

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SALISBURY BEHAVIORAL HEALTH INC
LEGAL ENTITY

To operate SALISBURY BEHAVIORAL HEALTH
NAME OF FACILITY OR AGENCY

Located at 1075 EASTON ROAD, ROSLYN, PA 19001
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 13
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 26, 2013 until October 26, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 128200

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 28 2013

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 (Department) licensing inspection on July 15, 2013, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary 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 Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 12820 - 07/16/2013 - Scharpf, Amy
 PCH Name: SALISBURY BEHAVIORAL HEALTH

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Two outdoor hard plastic chairs located in the smoking area of the home have backs that are broken off leaving 3-4 inch high sharp, jagged edges protruding from the chair which could easily injure a resident who is attempting to sit on the chairs.

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.

On July 15, 2013 Program Director immediately removed the two outdoor hard plastic chairs and put them into the dumpster.

All staff on each shift will be responsible for checking that all furniture and equipment are in good shape, cleaned and free of hazards or safety concerns.

On September 3rd and 12th during the monthly staff meeting Program Director will review the citation of Regulation 2600.95 with staff.

Staff will be responsible for and reminded to check and complete a walk through on each shift.

Program Director will do a weekly check to ensure that all furniture and equipment are in good shape and safe for the resident's use.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Eric A. Bigelow*, MS Operations Director SE Region

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Eric A. Bigelow, MS O.D. SE Region Date 8/6/2013

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

The above plan of correction is approved as of 8/6/13 (Date)

Plan of correction implementation status as of 8/6/13 (Date)

The above plan of correction was approved by CM (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented