staff on the evacuation of residents in the home during fire drills and when the fire alarms go off.

The staff on site are responsible for ensuring that all residents evacuate when the fire alarms go off.

The action the administrator took was to hold a staff meeting on 12/8/22. The administrator held a staff meeting with residents went and over the importance of evacuating the building, fire safety and reviewing the 2600 regulations 132.c 132.d 132.h with the staff that action took place on 12/8/2022.

On 12/14/2022 a fire drill was conducted to ensure all residents safety evacuated under the designated time frame. It was successful.

Current staff has been educated by the Administrator on the importance on making sure all residents evacuate the building in an emergency or fire drill.

132d - Evacuation (continued)

The administrator and the program manager will continue to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented (████) - 01/27/2023)

132h - Designated Meeting Place

3. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Interview with staff person A, it was determined that not all residents evacuated the building in a timely fashion during a fire event on █████. Resident #1 refused to leave the facility initially and only evacuated the building after the fire company was on site and demanded they evacuate the building.

Plan of Correction

Accept (████) - 01/08/2023)

The administrator is responsible for ensuring that the staff are trained and the and residents know where the evacuation meeting place is.

Immediately, on 11/24/22 the Administrator provided verbal education to resident #1 and staff #1 about the importance of evacuating the building and staff ensuring that residents do evacuate and meet at the designated meeting place away from the building or to the fire-safe area during each fire drill. On 12/14/2022 a fire drill was conducted to ensure all residents safety evacuated under the designated time frame.

Current staff has been educated by the Administrator on the importance on making sure all residents evacuate the building in an emergency or fire drill.

The administrator and program manager will continue to monitor and be present at all fire drills to ensure the home is compliant.

Licensee's Proposed Overall Completion Date: 12/23/2022

Implemented (████) - 01/27/2023)