



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES



# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **SALISBURY BEHAVIORAL HEALTH LLC**

LEGAL ENTITY

To operate **SALISBURY BEHAVIORAL HEALTH LLC**

NAME OF FACILITY OR AGENCY

Located at **2538 GYPSY LANE, CHELTENHAM TOWNSHIP, PA 19038**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

_____ <small>ADDRESS OF SATELLITE SITE</small>	_____ <small>ADDRESS OF SATELLITE SITE</small>
_____ <small>ADDRESS OF SATELLITE SITE</small>	_____ <small>ADDRESS OF SATELLITE SITE</small>
_____ <small>ADDRESS OF SATELLITE SITE</small>	_____ <small>ADDRESS OF SATELLITE SITE</small>

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 **4**

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services 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 **July 22, 2020** until **July 22, 2021**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **128340**

*Robert E. Robinson*

ISSUING OFFICER

*Jamie J. Buchenauer*

Deputy Secretary

**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.

HS 628 – 6/20



August 24, 2020

Ms. Cynthia Mazza  
VP/COO  
Salisbury Behavioral Health LLC  
3894 Courtney Street, Suite 100  
Bethlehem, Pennsylvania 18017

RE: Salisbury Behavioral Health LLC  
2538 Gypsy Lane  
Cheltenham Township, Pennsylvania 19001  
Certificate #: 128340

Dear Ms. Mazza:

The Department has received your August 19, 2020 renewal application to operate the above Personal Care Home pursuant to Title 55, PA Code, Chapter 2600. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa.Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Personal Care Home at least once every twelve months. The Department will conduct an inspection of Salisbury Behavioral Health LLC within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2600 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at [ra-pwarlheadquarters@state.pa.us](mailto:ra-pwarlheadquarters@state.pa.us).

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style with a large, looped "J" and "B".

Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-Term Living

Enclosure  
License