

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

July 7, 2023

[REDACTED], ADMINISTRATOR
SALISBURY BEHAVIORAL HEALTH LLC
[REDACTED]
[REDACTED]

RE: SALISBURY BEHAVIORAL HEALTH
513 LEHIGH STREET
ALLENTOWN, PA, 18103
LICENSE/COC#: 21674

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/23/2023 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 #:** 21674 **License Expiration:** 03/26/2023
Address: 513 LEHIGH STREET, ALLENTOWN, PA 18103
County: LEHIGH **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] [REDACTED] [REDACTED]

Legal Entity

Name: SALISBURY BEHAVIORAL HEALTH LLC

Address: [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 08/14/1999 **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, Complaint, Incident **Exit Conference Date:** 05/23/2023

Inspection Dates and Department Representative

05/23/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 20 **Residents Served:** 19

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 19 **Are 60 Years of Age or Older:** 13
Diagnosed with Mental Illness: 19 **Diagnosed with Intellectual Disability:** 3
Have Mobility Need: 3 **Have Physical Disability:** 0

Inspections / Reviews

05/23/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/24/2023

06/26/2023 - POC Submission

Submitted: [REDACTED] **Date Submitted:** 06/30/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/30/2023

Inspections / Reviews *(continued)*

06/30/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/05/2023

07/07/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

25c7 - Financial Assistance

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 7. The financial arrangements if assistance with financial management is to be provided.

Description of Violation

The home was handling financial management services for Resident 1, but their contract did not indicate that the services were being provided.

Plan of Correction

Accept (████) - 06/30/2023)

Salisbury Behavioral Health understands the importance of regulation 25(c). Immediately and ongoing the Rep Payee Coordinator with the supervision of the Business Manager will double check contracts to ensure assistance with financial management is clarified on the contract if they do receive or do not receive. Upon receiving the completed contract, the administrator and assistant administrator will ensure the contract is in compliance of the 2600 regulations.

A monthly checklist was created by the PCH Operations Director to prompt the administrator or designee to audit the resident charts to ensure compliance of regulation 25(c)(7).

Licensee's Proposed Overall Completion Date: 06/29/2023

Implemented (████) - 07/07/2023)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident 1 shoved Resident 2 to the ground. Resident 2 reported pain in their elbow and was sent to the hospital to be evaluated and treated for an elbow sprain, and abrasions.

Plan of Correction

Directed (████) - 06/30/2023)

Salisbury Behavioral health understands the importance of regulation 42b. As a result of this altercation Resident 1 was immediately discharged from the program.

All acorn staff attended an ASSAULT and HOMICIDAL ASSESSMENT training on 6/28/23 to become more educated on the signs of an individual that may be going into crisis type situation.

Effective immediately - The administrator shall monitor for ongoing compliance.

Directed Completion Date: 06/29/2023

Implemented (████) - 07/07/2023)

97 - Elevators/Lifting Devices

3. Requirements

2600.

97 - Elevators/Lifting Devices (continued)

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

The home was only able to provide an elevator certificate that expired 7/31/2020.

Plan of Correction

Accept [REDACTED] - 06/30/2023)

See attached. The elevator certificate has been inspected; the certification of operation was mailed to the wrong site.

Salisbury Behavioral Health understands the importance of regulation 97. Immediately and ongoing the administrator and assistant administrator will conduct a weekly walk though of the building to ensure the building is in compliance with the 2600 regulations.

A monthly checklist has been created to ensure the home is in compliance of the 2600.97 regulation by the PCH operations director for the Administrator to complete.

Licensee's Proposed Overall Completion Date: 06/29/2023

Implemented ([REDACTED]) - 07/07/2023)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The bedside lamp in the room of Resident 3 was not working at the time of inspection.

Plan of Correction

Accept [REDACTED] - 06/30/2023)

Salisbury Behavioral Health understands the importance of regulation 101(j). Effective immediately and ongoing a monthly checklist has been created for the administrator and assistant administrator to be created and ensure all bedrooms are within compliance of the 2600 regulations.

