

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

October 8, 2024

[REDACTED], REGIONAL DIRECTOR
SALISBURY BEHAVIORAL HEALTH LLC
[REDACTED]
[REDACTED]

RE: SALISBURY BEHAVIORAL HEALTH
LLC
1075 EASTON ROAD
ROSLYN, PA, 19001
LICENSE/COC#: 12820

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/22/2024 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 #: 12820 License Expiration: 10/26/2024
 Address: 1075 EASTON ROAD, ROSLYN, PA 19001
 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: 06/12/1998 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 13 Waking Staff: 10

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: [REDACTED]
 Reason: Renewal Exit Conference Date: 08/22/2024

Inspection Dates and Department Representative

08/22/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 13 Residents Served: 13

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

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 6
 Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

08/22/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/21/2024

10/01/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/08/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/04/2024

Inspections / Reviews *(continued)*

10/08/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

10/08/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/08/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeat Violation: 07/14/2023

Plan of Correction

Accept ([redacted] - 10/08/2024)

Staff person A does have a high school diploma, [redacted] also has Bachelors degree. The degree is from [redacted]. Immediately on 8-28-24 the administrator requested a waiver for staff person A. (Please see attached) The administrator had a meeting with HR on 8-30-24 informing them of regulation 54a-Direct Care Staff Qualifications. Affective 8-30-24 HR has implemented that during the hire process to ensure that all new hires have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. If HR finds they do not, HR will notify the program administrator before moving forward with the hire process. The administrator will then decide not to hire or if a request for waiver is needed. If a request for Waiver is needed the Administrator will ensure the new hire does not provide direct care services and their job duties are only house keeping. The administrator will also start conducting monthly new hire audits. (please see attached) This will ensure the new hire have all required qualification prior to their start date. The administrator monthly checks will start on 9-13-24 and end on 12-12-24. Updated On 9-09-24 HR reviewed all current staff files to ensure that their education and credentials are present and meet requirements. All staff are compliant besides staff person A that we received the Violation for. Staff person A that has a Bachelor degree from [redacted] is not providing direct care services as of 8-22-24. [redacted] current job duties only include house keeping until [redacted] waiver is approved.

Proposed Overall Completion Date: 10/01/2024

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

Implemented [redacted] - 10/08/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 08/22/2024 at 10:30 AM, the bathroom on the 1st floor did not have any means of hand-drying options.

Plan of Correction

Accept ([redacted] - 10/08/2024)

Immediately on 8-26-24 the administrator contacted maintenance and submitted a request for a hand dryer to be installed in the 1st floor bathroom. The request was submitted for further approval because of the cost being over \$1,000. The request was approved on 9-2-24 and a contractor is scheduled to install the hand dryer on 9-20-24. A staff meeting was held on 9-17-24 where the administrator reviewed regulation 85a- Sanitary conditions with staff. (please see attached) Moving forward the staff will conduct daily shift bathroom checks and the administrator will conduct a monthly admin check to ensure that staff are completing their daily bathroom shift checks. (please see attached) The daily bathroom shift checks will begin on 9-12-24 and end on 12-12-24. The administrator monthly

85a Sanitary Conditions (continued)

checks will start on 9 13 24 and end on 12 12 24.

The two direct care staff that are scheduled/assigned to work the scheduled shift will each be responsible to conduct a bathroom check during their shift and sign the bathroom check once completed. (please see attached) The frequency of the bathroom checks are daily, two checks per each shift. Totaling six checks per day and two checks per each shift. While we were waiting for the hand dryer to be installed staff ensured there was paper towels in the bathrooms at all times by completing the daily bathroom shift checks as explained above. (please see attached) Update the dryer was installed on 9 30 24 (please see attached picture)

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

Implemented (████) - 10/08/2024)

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 08/22/2024 at 10:30 AM, the bathroom sink in resident room #6 was not draining properly.

Plan of Correction

Accept (████) - 10/01/2024)

Immediately on 8/22/24 a work order to unclogged room #6 bathroom sink was put in. Maintenance was on site already that day so they fixed it. A staff meeting was held on 9 17 24 where the administrator reviewed regulation 95 Furniture and Equipment with staff. (please see attached) Moving forward the staff will conduct daily shift bathroom checks and the administrator will conduct a monthly admin check to ensure that staff are completing their daily bathroom shift checks. (please see attached) The daily bathroom shift checks will begin on 9 12 24 and end on 12 12 24. The administrator monthly checks will start on 9 13 24 and end on 12 12 24.

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented (████) - 10/08/2024)

102i - Soap Dispenser

4. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap on the floor of the shower stall in the men's shower room on the 2nd floor.

Plan of Correction

Accept (████) - 10/01/2024)

Immediately on 8 22 24 the bar of soap was thrown away. A staff meeting was held on 9 17 24 where the administrator reviewed regulation 102i Soap Dispenser with staff. (please see attached) The administrator purchased personalized caddy's for each resident; so they can transport there labeled personal bar of soap to and from the bathroom.(please see attached pic of caddy) Moving forward the staff will conduct daily shift bathroom checks and the administrator will conduct a monthly admin check to ensure that staff are completing their daily bathroom shift checks. (please see attached) The daily bathroom shift checks will begin on 9 12 24 and end on 12 12 24. The administrator monthly checks will start on 9 13 24 and end on 12 12 24.

102i - Soap Dispenser (continued)

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented () - 10/08/2024)

103g - Storing Food

5. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A bag of Tyson chicken nuggets in the stand alone refrigerator freezer section was opened and unsealed.

