



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)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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 **November 19, 2025** until **May 19, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **128341**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING 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.



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOVEMBER 19, 2025

[REDACTED]
Salisbury Behavioral Health, LLC
[REDACTED]

RE: Salisbury Behavioral Health, LLC
2538 Gypsy Lane
Cheltenham Township, Pennsylvania 19038
License #: 128341

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection July 31, 2025, August 28, 2025, and October 23, 2025 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 128340 dated July 22, 2025 to July 22, 2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026(b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from NOVEMBER 19, 2025 TO MAY 19, 2026.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

[REDACTED]

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, PA 17105-2675
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *SALISBURY BEHAVIORAL HEALTH LLC* License #: *12834* License Expiration: *07/22/2025*
Address: *2538 GYPSY LANE, CHELTENHAM TOWNSHIP, PA 19038*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED]

Legal Entity

Name: *SALISBURY BEHAVIORAL HEALTH LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: Total Daily Staff: *5* Waking Staff: *4*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *08/28/2025*

Inspection Dates and Department Representative

07/31/2025 - On-Site: [REDACTED]
08/28/2025 - 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: *3* Are 60 Years of Age or Older: *3*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

07/31/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/27/2025*

09/25/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/16/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/30/2025

10/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/16/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 10/13/2025

11/06/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/16/2025

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 4/17/2025 and 5/2/2025, Resident 1 and resident 2 were involved in physical altercations that were all initiated by resident 1. These incidents were observed by staff and documented in resident 1's progress notes. However, these incidents were not reported in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse).

Plan of Correction

Accept [redacted] - 10/02/2025)

Immediately on 9/18/25 the administrator reported the incidents where resident #1 and resident #2 were involved in physical altercations. (please see attached) the PCH director had a meeting with the administrator on 9-5-25 were they reviewed regulation (15a - Resident Abuse Report) (please see attached) : [redacted] was on vacation during both incidents. The designated person in the admin's absence reported [redacted] was unaware of the two incidents that occurred on 4/17/2025 and 5/2/2025 between Resident 1 and resident 2. These incidents were observed by staff and documented in resident 1's progress note. Staff person Fatou Conde was educated and reviewed the proper protocol for reporting to the administrator and designee in the admin's absence on 9-12-25. (please see attached) Moving forward all staff must follow reporting protocol of any incidents that occur involving the residents in or out of the home. A staff meeting is being held on 9-25-25 were the administrator will review regulation (15a - Resident Abuse Report) along with the other violations. On 9-18-25 the administrator completed a DHS reportable incident report and a Oral report to adult and aging. (see attached) Following the staff meeting it was immediately implemented that all staff must report an incidents to they administrator during 9am-5pm and contact the On-call admin after hours 5pm-9am. During that time the administrator will submit a reportable incident within the required 24hours. The administrator will also conduct monthly audits for mandatory reporting. Theses audits began on 9-2-25 and will continue for a year ending on 9-2-26. please see attached admin audit.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [redacted] - 11/06/2025)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 4/17/2025 and 5/2/2025, Resident 1 and resident 2 were involved in physical altercations that were all initiated by resident 1. These incidents were observed by staff and documented in resident 1's progress notes. The home did not report these incidents to the department.

16c - Written Incident Report (continued)

Plan of Correction

Accept [REDACTED] - 10/02/2025)

Immediately on 9/18/25 the administrator reported the incidents where resident #1 and resident #2 were involved in physical altercations. (please see attached) the PCH director had a meeting with the administrator on 9-5-25 were they reviewed regulation (15a - Resident Abuse Report) (please see attached) : [REDACTED] was on vacation during both incidents. The designated person in the admin's absence reported [REDACTED] was unaware of the two incidents that occurred on 4/17/2025 and 5/2/2025 between Resident 1 and resident 2. These incidents were observed by staff and documented in resident 1's progress note. Staff person Fatou Conde was educated and reviewed the proper protocol for reporting to the administrator and designee in the admin's absence on 9-12-25. (please see attached) Moving forward all staff must follow reporting protocol of any incidents that occur involving the residents in or out of the home. A staff meeting is being held on 9-25-25 were the administrator will review regulation (15a - Resident Abuse Report) along with the other violations. On 9-18-25 the administrator completed a DHS reportable incident report and a Oral report to adult and aging. (see attached) Following the staff meeting it was immediately implemented that all staff must report an incidents to they administrator during 9am-5pm and oncall admin after hours 5pm-9am. During that time the administrator will submit a reportable incident within the required 24hour. Following the staff meeting it was immediately implemented that all staff must report an incidents to they administrator during 9am-5pm and contact the On-call admin after hours 5pm-9am. During that time the administrator will submit a reportable incident within the required 24hours. The administrator will also conduct monthly audits for mandatory reporting. Theses audits began on 9-2-25 and will continue for a year ending on 9-2-26. please see attached admin audit.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] - 11/06/2025)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident 1 moved into the home on [REDACTED]/2025. On [REDACTED] 17/2025, resident 1 and resident 2 got into a physical altercation that began when resident 1 struck resident 2 unprovoked. On [REDACTED] 2/2025, resident 1 got into a physical altercation with resident 2, twice in one day. Both times, resident 1 initiated the altercations unprovoked. On [REDACTED] 5/2025, resident 1 attempted to attack resident 3 with a shoe but was redirected by staff. All of these incidents were witnessed by staff and there was no increase in supervision for resident 1 after any of the incidents.