A weekly checklist has also been created by the administrator and assistant administrator for Direct care staff to complete upon resident room cleaning days.

A staff meeting was held by the administrator and assistant administrator on 6/28/2023 to review the updated resident room checklist, the expectation of regulation 101 (j), and the steps to ensure compliance of the 2600 regulations.

Licensee's Proposed Overall Completion Date: 06/28/2023

Implemented ([REDACTED]) - 07/07/2023)

132e - Fire Drill Sleeping Hours

5. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

132e - Fire Drill Sleeping Hours (continued)

Description of Violation

There was no nighttime fire drill held for the 7-month period beginning 3/2022 through 9/2022.

Plan of Correction

Accept (████ - 06/30/2023)

Salisbury Behavioral Health understands the importance of regulation 132(e). Immediately and ongoing the administrator and/or assistant administrator will conduct a fire drill during sleeping hours quarterly to ensure compliance with the 2600 regulations.

A monthly checklist has been created to ensure the home is in compliance of the 2600.97 regulation by the PCH operations director for the Administrator to complete.

Licensee's Proposed Overall Completion Date: 06/29/2023

Implemented (████ - 07/07/2023)

144c1 - Smoking Area Guidelines

6. Requirements

2600.

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

There were numerous cigarette butts observed on the ground in both of the home's designated smoking areas.

Repeat Violation 1/11/2022.

Plan of Correction

Accept (████ - 06/30/2023)

Salisbury behavioral health understands the importance of regulation 144(c). Immediately and ongoing the current shift task sheet has been updated by the administrator and assistant administrator to prompt direct care staff on each shift to clean the designated smoking areas 3 times per shift as well as to check the surrounding areas for any cigarette butts on the ground.

A staff meeting was held by the administrator and assistant administrator on 6/28/2023 to review the updated task sheets, the expectation of regulation 114 (c), and the steps to ensure compliance of the 2600 regulations.

Licensee's Proposed Overall Completion Date: 06/28/2023

Implemented (████ - 07/07/2023)

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

The Medication Administration Record for Resident 4 did not have a diagnosis or purpose listed for the medications. Resident 4 received their PRN medication of ██████████ or ██████████ at 6pm and 10pm. The effectiveness of the PRN was not documented on the MAR.

187a - Medication Record (continued)

Plan of Correction

Directed (████) - 06/30/2023)

Settings in QuickMAR have been corrected in order to reflect regulation 2600.187(a)(12) as they were on the previous version prior to the pharmacy change. No medication may be entered on the MAR without also entering a diagnosis.

Push notifications are now also enabled as they had been previously to prompt staff to ask a resident 1 hour after administering a PRN medication and record effectiveness.

A staff meeting was held by the administrator and assistant administrator on 6/28/2023 to review the policies, proper procedures of the medication room, the expectation of regulation 187 (a), and the steps to ensure compliance of the 2600 regulations.

Effective immediately - The administrator shall monitor for ongoing compliance. Please send proof of staff training.

Directed Completion Date: 06/28/2023

Implemented (████) - 07/07/2023)

227d - Support Plan Medical/Dental

8. 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 RASP dated ██████████ for Resident 5 indicates that the resident can self-administer medications with help remembering schedule, times, and assistance opening the packages. The resident’s DME dated ██████████, indicates that the resident cannot self-administer medications.

Plan of Correction

Directed (████) - 06/30/2023)

Salisbury Behavioral Health understands the importance of regulation 227(d). Immediately and ongoing the administrator or designee will ensure that the RASP being completed reflects the necessity of services listed on the DME.

A monthly checklist was created by the PCH Operations Director to prompt the administrator or designee to audit the resident charts to ensure compliance of regulation 227(d).

Effective immediately - The administrator shall monitor for ongoing compliance. Please send updated RASP for resident #5.

Directed Completion Date: 06/29/2023

Implemented (████) - 07/07/2023)