



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: July 6, 2012

Mr. John F. Bulman, VP/COO
Salisbury Behavioral Health, Inc
614 North Easton Road
Glenside, Pennsylvania 19038


RE: Salisbury Behavioral Health
1075 Easton Road
Roslyn, Pennsylvania 19001

Dear Mr. Bulman:

As a result of the Department of Public Welfare's licensing inspection on May 14, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

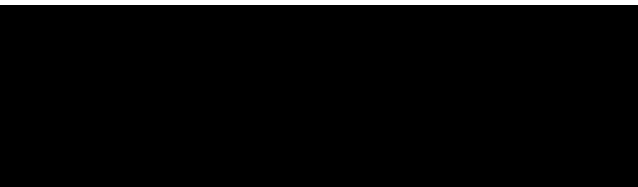

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,


Sandra Wooters
Acting Regional Licensing Director

Enclosure(s)
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SALISBURY BEHAVIORAL HEALTH		License Number: 128200
Address: 1075 EASTON ROAD, ROSLYN, PA 19001		County: Montgomery
Administrator: Amy Connelly		Region: SOUTHEAST
Legal Entity Name: SALISBURY BEHAVIORAL HEALTH INC		
Legal Entity Address: 614 NORTH EASTON ROAD, GLENSIDE, PA 19038		
Certificate(s) of Occupancy C-2 LP 06/12/1998 PA L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 11	Waking Staff: 8
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Indicator		
On-Site Inspections Dates and Department Representatives On-Site 05/14/2012: Kurtz, Andrea		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 13 Number of Residents Served: 11 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 12820 - 05/14/2012 - Kurtz, Andrea
PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 5/3/12 at 8 pm Staff person A pinched Resident #1's hand after Resident #1 refused to take medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.42b Any resident will not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.
Change was made immediately. Staff was suspended on May 8th 2012, the day resident #2 reported that they were pinched by staff #2. As of result of investigation from D.P.W. and agency internal investigation reported abuse was founded. As of result staff was terminated on May 16 2012
Program Director will ensure that any residents rights will not be violated.
Program Director will periodically speak to the residents at community meetings and separately to ensure that there rights or not being violated.
A suggestion box will be installed at the site for residents to put any complaints anonymously.
A training will be conducted at the next staff meeting July 10th and 12th on abuse and neglect and review regulation 2600.42b

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Ed Domersalski</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ed Domersalski			Date 6-14-12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/5/12</u> (Date)	Plan of correction implementation status as of <u>7-5-12</u> (Date)
The above plan of correction was approved by <i>ED</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented