

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

October 10, 2024

[REDACTED], BEHAVIORAL HEALTH REGIONAL DIRECTOR
SALISBURY BEHAVIORAL HEALTH LLC
[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 08/12/2024 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: 03/25/2025
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]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/14/2002 Issued By: CWOPA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 10 Waking Staff: 8

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 08/12/2024

Inspection Dates and Department Representative

08/12/2024 - 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: 1 Have Physical Disability: 0

Inspections / Reviews

08/12/2024 Full

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 09/07/2024

09/10/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 09/12/2024
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 09/20/2024

Inspections / Reviews *(continued)*

10/10/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/12/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65f Training Topics

1. Requirements

2600.

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

1. Medication self administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in the following topics during training year 2023:

- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- Safe management techniques
- Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home

Plan of Correction

Accept (█ - 09/10/2024)

Immediately on 8/12/2024 the administrator reviewed the training topics for the annual training completed for staff person A. Staff person A did receive all the required training topics except for the one:

Safe Management Techniques. See attached.

Staff person A will complete the Safe management technique refresher class scheduled for 9-16-24. Moving forward she will complete her training in a timely manner. The administrator will check all training records monthly to ensure all staff are in compliance and have received all required training topics. This will start on 9/9/24 and end on 12/9/2024.

Licensee's Proposed Overall Completion Date: 09/05/2024

Implemented (█ - 10/10/2024)

65g Annual Training Content

2. 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

Staff person A did not receive training in Older Adult Protective Services Act (OAPSA) during training year 2023.

Plan of Correction

Accept (█ - 09/10/2024)

Immediately on 8/12/2024 the administrator reviewed the Annual Training Content for staff person A. Staff person A did receive all the required training topics except for the one:

Safe Management Techniques. See attached.

Staff person A will complete the Safe management technique refresher class scheduled for 9-16-24. Moving forward █ will complete █ training in a timely manner. The administrator will check all training records monthly to ensure all staff are in compliance and have received all required annual training content. This will start on 9/9/24

65g Annual Training Content (continued)

and end on 12/9/2024.

Licensee's Proposed Overall Completion Date: 09/05/2024

Implemented () - 10/10/2024)

121a - Unobstructed Egress

3. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 8/12/2024 at 2:30 pm, a large brick blocked egress from the home's basement.

Plan of Correction

Accept () - 09/10/2024)

Immediately on 8/12/2024 our maintenance removed the large brick blocking the egress, used to hold the door open to bring in supplies. Moving forward, the maintenance department will not place a brick or anything to block the egress from the homes basement, stairways, hallways, doorways and passageways. The maintenance staff will check that all egress is kept clear in the home. This will be done monthly, starting 9/9/2024 until 12/9/2024. This check list will be kept in the maintenance binder, in the home. The administrator will also conduct a monthly checklist to ensure maintenance is completing the egress checks and that there are no obstructed egress. The admin monthly checks will start 9/9/2024 until 12/9/2024. Please see attached admin check.

Licensee's Proposed Overall Completion Date: 09/05/2024

Implemented () - 10/10/2024)

162c - Menus Posted

4. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 8/12/2024, the home's menu for the week of 8/12 8/18/2024 was posted. However, the following week's menu was not posted.

Plan of Correction

Accept () - 09/10/2024)

Immediately on 8/12/2024 two weeks of menus were posted in the home so that all residents and staff shall be aware of what food is being served. The admin held a meeting with her direct support supervisor who is responsible for completing the menus. They reviewed reg.162.c. "Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home." Moving forward the administrator will conduct monthly checks to ensure the menus are up and posted properly. The admin monthly checks will start 9/9/2024 until 12/9/2024. Please see attached admin check.

Licensee's Proposed Overall Completion Date: 09/05/2024

Implemented () - 10/10/2024)

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On the morning of 8/10/2024, resident #1's glucometer took a blood sugar reading of [REDACTED]. The reading was recorded in the home's log as [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/10/2024)

Immediately on 8/12/2024 staff reviewed resident #1 glucometer to ensure that all recording match on paper and in Quickmar. Moving forward staff will ensure all is correct by asking resident #1 to see the meter after each reading. Instead of the previous protocol of staff asking the resident what their reading was. This will ensure that staff are documenting the correct number listed in the glucometer. The administrator will complete monthly admin checks of the glucometer to ensure the number staff are documenting matches the glucometer. The admin monthly glucometer checks will start 9/9/2024 until 12/9/2024. Please see attached admin check.

Licensee's Proposed Overall Completion Date: 09/05/2024

Implemented ([REDACTED] - 10/10/2024)