

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

October 19, 2023

[REDACTED]
SALISBURY BEHAVIORAL HEALTH LLC
[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 09/12/2023 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 License #: 21213 License Expiration: 08/19/2023
 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
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/26/2008 Issued By: PA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 21 Waking Staff: 16

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/12/2023

Inspection Dates and Department Representative

09/12/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 28 Residents Served: 21

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 21 Are 60 Years of Age or Older: 17
 Diagnosed with Mental Illness: 21 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

09/12/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/22/2023

10/13/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/19/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/16/2023

Inspections / Reviews *(continued)*

10/19/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/19/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1 DOA was [redacted]/23 their resident contract was not signed until [redacted]/23. Resident #1's contract was not signed upon admission into the facility.

Plan of Correction

Accept [redacted] - 10/13/2023)

On 9-22-23 A meeting was held with the administrator, program manager, and group home manager. During this meeting the violation 25b was reviewed and explained that contract shall be signed by the administrator or a designee, the resident, and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The importance of this being done upon admission into the facility was stressed. Moving forward the Administrator will conduct monthly resident chart checks to ensure this is being implemented. The checks started on 9-22-23 and will continue for 90days and then be conducted quarterly after that.

Licensee's Proposed Overall Completion Date: 10/12/2023

Implemented [redacted] - 10/19/2023)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

The home did not have a training record provided for direct care Staff Person "A" DOH February 2019 for the training year 2022.

Plan of Correction

Accept [redacted] - 10/13/2023)

Staff person A did complete the mandatory training topics for the annual training for direct care staff persons. Staff person A is our residential Care coordinator, so [redacted] completes [redacted] annual trainings with our other employees that hold [redacted] same position or higher. On the day of inspection, the administrator submitted to the inspector the staff training forms for all of our direct support professional which did not include a record of staff person A trainings. Please see attached record of training for staff person A.

Licensee's Proposed Overall Completion Date: 10/12/2023

Implemented [redacted] - 10/19/2023)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

The home did not have a training record provided for direct care Staff Person "A" DOH [redacted] 2019 for the training year 2022.

65g - Annual Training Content (continued)

Plan of Correction

Accept () - 10/13/2023

Staff person A did complete the mandatory training topics for the annual training for direct care staff persons. Staff person A is our residential Care coordinator, so () completes () annual trainings with our other employees that hold () same position or higher. On the day of inspection, the administrator submitted to the inspector the staff training forms for all of the direct support professional which did not include a record of staff person A trainings. Please see attached record of training for staff person A.

Licensee's Proposed Overall Completion Date: 10/12/2023

Implemented () - 10/19/2023

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 located in resident bedroom # 18 was not within reach of the residents' bed.

Plan of Correction

Accept () - 10/13/2023

Immediately on 9-12-23 resident bedroom #18 lamp was moved closer to () bed. Now () can reach () lamp at () bedside. A staff meeting was held on 9-22-23 and the administrator reviewed the violation 101j that a resident needs an operable lamp or other source of lighting that can be turned on at their bedside. The Administrator will conduct monthly resident room checks to ensure this is being implemented. The checks started on 9-22-23 and will continue for 90days and then be conducted quarterly after that.

Licensee's Proposed Overall Completion Date: 10/12/2023

Implemented () - 10/19/2023

144c1 - Smoking Area Guidelines

5. 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:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home had evidence of smoking in an area that was not in the smoking area. Seven extinguished cigarette butts was observed under an air conditioning unit located in the front of the building to the right of the facility's entrance.

Plan of Correction

Accept () - 10/13/2023

Immediately on 9-12-23 the front of the building to the right of the facility's entrance. was swept and cleaned by the direct care staff. A staff meeting was held on 9-22-23 the administrator reviewed the smoking area guidelines violation 144c1 with staff. Moving forward the Direct care staff will conduct hourly designated smoke area and front entrance area checks to ensure the area is clean. The hourly checks started on 9-25-23 and will continue for 90 days. After 90 days it will convert to a daily shift check per shift for the foreseeable future. Please see the attached hourly

144c1 - Smoking Area Guidelines (continued)

designated smoking check form.

Licensee's Proposed Overall Completion Date: 10/12/2023

Implemented () - 10/19/2023

187a - Medication Record

6. Requirements

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1's Calcitriol Cap. 0.25 MCG take three times a week Monday, Wednesday and Friday did not have a diagnoses or use listed on the resident's MAR's.

Plan of Correction

Accept () - 10/13/2023

On 9-22-23 A meeting was held with the administrator, program manager, and group home manager. During this meeting the violation 187a was reviewed and explained that a medication record shall be kept including diagnosis or purpose for the medication, including (PRN) for each resident for whom medications are administered. Moving forward the Administrator will conduct monthly resident MAR checks to ensure this is being implemented. The checks started on 9-22-23 and will continue for 90days and then be conducted quarterly after that.

Licensee's Proposed Overall Completion Date: 10/12/2023

Implemented () - 10/19/2023

224a - Preadmission Screen Form

7. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident#1 DOA was ()/23 and Resident #1'a preadmission form was not completed until ()/23.

Plan of Correction

Accept () - 10/13/2023

On 9-22-23 A meeting was held with the administrator, program manager, and group home manager. During this meeting the violation 224a was reviewed and explained that a determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form; that the needs of the resident can be met by the services provided by the home. Moving forward the Administrator will conduct monthly resident chart checks to ensure this is being implemented. The checks started on 9-22-23 and will continue for 90days and then be conducted quarterly after that.

Licensee's Proposed Overall Completion Date: 10/12/2023

Implemented () - 10/19/2023

251b - Record Entries Legible

8. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident #2's preadmission form dated [REDACTED]/22 was found to have had white out used on the form.

Plan of Correction**Accept [REDACTED] - 10/13/2023)**

On 9-22-23 A meeting was held with the administrator, program manager, and group home manager. During this meeting the violation 251.b was reviewed and explained that The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry. Using white out is not allowed on these forms. Moving forward the Administrator will conduct monthly resident chart checks to ensure this is being implemented. The checks started on 9-22-23 and will continue for 90days and then be conducted quarterly after that.

Licensee's Proposed Overall Completion Date: 10/12/2023

Implemented [REDACTED] - 10/19/2023)
