

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

April 3, 2025

[REDACTED]
SALISBURY BEHAVIORAL HEALTH LLC
[REDACTED]
[REDACTED]

RE: SALISBURY BEHAVIORAL HEALTH
LLC
626 EASTON ROAD
GLENSIDE, PA, 19038
LICENSE/COC#: 12832

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/20/2025 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 #: 12832 License Expiration: 03/25/2025
 Address: 626 EASTON ROAD, GLENSIDE, 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-2 LP Date: 01/14/2002 Issued By: CWOPA L&I

Staffing Hours

Resident Support Staff: Total Daily Staff: 10 Waking Staff: 8

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 02/20/2025

Inspection Dates and Department Representative

02/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 9 Residents Served: 9
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 7
 Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

02/20/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/17/2025

03/20/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/03/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/25/2025

Inspections / Reviews *(continued)*

04/03/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

04/03/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

5a1 DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [redacted] at approximately 9:11am, an agent of the Department requested access to the resident list, a staff list to include agency staff and staff schedule. Staff person A stated that [redacted] did know where the records were that were being requested. At 9:14am, staff person A provided a staff schedule. At 9:20am, staff person B called to notify the staff where to locate the requested documents. At 10:07am, an agent of the Department requested a complete staff list to include agency staff from staff person C. Staff person C provided the complete staff list at 2:23pm.

Repeat Violation - [redacted], et al.

Plan of Correction

Accept [redacted] - 04/03/2025)

Staff person A was retrain on [redacted] by the administrator on Department access and where to access the Staff list, resident list and staff schedule (please see attached) A staff meeting was held on [redacted] where the administrator reviewed DHS access on where to access the staff list, resident list and staff schedule. The administrator will continue to train all new hires on department access as apart of the new hire orientation process. Moving forward the administrator will include agency staff on [redacted] staff list and update as needed with the date on the bottom right corner when last updated. (please see attached) The administrator checklist was updated to include additional checks. DHS immediate access as designee was added to the monthly review with staff and new hire at monthly staff meeting. On [redacted] all staff received the DHS immediate access training and refresher. (please see attached). This will continue for six months and then after that only apply to new hires. The administrator will measure on going compliance by completing the monthly administrator checks. The updated monthly administrator checks began on [redacted] (please see attached) These checks will occur monthly and continue for 1 year ending on [redacted].

Licensee's Proposed Overall Completion Date: 03/25/2025

Implemented ([redacted] 04/03/2025)

57a Designee Present/Age

2. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On [redacted] at 8:58am at least 9 residents were present in the home. During this time, the designee was not present in the home. At 9:40am, staff person C arrived at the home.

Plan of Correction

Accept [redacted] - 04/03/2025)

On [redacted] Staff person A was at the site working [redacted] scheduled shift 8am-4pm. Staff person A is a Direct Care staff person who is older then [redacted]. Staff person A was also trained on DHS access as a designee to provide the inspector with the staff list, resident list and staff schedule. Staff person C was not scheduled to be at the site until 1pm as the designee administrator in staff persons B absence. Staff person C only arrived at the site at 9:40 after being notified that an inspector was on site. Staff person A was originally trained by the administrator during [redacted]

57a Designee Present/Age (continued)

orientation. Then staff person A was retrained on [REDACTED] and [REDACTED] by the administrator. DHS immediate access as designee was added to the monthly review with staff and new hires at monthly staff meeting. On [REDACTED] all staff received the DHS immediate access as designee training and refresher. (please see attached.) This will continue for six months and then after that only apply to new hires. The administrator will measure on going compliance by completing the monthly administrator checks. The updated monthly administrator checks began on [REDACTED] (please see attached) These checks will occur monthly and continue for 1 year ending on [REDACTED].

Licensee's Proposed Overall Completion Date: 03/25/2025

Implemented [REDACTED] - 04/03/2025)

62 - Contact List

3. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person C, did not have a complete staff list that included agency staff. At 10:07am, an agent of the Department requested a complete staff list. The staff list was provided at 2:23pm.