On [REDACTED] 19/2025 at approximately 7:15 am, staff person A was downstairs preparing breakfast when they heard resident 3 screaming for help from upstairs. Resident 3 was in the bathroom located on the second floor and was being attacked by resident 1. Resident 1 was aggressively and repeatedly punching resident 3 in the face. When staff person A arrived, they found resident 3 being strangled by resident 1. Staff person A had to forcefully pry resident 1's hands from around resident 3's neck. This caused resident 1 to stumble backwards and fall to the floor. Resident 1, returned to their room after the incident and locked the door. Resident 3 sustained a black eye, swelling and bruising around the neck. Resident 3 refused treatment, did not want to talk about the incident, and refused to press charges against resident 1 for the assault. Resident 1 was not assessed for any injuries. Police were eventually called to the home at approximately 10:45 am after resident 1 finally exited their room and ran out the front door into the pouring rain, with no shoes and wearing only pajamas. Resident was escorted by police to the hospital for a 302 and admitted.

42b - Abuse (continued)

Plan of Correction

Directed (█ - 10/02/2025)

The administrator completed the mandatory incident reporting of this incident that occurred on 7/19/25 within the required 24 hours. Resident 1 was 302 and admitted to Abington hospital. The administrator also contacted Montgomery county and with the support of the community integration Coordinator at the office of MH/DD/EI the administrator was able to discharge resident #1 from █ person care home. The administrator had a meeting with the residents at █ on 7-25-25 to ensure their safety and that resident #2 felt safe. Following the staff meeting it was immediately implemented that all staff must report an incidents to they administrator during 9am-5pm and contact the On-call admin after hours 5pm-9am. During that time the administrator will submit a reportable incident within the required 24hours. The administrator will also conduct monthly audits for mandatory reporting. Theses audits began on 9-2-25 and will continue for a year ending on 9-2-26. please see attached admin audit.

Proposed Overall Completion Date: 10/01/2025

Directed POC:

Immediately: The administrator shall interview residents at least weekly for the next 2 months, and monthly thereafter, to ensure that no residents are neglected, intimated, physically or verbally abused, mistreated or disciplined in any way, at any time. Documentation of interviews shall be kept.

Within 10 days of receipt of the accepted plan of correction: All direct care staff and management staff, including the administrator, shall receive training in resident rights, positive interventions, abuse reporting and prevention from an outside source approved by the Department. Documentation of training shall be kept in accordance with 2600.65i.

Directed Completion Date: 10/11/2025

Not Implemented (█ - 11/06/2025)

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 3's medical evaluation dated [redacted]/2024 did not include body positioning and movement stimulation for residents, if appropriate, immunization history.

Plan of Correction

Accept [redacted] - 10/02/2025)

Immediately one 8/28/2025 resident # 2 doctor was contacted about the medical evaluation/DME dated [redacted]/2025, that body positioning and movement stimulation for the resident wasn't check off. Doctor reviewed and made corrections. (please see attached) Moving forward, the point person who escorts the residents to their medical appointments (care coordinator) will and review all forms before leaving the doctor's office to ensure all paperwork is filled out properly and that no section is left unanswered. A DME completion checklist list will be used to guide them to ensure all sections are checked off. This will started on 8/28/2025 and will end on 12/26/2025. (please see attached) the admin will monitor theses checks are completed and Initial and date.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [redacted] - 11/06/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 is prescribed Trazodone 50 mg take 1/2 tablet (25 mg) by mouth every 4 hours as needed for agitation. However, resident 1 was administered Trazodone 50 mg by mouth on 5/3/2025 at 8:13 am for anxiety, 5/3/2025 at 1:39 pm for anxiety and 5/3/2025 at 7:24 pm for sleep.

Plan of Correction

Directed [redacted] - 10/02/2025)

Immediately the administrator reviewed resident # 1 MAR this resident was discharged from the program on 8/31/2025. An on-call staff from another site was filling in and made a documentation error on resident #1 MAR. Moving forward, all staff will use the medication tool when observing medication (5 rights)

1. Right person
2. Right dose
3. Right Time
4. Right Medication
5. Right Route and Reason

187d - Follow Prescriber's Orders (continued)

Also, using the 3 checks that match

- 1. Quick Mar
- 2. Medication that's on Quick Mar
- 3. Residents, orders by the doctors

Staff will conduct weekly medication checks using the medication check list and initially that it was done. The administrator will monitor that these checks are completed. (please see attached) This began on 5-1-2025 and will end on December 1, 2025. Please see attached titles of responsible staff persons and checklist of what's being audited.

Proposed Overall Completion Date: 10/01/2025

Directed steps of POC:

In addition to the above-mentioned steps:

Immediately: The administrator or designee qualified to administer medications shall complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b). Documentation of the audit shall be kept.

Within 7 days of receipt of the plan of correction: All staff persons qualified to administer medication shall be re-educated on proper medication administration, by a certified medication administration Train-the-Trainer, on documentation of medication administration, following the orders of the prescriber and reporting medication errors. Documentation of education shall be kept in accordance with 2600.65i.

Within 10 days of receipt of the plan of correction: A Department-approved medication administration Train-the-Trainer shall observe medication administration and conduct an MAR review for each staff person qualified to administer medications. Documentation shall be kept on a Department-approved form.

Directed Completion Date: 10/11/2025

Not Implemented [redacted] - 11/06/2025)