

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

December 10, 2025

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

RE: SALISBURY BEHAVIORAL HEALTH  
LLC  
2538 GYPSY LANE  
CHELTENHAM TOWNSHIP, PA,  
19038  
LICENSE/COC#: 12834

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/23/2025 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 #:** 12834      **License Expiration:** 07/22/2026  
**Address:** 2538 GYPSY LANE, CHELTENHAM TOWNSHIP, 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

## Staffing Hours

**Resident Support Staff:**      **Total Daily Staff:** 3      **Waking Staff:** 2

## Inspection Information

**Type:** *Partial*      **Notice:** *Unannounced*      **BHA Docket #:**  
**Reason:** *Monitoring*      **Exit Conference Date:** 10/23/2025

## Inspection Dates and Department Representative

10/23/2025 - 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:** 3  
**Have Mobility Need:** 0      **Have Physical Disability:** 0

## Inspections / Reviews

10/23/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** *POC Submission*      **Follow-Up Date:** 11/14/2025

12/02/2025 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 12/04/2025  
**Reviewer:** [REDACTED]      **Follow-Up Type:** *Document Submission*      **Follow-Up Date:** 12/05/2025

Inspections / Reviews *(continued)*

12/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/04/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

There are two exits on the home's 2nd floor, one the stairs leading to the 1st floor and the other through the office to the outside. On [REDACTED] at 09:20 AM, the door to the office was equipped with a key pad, requiring a code; there was a sign that read "Please Close and Lock Office Door at All Times!" There was no code posted anywhere near the key pad, which blocked egress from the home's 2nd floor.

Plan of Correction

Accept [REDACTED] - 12/02/2025)

Immediately on 10/23/25 the administrator placed the keypad on stand by so that it wont lock. [REDACTED] also took down the old sign that said "Please Close and Lock Office Door at All Times!" and replaced it with a sign that says "Please keep the office Door unlocked At all times!!! (Please see attached) The administrator also submitted a work order to have the keypad removed and replace with a regular door knob without a keypad. On 10/28/25 the administrator had a staff meeting where [REDACTED] reviewed regulation 121a - Unobstructed Egress- Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed. (please see attached staff meeting) The administrator will conduct random weekly door checks of that office door until the keep pad is replaced. This will ensure compliance with regulation 121a - Unobstructed Egress.

Licensee's Proposed Overall Completion Date: 11/13/2025

Implemented ([REDACTED] 12/10/2025)

251c - Standardized Forms

2. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident # [REDACTED]'s initial medical evaluation dated [REDACTED] was not completed on the Department's current standardized form for personal care home. It was completed on the Department's current standardized form for assisted living residence.

Plan of Correction

Accept [REDACTED] - 12/02/2025)

Immediately on 10/30/25 the care coordinator took the Department's current standardized form for personal care home to the doctors office to be completed on the correct form. The administrator and care coordinator both have the correct form moving forward for all residents. The administrator will conduct a more thorough check when receiving forms for a new admission. Please see attached updated DME form. Moving forward the Direct support supervisor will conduct monthly resident chart / site audits. This started on 10/30/25 and will end on 1/30/26.

Licensee's Proposed Overall Completion Date: 11/13/2025

Implemented ([REDACTED] - 12/10/2025)