



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 15, 2015**

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  
License# 128200

Dear Mr. Bulman:

As a result of the Department of Human Services' licensing inspection on April 20, 2015 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Patricia Adams".

Patricia Adams  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 12820 - 04/20/2015 - Colon, Lissette

PCH Name: Salisbury Behavioral Health

**1. REGULATION 55 Pa.Code §2600**

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**

On 3/9/15, an allegation of abuse against Resident # 1 was reported to staff person A. The home did not report until 4/9/15 the allegation to the local area agency on aging.

**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.*

Any report of an allegation of abuse against a resident will be reported to the local area agency on aging within 24 hours. The charge was made immediately. The Assistant Operations Director and the Program Director reviewed the suspected Resident Abuse Reporting and Investigation Requirements. The Assistant Operations Director will follow up on any allegation of abuse to ensure the report was made to the local area agency on aging within 24 hours.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Laura Gallagher*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) *Laura Gallagher, Assistant Operations Director*

Date

*6/10/15*

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

The above plan of correction is approved as of

*7/6/15*  
(Date)

Plan of correction implementation status as of

*7/6/15*  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)