

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

October 30, 2025

[REDACTED], SENIOR VICE PRESIDENT - BEHAVIORAL HEALTH
SALISBURY BEHAVIORAL HEALTH LLC
[REDACTED]

RE: SALISBURY BEHAVIORAL HEALTH
LLC
1075 EASTON ROAD
ROSLYN, PA, 19001
LICENSE/COC#: 12820

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/26/2025 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 #: 12820 License Expiration: 10/26/2025
 Address: 1075 EASTON ROAD, ROSLYN, PA 19001
 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: 06/12/1998 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 14 Waking Staff: 11

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/26/2025

Inspection Dates and Department Representative

08/26/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 13 Residents Served: 13

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 7
 Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

08/26/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/26/2025

10/24/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/29/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/28/2025

Inspections / Reviews *(continued)*

10/30/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/29/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 08/26/25, at 10:00 am, the vents in the kitchen and dining room were full of dust and in need of cleaning. During the kitchen inspection, two ceiling tiles above the refrigerator had large brown stains.

Plan of Correction

Accept ([redacted] - 10/24/2025)

the vents in the kitchen and dining room to be cleaned. A work order was also submitted for the two ceiling tiles above the refrigerator to be replaced. Both things were fixed on 9-05-25 . A staff meeting was held on 9-19-25 where the administrator reviewed (regulation 88a - Surfaces) along with the other violations. (see attached) Moving forward staff will report any dirty vents and damaged ceiling tiles to the administrator immediately. The administrator will also conduct monthly administrator checks. This will ensure the vents are clean and the ceiling tiles are in good repair.(see attached)

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented ([redacted] - 10/30/2025)

89a - Water Pressure

2. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 08/26/25, at 3:00 pm, the home did not have sufficient hot and cold water pressure to wash their faces and brush their teeth in the male bathroom on the first floor.

Plan of Correction

Accept ([redacted] - 10/24/2025)

The administrator immediately submitted a work order for the hot and cold water pressure in in the male bathroom on the first floor. It was fixed on 9-05-25. A staff meeting was held on 9-19-25 where the administrator reviewed (regulation 89a - Water Pressure) along with the other violations. (see attached) Moving forward staff will report any issues with water pressure in each bathroom, kitchen and laundry area to the administrator immediately. The administrator will also conduct monthly administrator checks. This will ensure the home will have hot and cold water under pressure in each bathroom, kitchen and laundry area (see attached)

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented ([redacted] - 10/30/2025)

91 - Telephone Numbers

3. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

91 - Telephone Numbers (continued)

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the first-floor activity room.

Plan of Correction

Accept (█ - 10/24/2025)

Immediately the administrator posted the telephone numbers. A staff meeting was held on 9-19 -25 where the administrator reviewed (regulation 91 - Telephone Numbers) along with the other violations. The administrator will conduct monthly administrator checks. This will ensure the appropriate telephone numbers are always posted by each telephone with an outside line .(see attached)

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented (█ - 10/30/2025)

100a - Exterior - Free of Hazards

4. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The front entrance ramp to the building had a large crack and a hole measuring approximately six inches. The home has residents that require wheelchairs and walkers to ambulate.

Plan of Correction

Accept (█ - 10/24/2025)

The administrator immediately submitted a work order for the large crack on the front entrance ramp to the building. Maintenance repaired it on 9-05-25. A staff meeting was held on 9-19-25 where the administrator reviewed regulation (100a - Exterior - Free of Hazards) along with the other violations. (please see attached) The administrator will also conduct monthly administrator checks. This will ensure the exterior of the building and the building grounds or yard are in good repair and free of hazards. (please see attached)

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented (█ - 10/30/2025)

105g - Lint Removal and Duct Cleaning

5. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 08/26/25, there was an approximate one-inch accumulation of lint in the lint trap of the dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept (█ - 10/24/2025)

Immediately staff cleaned and removed the accumulation of lint in the lint trap of the dryer. A staff meeting was held on 9-19-25 where the administrator reviewed regulation (105g - Lint Removal and Duct Cleaning) along with the other violations. (see attached). Moving forward Staff will complete daily Laundry room dryer lint checks each shift. (please see attached) the admin will monitor that these checks are being completed. The administrator will also conduct monthly administrator checks. This will ensure the lint is removed from the lint trap and drum of clothes

105g - Lint Removal and Duct Cleaning (continued)

dryers. (please see attached)

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented (█ - 10/30/2025)

132e - Fire Drill Sleeping Hours

6. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 01/29/25 at 6:30 am.