Repeated Violation: 7/14/2023

Plan of Correction

Accept () - 10/01/2024)

Immediately on 8-22-24 the bag of Tyson chicken nuggets was thrown away.
A staff meeting was held on 9-17-24 where the administrator reviewed regulation 103g-Storing food. (please see attached) Moving forward the staff will complete daily shift kitchen checks and the administrator will conduct a monthly admin check to ensure that staff are completing their daily kitchen shift checks. (please see attached) The daily kitchen shift checks will begin on 9-12-24 and end on 12-12-24. The administrator monthly checks will start on 9-13-24 and end on 12-12-24.

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented () - 10/08/2024)

132g - Fire Drills Days/Times

6. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills on Monday as evidenced by the following drills:
04/29/2024, 03/04/2024, 01/29/2024, 12/11/2023, 11/20/2023, 10/30/2023

Plan of Correction

Accept () - 10/01/2024)

The PCH Behavioral Health Director created a form to ensure that the drill is held on a different day of the week each month.(please see attached) The administrator will send the completed form to the Behavioral Health director each month after completion to ensure the fire drills are being held on different days of the week, at different times of the day and night, and not routinely held. The most current drill was conducted on 9-18-24 on a Wednesday. (please see attached)

Proposed Overall Completion Date: 09/18/2024

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented () - 10/08/2024)

141a 1-10 Medical Evaluation Information

7. 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

Resident #2's medical evaluation dated [REDACTED] did not include (6) Immunization History and (8) Body Positioning and Movement Stimulation. These parts of the form are blank.

Plan of Correction

Accept [REDACTED] - 10/01/2024)

Immediately on 8-23-24 the administrator had a meeting with the client care coordinator and reviewed reg 141a-Medical Evaluation Information. On 8-26-24 the Client care coordinator took resident #2's Medical evaluation form to her doctors office to fill in the blank parts of the form. (please see attached) Moving forward the client care coordinator will ensure all required information is on the MA51 prior to leaving the doctors appointment. The administrator will also conduct monthly MA51 audits to ensure all required information is included. these audits will start on 9-13-24 and end on 12-12-24. (please see attached)

Proposed Overall Completion Date: 09/18/2024

Licensee's Proposed Overall Completion Date: 09/18/2024

Implemented [REDACTED] - 10/08/2024)

181a - Self-adminstration Assist

8. Requirements

2600.

181.a. A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.

Description of Violation

All residents in the home require assistance with medication storage, reminders, offering prescribed medications, and opening containers to self-administer medications. The home has failed to provide this assistance, resulting in the following:

- Resident #1's [REDACTED] 1 mg blister pack was broken and taped over slot #18
- Resident #2 is prescribed [REDACTED] as needed. This medication was not available in the home.
- [REDACTED] prescribed for resident #3 with an expiration date of [REDACTED] was present in the

181a - Self-administration Assist (continued)

home's medication cart.

- Resident #3's order for [REDACTED] was changed from once a day to once a day as needed. The pharmacy label was not updated with this change.
- Resident #4 is prescribed [REDACTED] and maintains a controlled substances log. On [REDACTED], the narcotics log indicated that 26 pills remained. However, only 25 pills were present.

Plan of Correction

Accept [REDACTED] - 10/08/2024)

Immediately on 8-22-27 the pharmacy blister covers (commonly called "bandaids") was placed on Resident #1's Lorazepam 1 mg blister pack was broken. These blister covers provided from the healthcare vendor, which ensure protection to the unit dose in the blister. (please see attached) A staff meeting was held on 9-17-24 where the administrator reviewed regulation 181a- Self Administration Assist (please see attached) Moving forward the Direct care supervisor will conduct weekly medication checks two times a week. Once on Monday and again on Friday. These checks will begin on 9-16-24 and end on 12-16-24. (please see attached) The administrator will conduct monthly audits of the medication room. These checks will begin on 9-16-24 and end on 12-16-24.

The Pharmacy was notified of Resident #2 is prescribed [REDACTED] cream as needed and it was delivered (please see attached). Resident #3 [REDACTED] that was expired was sent back to the pharmacy for proper disposal and the pharmacy sent out a new [REDACTED] for resident #3.(please see attached) The Pharmacy was notified of resident #3's order for [REDACTED] and sent out an updated pharmacy label. (please see attached)

Resident #4 prescribed [REDACTED] controlled substances log indicated on [REDACTED] that 26 pills remained. However, the fact that only 25 pills were present was due to staff not documenting the subtraction of the pill given on the controlled substance log. Staff document on the mar but not the controlled substance log at the time. Staff person B properly subtracted and properly document on the control substance log in front of inspector [REDACTED] and initial and dated the change.

Moving forward the direct care supervisor [REDACTED] will conduct weekly medication audits two times a week.(please see attached) Once on Monday and again on Friday. These medication audits will begin on 9-16-24 and be apart of an on going process to ensure they are no expired medications on site or any other medication issues. The administrator will conduct monthly audits of the medication room to further support full compliance of self administration assist. The administrator audits began on 9-16-24 and will end on 12-16-24. The administrator also had the staff review the protocol for discarding expired medication on 9-17-24. On 10-1-24 the administrator reviewed the controlled substance policy with all staff (please see attached) This policy address the accountability of controlled substances that was developed and its own unique controlled substance form.

Proposed Overall Completion Date: 10/03/2024

Licensee's Proposed Overall Completion Date: 10/03/2024

Implemented [REDACTED] - 10/08/2024)