

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

January 6, 2026

[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 09/03/2025 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: Complaint **Exit Conference Date:** 10/02/2025

Inspection Dates and Department Representative

09/03/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 9 **Residents Served:** 8

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 8 **Are 60 Years of Age or Older:** 7
Diagnosed with Mental Illness: 8 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

09/03/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/30/2025

10/31/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 11/20/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/05/2025

Inspections / Reviews *(continued)*

11/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/20/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/22/2025

01/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/20/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

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 [REDACTED], at approximately 6:45 am, resident 1 was being forcefully held to the ground by a private duty aid. This incident was observed by staff person A. This incident was reported to staff person B on [REDACTED]. However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Directed [REDACTED] - 11/10/2025)

On 8/26/25 the PCH director was informed about this incident. The PCH director reported this incident on 8/27/25 to DHS and Older Adult Protective Service. (please see attached) On the 9/4/25 The PCH director meet with the administrator to discuss this incident. Also to review the PCH mandatory Reporting requirements and what is expected of the PCH administrator to report for PCH regs. Also a staff meeting was held on 9-24-25 were the administrator reviewed Mandatory Reporting and Older Adult Protective Service Act. (please see attached) Moving forward the Administrator or designee will report all incidents in the required 24 period. Compliance of this will be audited during the quarterly quality management plan review. The PCH director will review all incident reports with confirmation sent sheets to verify they were sent in the required 24hour period. These audits started on 9-30-25 and will be on going into the foreseeable furfuture. (please see attached)

Proposed Overall Completion Date: 11/06/2025

Directed POC:

In addition to the above-mentioned steps:

Immediately: The administrator shall review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Older Adult Protective Services Act and the Department of Human Services regulations. Documentation of reviews shall be kept.

Immediately: All staff persons shall be instructed to directly report suspected abuse and reportable incidents to the Department in the absence of the administrator in accordance the Department of Human Services regulations. Documentation of the education shall be kept in accordance with 2600.65i.

Directed Completion Date: 11/12/2025

Implemented [REDACTED] 01/06/2026)

16c - Written Incident Report

2. Requirements

2600.

16c Written Incident Report (continued)

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 [REDACTED], at approximately 6:45 am, resident [REDACTED] was being forcefully held to the ground by a private duty aid. This incident was observed by staff person A. This incident was reported to staff person B on [REDACTED]. The home did not submit an incident report to the Department.

Plan of Correction

Directed [REDACTED] - 11/10/2025)

On 8/26/25 the PCH director was informed about this incident. The PCH director reported this incident on 8/27/25 to DHS and Older Adult Protective Service. (please see attached) On the 9/4/25 The PCH director meet with the administrator to discuss this incident. Also to review the PCH mandatory Reporting requirements and what is expected of the PCH administrator to report for PCH regs. Also a staff meeting was held on 9 24 25 were the administrator reviewed Mandatory Reporting and Older Adult Protective Service Act. (please see attached) Moving forward the Administrator or designee will report all incidents in the required 24 period. Compliance of this will be audited during the quarterly quality management plan review. The PCH director will review all incident reports with confirmation sent sheets to verify they were sent in the required 24hour period. These audits started on 9 30 25 and will be on going into the foreseeable furfure. (please see attached)

Proposed Overall Completion Date: 11/06/2025

Directed POC:

In addition to the above-mentioned steps:

Immediately: The administrator or designee shall review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. Documentation of the review shall be kept.

Immediately: All staff persons shall be instructed to directly report suspected abuse and reportable incidents to the Department in the absence of the administrator in accordance the Department of Human Services regulations. Documentation of the education shall be kept in accordance with 2600.65i.

Directed Completion Date: 11/12/2025

Implemented [REDACTED] - 01/06/2026)

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

Between 6:45 a.m. and 7:15 a.m., on [REDACTED], staff person A heard yelling coming from resident [REDACTED] bedroom. Upon opening the door, staff person A saw the resident being restrained by the resident's private duty aid. The resident lying face down and their arms were being held down at their sides by the private duty aid, whose entire body was

42b - Abuse (continued)

positioned on top of the resident. Resident [redacted] was unable to get up from [redacted] position. The private duty aid was fully dressed, and the resident was wearing a shirt and long pajamas. Staff person A asked the private duty aid, "What is the problem? and the private duty aid responded that the resident was hitting them. The resident has a primary diagnosis of [redacted] which causes them to move their limbs all the time. The private duty aid remained on top of the resident until staff person A instructed the private duty aid to get up. Staff person A assisted the resident in getting back to bed. Staff person B, the administrator, was notified of this incident on [redacted] over the phone. It is unknown whether resident [redacted] was evaluated by any medical professionals or received any medical care at home. Additionally, the agency that employs the private duty aid was not notified about the incident until [redacted]

Plan of Correction

Directed [redacted] - 11/10/2025)

The PCH director was informed of this incident on [redacted] by the designee and immediately instructed [redacted] to contact the agency that employs the private duty aid, and let them know [redacted] can not return to work pending an investigating. On 9-30-25 the administrator had a meeting with the residents and reviewed regulation 42b Abuse, Residents rights, and contact information for reporting. (please see attached agenda from meeting) The residents have a clear understanding of what abuse is and their available resource for reporting. Also that they can come directly to the administrator anytime. On 9/24/25 there was an Abuse training that was given to staff. On 9/30/25 the administrator started a monthly resident review of abuse. (please see attached) this will continue for six months and end on 3/31/26.

Proposed Overall Completion Date: 11/06/2025

Directed POC:

In addition to the above-mentioned steps:

Immediately: The administrator shall interview at least three residents a week three months and biannually thereafter to ensure no residents are neglected, intimidated, 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, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator shall receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept in accordance with 2600.65i.

Directed Completion Date: 11/20/2025

Implemented [redacted] 01/06/2026)

225c - Additional Assessment

4. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

225c - Additional Assessment (*continued*)

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 assessments for the resident's social and recreational needs.

Plan of Correction**Accepted [REDACTED] - 11/10/2025)**

Immediately on 9/3/25 residents [REDACTED] assessment was updated to include [REDACTED] social and recreational needs. On 9/23/25 a significant change was also completed in [REDACTED] RASP. (please see attached) The administrator will conduct a monthly checklist that includes auditing the residents Assessments/RASP. The checklist started on 9/30/25 and will continue for six months and end on 3/23/26. (see attached) On 10/28/25 the administrator had a meeting with the staff and reviewed residents assessments/RASP.

Licensee's Proposed Overall Completion Date: 11/06/2025

Implemented [REDACTED] - 01/06/2026)