Plan of Correction

Accept (█ - 10/24/2025)

The PCH director had a meeting with the administrator on 9-3-25. During this meeting they reviewed regulation (132e - Fire Drill Sleeping Hours) Based off of the meeting it was determined that the sleeping hours for resident are between 11pm-6am so based off of that information all sleeping hour fire drills will be held between the hours of 12am-5am. The administrator completed a sleeping hour fire drill on 9-24-25 at 5am. (please see attached)

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented (█ - 10/30/2025)

182b - Prescription Medication

7. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician’s assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On 08/26/25, at 8:00 am, staff person A administered medications to resident #1 to include the following; Amlodipine Tab 10 mg, Benztropine Tab .05 mg, Docusate Sod Cap 100 mg, Famotidine Tab 20 mg and Haloperidol Tab 10 mg. Staff person A is not a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Plan of Correction

Accept (█ - 10/24/2025)

Staff person A has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription

182b - Prescription Medication (continued)

medications; insulin injections and epinephrine injections for insect bites or other allergies. (please see attached)

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented (█) - 10/30/2025)

185a - Implement Storage Procedures

8. 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

On 08/26/25, resident #3 is prescribed weekly blood sugar level tests. Resident #3's glucometer was not calibrated with the correct date; the glucometer date was 08/22/25, and the actual date was 08/26/25.

Plan of Correction

Accept (█) - 10/24/2025)

Immediately resident #3 glucometer was calibrated on 8-26-25. (see attached) Moving forward the lead staff will calibrate any residents with glucometers monthly. Also moving forward the administrative nurse will conduct monthly glucometer audits when she comes monthly to the site and completes medication room checks.

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented (█) - 10/30/2025)

187a - Medication Record

9. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed Albuterol Sulfate HFA; inhale 2 puffs by mouth every 6 hours. This medication was administered on 08/26/25; however, it is not included on resident #1's medication administration record.

Plan of Correction

Accept (█) - 10/24/2025)

Resident# 1 prescribed Albuterol Sulfate HFA was included on resident #1's medication administration record for the month of August. (please see attached) At the time of the inspection it was categorized undertreatment on the

187a - Medication Record (continued)

MAR and that is why the inspector did not see it . It is still on residents #1 MAR for September aswell. (please see attached)

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented () - 10/30/2025)

224a - Preadmission Screen Form

10. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated (), does not include a determination that the needs of the resident can be met by the services provided by the home.

Resident #2's preadmission screening form, dated (), does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept () - 10/24/2025)

The administrator immediately checked the determination box that the residents needs of the resident can be met by the services provided by the home for resident #1 and #2. (please see attached) The administrator is new and had overlooked the checked boxes on the form for both new admissions. On 9-3-25 the PCH director meet with the administrator and reviewed 224a - Preadmission Screen Form. Moving forward the administrator understands what is required on the prescreening form and signed and dated when () meet with the PCH director. (see attached)

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented () - 10/30/2025)

227e - Self Administer Medication

11. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident #1's assessment, dated () does not address the resident's ability to self-administer medications. According to resident #1's medication evaluation dated () the resident cannot self-administer medications.

Plan of Correction

Accept () - 10/24/2025)

The originally assessment completed on () was done in error because the resident can self administer. The care coordinator tried to contact the doctor that completed the original assessment and could not get In contact with them. This was the doctor from () were the resident lived prior to moving in. The new administrator had overlooked that area on the assessment, but had new from the preadmission screening resident #1 was able to self administer () medications. Moving forward the administrator will always double check to ensure that area of the form is completed accurately. The care coordinator got resident #1 scheduled for a new patient appointment on 9-16-25 and the doctor also confirmed () able to self administer () medications. (please see attached)

227e - Self Administer Medication *(continued)*

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented ([REDACTED] - 10/30/2025)