

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

April 3, 2025

[REDACTED]
SALISBURY BEHAVIORAL HEALTH LLC
[REDACTED]

RE: SALISBURY BEHAVIORAL HEALTH
LLC
626 EASTON ROAD
GLENSIDE, PA, 19038
LICENSE/COC#: 12832

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/04/2024 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 09/04/2024

Inspection Dates and Department Representative

09/04/2024 - 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: 2 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: 1

Inspections / Reviews

09/04/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/26/2024

10/03/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/08/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/08/2024

Inspections / Reviews *(continued)*

10/17/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/11/2024

04/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [REDACTED] at approximately 9:00 am, an agent of the Department requested access to resident support plans and a staffing schedule. Staff persons A and B stated that they didn't have access to them. Staff person C later arrived and provided the support plans requested. However, the home never provided a staffing schedule as requested.

Plan of Correction

Accept [REDACTED] - 10/03/2024)

Immediately on [REDACTED], A binder was put in place for quick access for all staff. The binder has all resident Support Plans (RASP) inside. This is accessible for all staff to read and review. A staff meeting will be held on 9/26/2024 and the administrator will review reg. 5a1 DHS Access. The administrator will also emphasize to the staff that the resident support plan is the (RASP) and that besides it being in the residents book that there is a binder to easy access them all in one quick place. Moving forward the Administrator will review all residents Chart with a monthly administrator this will end on 5/23/2025. (Please see attached) Also on 9/4/2024 the administrator was on vacation. The designee [REDACTED] that was on site stated that [REDACTED] was never asked for a staff schedule because [REDACTED] would have directed [REDACTED] to the one in the office. A staff schedule is always posted in the staff office for all to review.

Proposed Overall Completion Date: 09/24/2024

Licensee's Proposed Overall Completion Date: 09/24/2024

Implemented [REDACTED] - 04/03/2025)

42q - Compensation

2. Requirements

2600.

42.q. A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.

Description of Violation

Resident [REDACTED] has been performing tasks normally completed by the home's staff persons, such as emptying trash and recycling, and cleaning bathrooms. The home does not compensate resident [REDACTED] for this work.

Plan of Correction

Directed [REDACTED] - 10/17/2024)

On 9/20/2024 a Resident Community Meeting was held. During this meeting it was discussed about Compensation. (Please see attached) Each resident was educated on 42q Compensation and given a letter specifying that they are not responsible for such task as taken out the trash, recycle, cleaning the bathroom or cleaning outside. The letter emphasizes that those duties our the responsibility out the direct care staff. Also, there are two residents that gets paid thought the work program only that help around the house. This letter was signed by all the residents stating they understood this letter about not being responsible for performing task that are the homes staff persons responsibility. The Administrator will also review regulation 42q compensation at the staff meeting scheduled for 9-26-24 with all staff. Moving forward the administrator will conduct random interview with the residents to ensure they are not performing any house duties that are the direct care responsibility.

42q Compensation (continued)

On 9/27/2024 the administrator started the random interviews with our residents. (please see attached) The administrator will choose 3 random residents on the last Friday of each month. This will continue to occur monthly and end on 11/29/2024.

Directed Plan of Correction:

Starting within 5 days of the receipt of the acceptable plan of correction, the administrator shall conduct interviews with 3 residents per week for four weeks, then 3 residents per month for 6 months, and quarterly thereafter. The goal of these interviews is to ascertain if the resident is completing chores that are normally assigned to staff or other tasks that would require the resident to receive compensation.

Proposed Overall Completion Date: 10/08/2024

Directed Completion Date: 11/08/2024

Implemented (████ - 04/03/2025)

57b - 1 Hour/Day

3. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

The home did not provide a staff schedule as requested. Therefore, it cannot be determined if staff is providing at least 1 hour of personal care to residents in the home.

Plan of Correction

Directed (████ - 10/17/2024)

On █████ the administrator was on vacation. The designee █████ that was on site stated that █████ was never asked for a staff schedule because █████ would have directed █████ to the one in the office. A staff schedule is always posted in the staff office for all to review. At this site there is one staff member per 8 hour shift. Please see attached staff schedule for September.

The direct care staff persons are available and do provide at least 1 hour per day of personal care services to each mobile resident. (please see attached) This was not determined at the time of the inspection because the staff did not provide the staff schedule to the inspector in the administrator absence. Moving forward the administrator created a DHS required documents checklist. (please see attached schedule from month it was not determined) the designated staff person in the administrator absence is well aware of where the required documents are and will provide in the administrator absence.

