

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

August 24, 2023

[REDACTED], ADMINISTRATOR
SALISBURY BEHAVIORAL HEALTH LLC
[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 review on 06/21/2023 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SALISBURY BEHAVIORAL HEALTH LLC License #: 12832 License Expiration: 03/25/2023
 Address: 626 EASTON ROAD, GLENSIDE, PA 19038
 County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [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: 06/05/2002 Issued By: CWOPA

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 06/21/2023

Inspection Dates and Department Representative

06/21/2023 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

06/21/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/06/2023

07/10/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/23/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/15/2023

Inspections / Reviews *(continued)*

07/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/23/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/11/2023

08/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/23/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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

Resident 1 has not received a quarterly account of financial transactions since 11/9/22.

Plan of Correction

Accept ([redacted] - 07/11/2023)

Immediately on 6/21/2023 violation 20b8. was reviewed with our financial department, they explained that they had a scheduling issue due to short staffing, and overlooked submitting the Quarterly report to resident 1, in a timely matter. Moving forward, the financial management department has hired an additional staff person that will assist in conducting resident financial audits in the quarterly time frame. The administrator will review quarterly and reach out to the financial department to ensure the residents financial quarterly audits are scheduled. The next scheduled confirmed quarterly audit is 7/12/2022.

Licensee's Proposed Overall Completion Date: 07/12/2023

Implemented ([redacted] - 08/24/2023)

51 - Criminal Background Check

2. 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 began working on [redacted]. The staff person's criminal background check was completed on [redacted].

Plan of Correction

Accept (MS - 07/11/2023)

Immediately on 6/21/2023, the Administrator contact HR department, for calcification on staff person A. [redacted] background check was sent on 11/12/2022, however HR did not get the document until 11/15/2022. Moving forward, The HR department will submit background checks in accordance with 2600. 51. The administrator will review all new hire information and min charts prior to new hire starting at the site. To review for accuracy. The administrator put in place a check list for monthly staff records reviews. This will be reviewed for 1 year. End date 7/22/2024.see attached.

update 7-10-23:

Check list, start date 6/21/2023. Next review will be on July 22,2023. It will end on 7/22/2024. Personal mini charts will review:

- Application for Employment
- Copy Driver's License
- Pa. Criminal History Clearance
- FBI Clearance
- Civil Rights
- Nondiscrimination Policy
- Code of Ethics

51 - Criminal Background Check (continued)

- Job descriptions
- Diploma/GED
- CPR/First Aid Training

Licensee's Proposed Overall Completion Date: 07/10/2023

Implemented (MS - 08/24/2023)

85a Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] there was no sanitary method of hand drying in both bathrooms on the first floor.

Plan of Correction

Accept ([REDACTED] - 07/11/2023)

Immediately on 6-21-2023 Staff replaced all tissues from the bathroom with paper towels. A staff meeting was held on 6/22/23 going over this violation. Moving forward staff will conduct daily checks during each shift to ensure that paper towels are always kept in the bathroom. This check list will be in effect for 90 days. The administrator will be responsible for reviewing and ensuring the checklist is completed daily.

updated 7-10-23

Staff daily check list started on 6/22/2023.

Licensee's Proposed Overall Completion Date: 07/10/2023

Implemented [REDACTED] - 08/24/2023)

85e Trash Outside Home

4. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 9:22 am the dumpster outside the home was uncovered. There was also a black trash can in the front of the home that was uncovered.

Plan of Correction

Accept ([REDACTED] 07/11/2023)

85e Immediately on 6-21-2023 the receptacle lid on the dumpster was covered and closed and secured from the wind. Also, immediately on 6-21-2023 the black trash can was removed from outside of the home and replaced with a trash can with a lid that closes. A staff meeting was held on 6/22/23 going over this violation. Moving forward staff will conduct a shift check to ensure that the dumpster lid is closed each shift, this will be for 90 days.

updated 7-10-23

Staff daily check list started on 6/22/2023.

Licensee's Proposed Overall Completion Date: 07/10/2023

Implemented [REDACTED] - 08/24/2023)

141a 1-10 Medical Evaluation Information

5. 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. The evaluation must include the following:
 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The resident 1's medical evaluation dated [REDACTED] did not include health status and cognitive functioning.

Plan of Correction

Accept ([REDACTED] - 07/11/2023)

141.a On 6-22-2023 Resident 1 doctor was called to ask [REDACTED] to review [REDACTED] Medical Evaluation form. Also, to see if [REDACTED] would like to include health status and cognitive functioning to be checked off on [REDACTED] paperwork. This was an oversee on [REDACTED] part. The Care coordinator took it to the doctor's office to allow them to update and correct. A staff meeting was held on 6/22/23 going over this violation. Moving forward Staff will review all Medical Evaluation information on the resident's form before they leave the doctor's office. The staff and administrator will review their form and all chart paperwork monthly, for one year. End date 7/22/2024.
update 7-10-23

The administrator started the first chart review on 6-21-23 the next monthly review will be on 7-21-23.

