

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

May 5, 2025

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

RE: SALISBURY BEHAVIORAL HEALTH
1482 CHERRY LANE
EAST STROUDSBURG, PA, 18301
LICENSE/COC#: 21213

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/08/2025 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 License #: 21213 License Expiration: 08/19/2025
 Address: 1482 CHERRY LANE, EAST STROUDSBURG, PA 18301
 County: MONROE Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: SALISBURY BEHAVIORAL HEALTH LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 22 Waking Staff: 17

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 04/08/2025

Inspection Dates and Department Representative

04/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 28 Residents Served: 22

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 22 Are 60 Years of Age or Older: 4
 Diagnosed with Mental Illness: 22 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

04/08/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/28/2025

04/29/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/05/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/04/2025

Inspections / Reviews *(continued)*

05/05/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission*

05/05/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141b1 Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent available medical evaluation was completed on [redacted]

Plan of Correction

Accept [redacted] - 05/05/2025

On [redacted] Resident [redacted] refused to go on [redacted] scheduled annual MA51 appointment. (Please see attached) Resident [redacted] was educated on the importance of attending [redacted] appointments. Resident [redacted] attended [redacted] PCP appointment on [redacted] and [redacted] doctor completed [redacted] MA51. Moving forward the Care coordinator will work with the administrator to educate and encourage any residents who refuse any annual appointments. Also moving forward, the client care coordinator will complete monthly DME/MA51 audits of all the resident's charts. The first audit was completed on 4-30-25 and will continue monthly for the foreseeable future.

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented [redacted] - 05/05/2025

225c Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] assessment, dated [redacted] does not include the resident's recent inpatient hospital placement due to expressing thoughts of self-harm.

Resident [redacted]'s assessment, dated [redacted] does not include the resident's recent inpatient hospital placements due to expressing thoughts of self-harm.

Plan of Correction

Accept [redacted] - 05/05/2025

On 4/21/25 the administrator completed an addendum for resident [redacted] that includes [redacted] inpatient hospital placement. (please see attached)

On 4/21/25 the administrator completed an addendum for resident [redacted] that includes [redacted] inpatient hospital placement. (please see attached) Moving forward any resident while in crisis will be under hourly checks. (Please see attached resident monitoring forms while in crisis.) Also moving forward, the Administrator will complete monthly RASP audits of all the resident's charts. The first audit was completed on 4-30-25 and will continue monthly for the foreseeable future.

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented [redacted] - 05/05/2025

227g Support Plan Signatures

3. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

227g Support Plan Signatures (continued)

Description of Violation

Resident [redacted] participated in the development of their support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction

Accept [redacted] 05/05/2025)

On [redacted] resident [redacted] refused to sign [redacted] support plan after it was complete. [redacted] stated after [redacted] participating in the development of the plan "[redacted] felt very overwhelmed and tired and just wanted to go to [redacted] room and lie down" The administrator instead of checking the box that resident [redacted] refused to sign; [redacted] wanted to give [redacted] the opportunity later on in the day to sign if [redacted] felt better. But unfortunately the administrator had started working on other job duties and had forgotten to ask resident [redacted] if [redacted] felt like signing [redacted] support plan later on in the day. Moving forward the administrator will check the refuse to sign box immediately if any resident refuses to sign their support plan. Please see attached resident [redacted] RASP signature page. Also moving forward, the Administrator will complete monthly RASP audits of all the resident's charts. The first audit was completed on 4 30 25 and will continue monthly for the foreseeable future. (please see attached)

Licensee's Proposed Overall Completion Date: 05/02/2025

Implemented [redacted] - 05/05/2025)