Proposed Overall Completion Date: 10/08/2024

Directed Plan of Correction:

Within 10 days of the date of the receipt of the plan of correction, the administrator shall educate all staff on the location of the staffing schedule. This schedule shall include any and all updated changes, substitutions, call offs, vacations, and any codings used.

57b - 1 Hour/Day (continued)

Starting 10 days of the receipt of the plan of correction, the administrator shall review the staffing schedule weekly for 3 months to ensure sufficient staff are scheduled. The administrator shall update the schedule promptly upon any changes to the schedule with revisions.

Directed Completion Date: 11/08/2024

Implemented (████ - 04/03/2025)

57d - Waking Hours

4. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

The home did not provide a staff schedule as requested. Therefore, it cannot be determined if staff is providing at least 75% of personal care during waking hours.

Plan of Correction

Directed (████ - 10/17/2024)

On █████ the administrator was on vacation. The designee █████ that was on site stated that █████ was never asked for a staff schedule because █████ would have directed █████ to the one in the office. A staff schedule is always posted in the staff office for all to review. At this site there is one staff member per 8-hour shift. Please see attached staff schedule for September.

At least 75% of the personal care service hours specified in subsections (b) and (c) are available during waking hours (please see attached schedule from month it was not determined) This was not determined at the time of the inspection because the staff did not provide the staff schedule to the inspector in the administrator absence. Moving forward the administrator created a DHS required documents checklist. (please see attached) the designated staff person in the administrator absence is well aware of where the required documents are and will provide in the administrator absence.

Proposed Overall Completion Date: 10/08/2024

Directed Plan of Correction:

Within 10 days of the date of the receipt of the plan of correction, the administrator shall educate all staff on the location of the staffing schedule. This schedule shall include any and all updated changes, substitutions, call-offs, vacations, and any codings used.

Starting 10 days of the receipt of the plan of correction, the administrator shall review the staffing schedule weekly for 3 months to ensure sufficient staff are scheduled. The administrator shall update the schedule promptly upon any changes to the schedule with revisions.

Directed Completion Date: 11/08/2024

Implemented (████ - 04/03/2025)

62 - Contact List

5. Requirements

62 - Contact List (continued)

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person A, hired [REDACTED], was not included on the staff list provided on [REDACTED].

Plan of Correction

Directed [REDACTED] 10/17/2024)

Immediately on [REDACTED] On- Call staff (A) was added to our staff list for [REDACTED] [REDACTED] wasn't hired for this site [REDACTED] was filling in due to an emergency call out. Moving forward all On-Call staff from other sites will be added to our staff list. Please see attached updated staff list.

The administrator will update the staff list as need upon staff changes. A copy will be filed in the PCH book and, a copy will be with the DHS required documents for the designated staff to access aswell. (please see attached)

Proposed Overall Completion Date: 10/08/2024

Directed Plan of Correction:

Starting 10 days of the receipt of the plan of correction, the administrator shall review the staffing schedule and staff list weekly for 3 months to ensure sufficient staff are scheduled and the staff names are present on the staff list. The administrator shall update the schedule and list promptly upon any changes to the schedule with revisions.

Directed Completion Date: 11/08/2024

Implemented [REDACTED] - 04/03/2025)

65a - FS Orientation 1st Day

6. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, whose first day of work was [REDACTED], did not receive orientation on any of the required topics.

Staff person D, listed as an on-call employee, did not receive orientation on any of the required topics.

Plan of Correction

Directed [REDACTED] - 10/17/2024)

Both staff persons A and D received their orientation will all required topics. (please see attached) The administrator was on vacation and had the key to the locked employee files in [REDACTED] office. Moving forward the administrator will

65a - FS Orientation 1st Day (continued)

leave [redacted] key with the designated person in [redacted] absence.

Immediately on [redacted] a pond the administrators return from vacation. The designated persons were given a copy of [redacted] key. Also, the administrator put in place an Orientation book that includes all staff orientation packages that currently work at the site. This way the designated persons will have access to them as well as staff records. On 10-1-24 the administrator discussed with the designated staff persons what is expected in [redacted] absence, also the location where everything is in the home. And should an inspector come on site what is needed to be provided to the inspector. (please see attached designated staff persons meeting) The administrator conducted a mock inspection on 10-1-24 with the designated staff persons. The two designated persons are the Direct Care Supervisor ([redacted] [redacted]) and the Client Care Coordinator. [redacted] Moving forward the administrator will meet monthly with the designated staff persons to continue to review the designated staff persons responsibilities in the administrator's absence. This will start on 10/1/2024 and will end on 12/2/2024.

