

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

January 22, 2025

[REDACTED]
SALISBURY BEHAVIORAL HEALTH LLC
[REDACTED]

RE: SALISBURY BEHAVIORAL HEALTH
LLC
2538 GYPSY LANE
CHELTENHAM TOWNSHIP, PA,
19038
LICENSE/COC#: 12834

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/09/2024 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 #:** 12834 **License Expiration:** 07/22/2024
Address: 2538 GYPSY LANE, CHELTENHAM TOWNSHIP, 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

Type: C-3 SP **Date:** 09/09/2003 **Issued By:** Commonwealth of Pennsylvania, L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 3 **Waking Staff:** 2

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 12/09/2024

Inspection Dates and Department Representative

12/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 4 **Residents Served:** 3

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 3
Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

12/09/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/13/2025

Inspections / Reviews *(continued)*

01/22/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/22/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

01/22/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/22/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during training year 2023.

Plan of Correction

Accept [redacted] - 01/22/2025)

Immediately on 12/9/2024. Direct Care Staff Person A was informed of this violation of 65g. Annual Training Contents, she was given Training material on 12/9/2024 to review on Older Adult Protective Services Act. Also, she completed this training online on 1/20/2024 (please see attached). Moving forward, the Administrator will ensure that the home will keep a more accurate account of all staff Training. The administrator will put in place a check list for staff training and other reviews. This will be reviewed for 1 year. Starting 12/9/2024 and ending on 2/9/2026. (please see attached)

Licensee's Proposed Overall Completion Date: 01/13/2025

Implemented [redacted] - 01/22/2025)

107a - Emergency Preparedness

2. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

Staff person B, the administrator, does not have a copy and is not familiar with the emergency preparedness plan for the local municipality.

Plan of Correction

Accept [redacted] 01/22/2025)

Immediately on 12/9/2024, the Administrator contacted our local municipality about their emergency preparedness plan. Their plan was downloaded so the Administrator can review and be familiar with their emergency preparedness plan. (please see attached) Moving forward, the home shall keep a copy to post for all to review. Also, the Administrator will review this plan with staff at the next scheduled staff meeting on 1/17/2025 and monthly if applicable with new hires. This will start on 1/17/2025 and continue upon hire with new hires during site orientation.

107a - Emergency Preparedness (continued)

Licensee's Proposed Overall Completion Date: 01/13/2025

Implemented [redacted] - 01/22/2025)

132c - Fire Drill Records

3. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for the drills conducted between September 2023 and October 2024 do not accurately reflect the amount of time it took for residents to evacuate. The times were rounded to "2.5" or "3.0" minutes as stated by staff person C.

Plan of Correction

Accept [redacted] - 01/22/2025)

Immediately on 12/9/2024 Staff were informed on how to correctly conduct a Fire drill and the importance of accurately documenting the correct time it took to evacuate. Moving forward staff will not round off the time frame. Staff will use a stopwatch for clear numerical documentation accuracy. On 12/13/2024 staff conducted a drill using a stopwatch. (please see attached) This will continue now and thereafter. The administrator will conduct a monthly check of the fire drills completed to ensure it is documented correctly. The administrators monthly checks of the fire drill completed will occur monthly with no end date, The proof of these checks will be the signature of the administrator each month on the fire drill form.

Licensee's Proposed Overall Completion Date: 01/13/2025

Implemented [redacted] - 01/22/2025)