

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

February 23, 2024

[REDACTED]
SALISBURY BEHAVIORAL HEALTH LLC
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/05/2023 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 #: 21674 License Expiration: 03/26/2024
 Address: 513 LEHIGH STREET, ALLENTOWN, PA 18103
 County: LEHIGH 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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 20 Waking Staff: 15

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 12/05/2023

Inspection Dates and Department Representative

12/05/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 20 Residents Served: 20
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 20 Are 60 Years of Age or Older: 15
 Diagnosed with Mental Illness: 20 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

12/05/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/06/2024

01/08/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/12/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/15/2024

Inspections / Reviews *(continued)*

01/11/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/12/2024

02/23/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

144c1 - Smoking Area Guidelines

1. 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

50 - 100 extinguished cigarette butts were noted on the ground in and around the smoking area in the parking lot.

Multiple extinguished cigarette butts were noted on the porch of the 2nd floor smoking area.

Ashes were noted on the windowsill in bathroom D.

Ashes and a extinguished cigarette butt were noted on the floor of Resident [REDACTED] bedroom. Burn holes were noted on the floor throughout the residents room. Several burn holes were noted on the throw blanket on Resident [REDACTED] bed.

All of the above noted instances of smoking pose a possible fire hazard.

Repeat violation: 5/23/23

Plan of Correction

Accept [REDACTED] - 01/11/2024)

Salisbury behavioral health understands the importance of regulation 144c1. Staff were addressed immediately upon inspection on [REDACTED] about the importance of monitoring the smoking areas on a regular basis for fire safety. The Administrator and Assistant Administrator began periodically monitoring direct care staff efficiency with this task on [REDACTED] and ultimately created an hourly smoking area checklist that prompts the direct support professionals to check all smoking areas hourly to ensure they are in compliance with regulation 144c1. This checklist was implemented on [REDACTED] and will remain effective for the unforeseeable future. The administrator and assistant administrator will audit the checklist daily to ensure completion and continue to monitor smoking areas throughout the day for direct care staff efficiency. Any staff that fails to comply will be re-sent to corporate fire safety training and is susceptible to further disciplinary action up to and including termination.

Resident [REDACTED] was addressed immediately upon [REDACTED] inspection about the findings in [REDACTED] bedroom. [REDACTED] was educated on the dangers of [REDACTED] actions and informed that moving forward [REDACTED] would have to turn in [REDACTED] tobacco, pipe and lighter to staff when [REDACTED] enters the building for the unforeseeable future. At this time the throw blanket was removed and the administrator and assistant administrator placed resident [REDACTED] on 15-minute checks that are to be documented by the direct support professionals on shift which will also continue for the unforeseeable future.

On [REDACTED] a meeting was held with resident [REDACTED], [REDACTED] family member, county representative and the administrator where [REDACTED] was re-educated on the house rules and expectations as well as the potential outlook of other living environments should [REDACTED] choose not to comply. [REDACTED] was presented with a final written notice that if [REDACTED] were to not follow SBH's smoking policies [REDACTED] would be given a 30-day notice.

Even though resident [REDACTED] seemed receptive of the discussion on [REDACTED] the assistant administrator researched other tools to monitor the behavior in the event resident [REDACTED] were to neglect to turn in smoking devices as

144c1 - Smoking Area Guidelines (continued)

instructed. On [REDACTED] an air quality monitor was purchased for resident [REDACTED] bedroom that would detect particulate matter in the air and alert staff when the reading would indicate if cigarette smoke was present. Resident [REDACTED] was reminded of the consequences that would follow a repeat violation and was educated on the function and purpose of this device and informed it would be implemented and continuously monitor [REDACTED] bedroom as of [REDACTED] and remain in effect for the unforeseeable future. The administrator and assistant administrator are responsible to check the history daily and report to operations to issue a 30 day notice should cigarette smoke be recorded.

The Administrator will monitor for ongoing compliance. [REDACTED]

Proposed Overall Completion Date: 01/10/2024

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [REDACTED] - 02/23/2024)

144c2 - Smoking Area Distance

2. 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:

- 2. 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: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

Papers, a lighter, trash and empty cigarette packs were noted in the cigarette butt cans in the homes 2nd floor smoking area on the porch. These items pose a possible fire hazard.

Plan of Correction

Accepted [REDACTED] - 01/11/2024)

Salisbury Behavioral Health understand the importance of regulation 144c2. Staff were addressed immediately upon inspection on [REDACTED] about the importance of monitoring the smoking areas on a regular basis for fire safety. The Administrator and Assistant Administrator began periodically monitoring direct care staff efficiency with this task on [REDACTED] and ultimately created an hourly smoking area checklist that prompts the direct support professionals to check all smoking areas hourly to ensure they are in compliance with regulation 144c1. This checklist was implemented on [REDACTED] and will remain effective for the unforeseeable future. The administrator and assistant administrator will audit the checklist daily to ensure completion and continue to monitor smoking areas throughout the day for direct care staff efficiency. Any staff that fails to comply will be re-sent to corporate fire safety training and is susceptible to further disciplinary action up to and including termination.

The Administrator will monitor for ongoing compliance. [REDACTED]

Proposed Overall Completion Date: 01/10/2024

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [REDACTED] - 02/23/2024)