Proposed Overall Completion Date: 10/08/2024

Directed Plan of Correction:

Immediately, the administrator shall ensure that staff designated to act in the administrator's absence has access to all necessary files, lists, schedules, etc.

Within 10 days of the receipt of the acceptable plan of correction, the administrator shall educate staff identified as having the ability to act in place of the administrator of the requirements for access to records, and the locations of all resident and staff records and files. The administrator shall ensure that the designated staff has access to all areas of the home, including medication administration storage, food preparation and storage, and any basement/attic or closet areas.

Within 20 days of the receipt of the acceptable plan of correction, the administrator shall provide all orientation topic trainings to Staff B and D.

Directed Completion Date: 11/08/2024

Implemented [redacted] - 04/03/2025)

85a - Sanitary Conditions

7. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 9:23 am, a resident's dental implement was left on top of the toilet tank in the first-floor bathroom. The bathroom smelled strongly of urine.

Plan of Correction

Accept [redacted] - 10/17/2024)

Immediately on [redacted] The residents Aid assigned to resident R.F removed resident his dental implement that [redacted] had left in the bathroom. The DSP staff also removed resident urine pullup from the trash in the bathroom. Moving forward the Aid will clean up after the resident before [redacted] leaves the bathroom by using a caddy to carry all his belongings out of the bathroom. The house staff will check by using a Bathroom Inspection chart to ensure the bathroom is clear and odor free. (Please see attached) The bathroom inspection chart started on 9/4/2024 during

85a - Sanitary Conditions (continued)

second shift and will end on 12/4/2024. The admin will complete a monthly checklist to ensure this is being done by staff. (please see attached)

The bathroom inspection frequency will occur during each shift: (8am-4pm, 4pm-12am, and 12am-8am)

Proposed Overall Completion Date: 09/24/2024

Proposed Overall Completion Date: 10/08/2024

Licensee's Proposed Overall Completion Date: 10/08/2024

Implemented [redacted] - 04/03/2025)

103f - Refrigerator/Freezer Temps

8. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On [redacted] the refrigerator closest to the rear egress door had no thermometer.

Plan of Correction

Accept [redacted] - 10/17/2024)

Immediately on [redacted] staff replaced the Thermometer in the refrigerator closest to the rear door. This was done to ensure that all food shall be kept at or below 40 degrees Fahrenheit and the freezer shall be kept at or below 0 degrees Fahrenheit. A staff meeting is scheduled for 9/26/24 where the administrator will review regulations 103f Refrigerator/Freezer Temps. (Please see attached) Moving forward staff will check to ensure the Thermometer is in place by documenting the temperature on the refrigerator log. (please see attached) The admin will complete a monthly checklist to ensure this is being done by staff. (please see attached)

The refrigerator/freezer checks frequency will occur daily during 3rd shift: (12am-8am) The responsible staff person is the assigned staff person scheduled for that shift. There is not one staff exclusively responsible. All staff were made aware during the staff meeting on 9-26-24 and 10-7-24 that all staff are responsible for conducting the refrigerator/freezer checks during their assigned scheduled 3rd shift.

Licensee's Proposed Overall Completion Date: 10/08/2024

Implemented [redacted] - 04/03/2025)

227i - Support Plan Accessible

9. Requirements

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

On [redacted] at 9:00 am, there were two staff members present in the home, staff member A and staff member B. They indicated they did not have access to residents' support plans.

227i Support Plan Accessible (continued)

Plan of Correction**Accept** [REDACTED] - 10/17/2024)

Immediately on [REDACTED] A binder was put in place for quick access for all authorized staff persons of RHA . The binder has all resident Support Plans (RASP) inside. This binder allows easier access for authorized staff persons of RHA all in one specific designated location in the office. This is accessible for all authorized staff persons of RHA to read and review. A staff meeting will be held on 9/26/2024 and 10 7 24 were the administrator reviewed reg. 5a1 DHS Access. (please see attached) All the direct support staff and the client care coordinator staff were trained on either 9 26 24 or 10 7 24. The administrator emphasize to the staff that the resident support plan is the (RASP) and that besides it being in the residents books , there is now a specific binder to easily access them all in one quick place. The Administrator will continue to review and update all residents charts monthly. The monthly administrator audits started on 5 23 24 and will end on 5/23/2025. (Please see attached)

Licensee's Proposed Overall Completion Date: 10/08/2024**Implemented** [REDACTED] - 04/03/2025)