

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

September 15, 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 07/29/2025 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:** 03/25/2026  
**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

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 9      **Waking Staff:** 7

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 07/29/2025

## Inspection Dates and Department Representative

07/29/2025 - 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:** 0      **Have Physical Disability:** 0

## Inspections / Reviews

07/29/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 08/31/2025

09/05/2025 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 09/15/2025  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 09/08/2025

Inspections / Reviews *(continued)*

09/15/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at 10:00 am, two boxes of resident's information, to include the resident's incident report, award letters, and residents' documents, were unlocked, unattended, and accessible on the second floor outside the nurse's station.

Plan of Correction

Accept [REDACTED] 09/05/2025)

On 7/29/25 at 12:15pm the two boxes of the residents information were removed to the appropriate locked storage room. The Administrator was purging resident charts and had gotten distracted when the inspector arrived. The administrator acknowledges her violation of regulation 17 - Record Confidentiality and moving forward will keep boxes locked in the proper storage are immediately after use.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented [REDACTED] - 09/15/2025)

101j3 Bed/Linens/Pillows/Blankets

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:  
3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for resident [REDACTED] has a pillow that does not have pillow case.

Plan of Correction

Accept [REDACTED] - 09/05/2025)

Immediately on 7/29/2025 staff placed a pillowcase on resident [REDACTED] pillow. Resident [REDACTED] had just purchased this pillow and staff was unaware he had id and need a pillow case. On 8-1-25 the administrator had a meeting with the residents and encouraged them to let staff know if the need anything including beds linens, pillows, toothpaste, body wash etc. Moving forward each residents primary staff will conduct monthly bedroom checks to ensure regulation 101j3 - Bed/Linens/Pillows/Blankets are followed. This will start on 7/29/2025 and will end on 10/29/2025. The administrator will monitor these checks to ensure they are completed.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented [REDACTED] - 09/15/2025)

183d Prescription Current

3. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED], [REDACTED] prescribed for resident [REDACTED], with instructions to take one tablet crushed in soft food by mouth twice daily, was in the home's medication cart; however, the medication was discontinued on [REDACTED]

183d Prescription Current (continued)

Plan of Correction

Accept (█ - 09/05/2025)

Immediately on 7/29/2025 resident █ █ was removed and properly destroyed. This medication was not given; the new order was implemented per doctors orders.. Moving forward the Direct Care Supervisor will properly destroy all discontinued medication per doctors orders. Staff will also conduct weekly medication checks to ensure that all prescribed medication are current in the medication cart. This will start on 7/29/2025 and will end on 1/29/2026. The administrator will monitor those checks to ensure compliance with regulation 183d Prescription Current.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented █ 09/15/2025)

183e - Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On █, █, prescribed to resident █, was punctured in slot 8 in the morning dosage and in slot 12 in the evening dosage; the pill remained in place and was in the medication cart.

Plan of Correction

Accept █ - 09/05/2025)

Immediately on 7/29/25 the pharmacy blister covers (commonly called "bandaids") was placed on Resident █ █ blister pack that was punctured. Theses blister covers provided from the healthcare vendor, which ensure protection to the unit dose in the blister. (please see attached) A staff meeting was held in August where the administrator reviewed regulation 183e Storing Medications. Moving forward the direct care supervisor will conduct weekly medication checks. This will ensure regulation 183e Storing Medications are being maintained.

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented █ - 09/15/2025)