Licensee's Proposed Overall Completion Date: 07/10/2023

Implemented [REDACTED] - 08/24/2023)

182b - Prescription Medication

6. Requirements

2600.

- 182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 1. A physician, licensed dentist, licensed physician’s assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On [REDACTED] at [REDACTED] staff person B administered medications to residents to include the following; [REDACTED]. Staff person B is not one of the following:

182b - Prescription Medication (continued)

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in §2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Plan of Correction

Accept ([redacted]) 07/11/2023)

Immediately on 6-21-2023, Staff person B, all [redacted] paperwork was accepted by the inspector, s [redacted] can successfully administered/observer medication. [redacted] training was completed. Moving forward, the Administrator will ensure that the home will keep all Medication Administration Training and all staff documentation on site. To review for accuracy. The administrator put in place a check list for monthly staff records reviews. This will be reviewed for 1 year. End date 7/22/2024.

update 7-10-23

Staff person B completed the training on 11-22-22. The documentation was not physically on site until 6-22-23. The first monthly check started 6/21/2023. The next review will be on July 22,2023. It will end on 7/22/2024.

Licensee's Proposed Overall Completion Date: 07/10/2023

Implemented [redacted] - 08/24/2023)

190a - Completion Medication Course

7. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

[redacted] and [redacted] at [redacted] [redacted] was administered to resident 1.

Plan of Correction

Accept [redacted] - 07/11/2023)

Immediately on 6-21-2023, 190a Completion Medication Course. Staff person B, all her paperwork was accepted by the inspector, she has successfully completed the course in Medication Administration Training. Moving forward, the Administrator will ensure that the home will keep all Medication Administration Training and all staff documentation on site. To review for accuracy. The administrator put in place a check list for monthly staff records reviews. This will be reviewed for 1 year. End date 7/22/2024.

update 7-10-23

Staff person B completed the training on 11-22-22. The documentation was not physically on site until 6-22-23.

190a - Completion Medication Course (continued)

The first monthly check started 6/21/2023. The next review will be on July 22,2023. It will end on 7/22/2024.

Licensee's Proposed Overall Completion Date: 07/10/2023

Implemented (█) - 08/24/2023)

190c - Record of Training

8. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person A does not include the staff person's name and the date on all training documents.

The home's medication administration training record for staff person B does not include the staff person's name on all training documents, the source, the date, and documentation the course was successfully completed.

Plan of Correction

Accept (█) - 07/11/2023)

Immediately on 6-21-2023. Record of Training. Staff person A, Medication Administration Training paperwork was reviewed by staff and the Administrator. Staff person A corrected her paperwork by putting her name and date on each paperwork that is needed. Moving forward, the Administrator will ensure that the home will keep all Medication Administration Training and all staff documentation on site. To review for accuracy. The administrator put in place a check list for monthly staff records reviews. This will be reviewed for 1 year. End date 7/22/2024.

updated 7-10-23

Staff person A training was completed on 12-21-22. She wrote her name on each additional page off the training documents on 6-22-23. The first monthly check started 6/21/2023. The next review will be on July 22,2023. It will end on 7/22/2024.

Licensee's Proposed Overall Completion Date: 07/10/2023

Implemented (█) - 08/24/2023)

225c - Additional Assessment

9. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 1's assessment, dated (█), does not include assessments for aggression and agitation.

Plan of Correction

Accept (█) - 07/10/2023)

225.c Immediately on 6-21-2023, The lead direct care staff updated the aggression and agitation portion of the

225c - Additional Assessment (continued)

Assessment and reviewed it with the resident. A staff meeting was held on 6/22/23 going over this violation. Moving forward Staff will review all residents' Assessment forms before they are filed. Staff and the administrator will review all forms from their chart monthly, this will end in one year 7/22/2024.

Licensee's Proposed Overall Completion Date: 07/06/2023

Implemented (████) - 08/24/2023)

227g -Support Plan Signatures

10. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 2 participated in the development of his/her support plan on ██████ However, the resident did not sign the support plan.

Plan of Correction

Accept (████) - 07/10/2023)

227.g Immediately on 6-21-2023 The Direct support supervisor reviewed the support plan with the resident and the resident signed it. A staff meeting was held on 6/22/23 going over this violation. Moving forward Staff will review all residents' forms before they are filed in their chart. The administrator and staff will review all forms from their chart monthly, this will end on 7/22/2024.

Licensee's Proposed Overall Completion Date: 07/06/2023

Implemented (████) - 08/24/2023)