Repeat Violation [REDACTED], et al.

Plan of Correction

Accept [REDACTED] - 04/03/2025)

The PCH Behavioral health Director had a meeting with the administrator on [REDACTED] where they reviewed the regulations and what was expected of [REDACTED] moving forward. One of those things reviewed was always including everyone on your staff list that is working on your schedule, also updating all changes immediately with the date and initial of when the change was made. Moving forward the administrator will include agency staff on [REDACTED] staff list and update as needed with the date on the bottom right corner when last updated. (please see attached) All staff are trained on DHS access and will be able to provide a complete updated staff list at the departments request. The administrator will measure on going compliance by completing the updated monthly administrator checks that now include contact list. The updated monthly administrator checks began on [REDACTED]. (please see attached) These checks will occur monthly and continue for 1 year ending on [REDACTED].

Licensee's Proposed Overall Completion Date: 03/25/2025

Implemented [REDACTED] - 04/03/2025)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141a 1 10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted] medication evaluation dated [redacted] did not include body positioning and movement stimulation.

Plan of Correction

Accept [redacted] - 04/03/2025)

On [redacted] the administrator included body positioning and movement stimulation and initial and dated the change. Moving forward the Client care coordinator will check the medical evaluation form before leaving the doctors office to ensure everything is completed. Also the administrator will continue to complete the monthly admin checklist to ensure all required information is included on the Medical evaluation form. On [redacted] the [redacted] was taken back to the doctors office where the resident physician sign next to the added positioning and movement box that this was previously approved and dated on [redacted] (Please see attached) The administrator will measure on going compliance by completing the monthly administrator checks. The updated monthly administrator checks began on [redacted] (please see attached) These checks will occur monthly and continue for 1 year ending on [redacted]

Licensee's Proposed Overall Completion Date: 03/25/2025

Implemented [redacted] 04/03/2025)

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] is prescribed [redacted] every 4 hours as needed. On [redacted] at 3:30pm, the medication was not available in the home.

Resident [redacted] [redacted] was calibrated to the correct time. On [redacted] at 2:33pm the glucometer displayed 3:10pm.

On [redacted], Resident [redacted] s [redacted] was documented on the home's log as [redacted] and the [redacted] read [redacted].

On [redacted], Resident [redacted] s [redacted] was documented on the home's log as [redacted] and the glucometer read [redacted].

185a - Implement Storage Procedures (continued)

Repeat Violation- [REDACTED], et al.

Plan of Correction**Accept [REDACTED] - 04/03/2025)**

On [REDACTED] staff contacted the pharmacy to refill Resident [REDACTED] prescribed [REDACTED] PRN. Moving forward staff will conduct medication checks twice monthly to ensure that all prescribed medications are available. First check was completed on [REDACTED] (see attached) second check was completed on 3/10/25 (see attached). The administrator will monitor that the medication checks are completed and initial and date when checked. Resident [REDACTED] was calibrated to the correct time on [REDACTED] This [REDACTED] was replaced per the doctor's orders with [REDACTED] Moving forward the PCH nurse will calibrate all glucometers monthly for all residents with a [REDACTED] Staff will no longer ask resident [REDACTED] what [REDACTED] reading is. Moving forward staff will have to view the reading in a resident [REDACTED] meter before documenting it on the MAR. Staff will complete a weekly [REDACTED] MAR audit. The administrator monitor the weekly [REDACTED] /Mar audit and initial and date after review. The weekly [REDACTED] Mar audit started on [REDACTED] the duration is weekly and will continue for six months and monthly thereafter. The administrator will measure on going compliance of the weekly glucometer Mar audits and the biweekly medication audits. This will be monitored monthly by completing the administrator checks. The updated monthly administrator checks began on [REDACTED] (please see attached) These checks will occur monthly and continue for 1 year ending on [REDACTED].

Licensee's Proposed Overall Completion Date: 03/25/2025

Implemented [REDACTED] - 04/03/2025)