

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
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 11/04/2025 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

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 3 **Waking Staff:** 2

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 11/04/2025

Inspection Dates and Department Representative

11/04/2025 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:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

11/04/2025 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 11/30/2025

Inspections / Reviews *(continued)*

12/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/15/2025

01/06/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [REDACTED] from 12:00 am-8:00 am, 3 residents were present in the home. During this time 0 staff persons were present in the home who are certified in CPR/First aid.

On [REDACTED], from 12:00 am-8:00 am, 3 residents were present in the home. During this time 0 staff persons were present in the home who are certified in CPR/First aid.

On [REDACTED] from 12:00 am-8:00 am, 3 residents were present in the home. During this time 0 staff persons were present in the home who are certified in CPR/First aid.

Plan of Correction

Accept [REDACTED] - 12/10/2025)

Immediately on 11-4-25 Staff member A was removed from the schedule. On 11/10/25 staff member A was trained by the American red cross in Adult First Aid/CPR/AED. (see attached) The RHA Training team will check that all new hires have the correct DHS required training certifying them in CPR/First aid. If not they will complete our mandatory training by the American red cross in Adult First Aid/CPR/AED. The administrator will complete a audit for new hires and current staff to ensure they are properly trained CPR/First aid and other DHS required trainings. This audit began on 11-12-25 and will continue indefinitely. These audits will be at initial hire for all staff prior to working physically at a site. Then monthly thereafter for all staff. (Please see attached audit form)

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [REDACTED] - 01/06/2026)

63b - Current First Aid Training

2. Requirements

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff person A obtained CPR/First Aid Certification from lifeline training resources. This training source is not certified as a trainer by a hospital or other recognized health care organization.

Plan of Correction

Accept [REDACTED] - 12/10/2025)

Immediately on 11-4-25 Staff member A was removed from the schedule. On 11/10/25 staff member A was trained by the American red cross in Adult First Aid/CPR/AED. (see attached) The RHA Training team will check that all new hires have the correct DHS required training certifying them in CPR/First aid. If not they will complete our mandatory training by the American red cross in Adult First Aid/CPR/AED. The administrator will complete a audit for new hires and current staff to ensure they are properly trained CPR/First aid and other DHS required trainings. This audit began on 11-12-25 and will continue indefinitely. These audits will be at initial hire for all staff prior to working

63b Current First Aid Training (continued)

physically at a site. Then monthly thereafter for all staff. (Please see attached audit form)

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 01/06/2026)

66b - Training Plan Content

3. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- 1. The name, position and duties of each direct care staff person.
- 2. The required training courses for each staff person.
- 3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include:

- The name, position and duties of each direct care staff person.
- The training courses required for each staff person.
- The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Plan of Correction

Accept [redacted] - 12/10/2025)

Immediately 11 4 25 the administrator printed the 2025 training plan content.(see attached) The one that was in the PCH book was from 2024. On 11 7 25 the PCH Director meet with the administrator and reviewed regulation 66b Training Plan Content. (see attached) The administrator gave the PCH director the current Training plan for 2025 and will send the 2026 training plan this December. The PCH director will review the 2026 training plan to ensue it is acceptable plan for the year.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 01/06/2026)

131f - Fire Extinguisher Inspection

4. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in vehicle has not been inspected by a fire safety expert.

Plan of Correction

Accept [redacted] - 12/10/2025)

Immediately on 11 4 25 the Fire extinguisher was removed from the van. It is not a DHS requirement to have a Fire extinguisher in the van. It was our company requirement. So moving forward the PCH will not have a Fire extinguisher in the company van unless it is inspected and approved annually by a fire safety expert. The administer will coordinate with the RHA team and find a fire safety expert that can inspect and approve Fire extinguisher in the company van annually. Until then the administrator will audit during [redacted] monthly fire drills that there is no Fire

131f - Fire Extinguisher Inspection (continued)

extinguisher in the company. (see attached) When the RHA team secures a fire safety expert that can inspect and approve Fire extinguishers in the company van annually. The administrator will conduct monthly audits of the Fire extinguishers in the company van to ensure they are inspected and approved annually by a fire safety expert. Theses audits will continue indefinitely as part of our PCH monthly fire drills. (see attached)

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] 01/06/2026)

132c - Fire Drill Records

5. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on [redacted] does not include am or pm.

Repeat violation: [redacted]

Plan of Correction

Accept [redacted] - 12/10/2025)

The drill conducted on 10-29-25 should have listed am. The administrator understands the importance of regulation 132c-Fire Drill Records. Effective immediately the administrator will audit all fire drill forms to ensure a written fire drill was record and include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. (see attached fire drill audit) Theses audits started on 11-11-25 and will continue for six months ending in May 2026.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 01/06/2026)

132g - Fire Drills Days/Times

6. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills during the last week of each month as evidenced by the following drills:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

132g - Fire Drills Days/Times (continued)

Plan of Correction

Accept ([redacted] 12/10/2025)

on 11-11-25 the administrator started completing Fire drill audits. This will ensure compliance with regulation 132.g-Fire Drills Days and Times. (see attached Fire drill audit form) These fire drill audits started on 11-11-25 and will continue monthly ongoing to ensure that fire drills are held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 01/06/2026)

221c - Post Activity Calendar

7. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On [redacted] the home did not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activity calendar that is posted is dated October 2025.

Plan of Correction

Accept [redacted] - 12/10/2025)

Immediately after the inspection on 11-4-25 the administrator meet with DSP activities staff member responsible for posting the activity calendar. During there meeting they reviewed the regulation 221-Post Activity Calendar. (see attached meeting review with staff) Moving forward the activities staff member will complete a check during the weekly Community meeting to ensure the current weekly activity calendar that reflects the upcoming activities discussed during community meeting is posted in a conspicuous and public place in the home. (see attached community meeting) The administrator will conduct random weekly walk throughs of the site to ensure the current weekly activity calendar is posted.

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented [redacted] - 01/06/2026)

251b - Record Entries Legible

8. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident [redacted] medical evaluation signed on [redacted] by a medical professional has the date the resident was evaluated written over and is illegible.

The fire drill conducted on [redacted] has the amount of time to evacuate written over.

Plan of Correction

Accept [redacted] - 12/10/2025)

On 11-5-25 the administrator meet with the lead DSP staff who made both record entries errors. During their meeting they reviewed the violation 251b-Record Entries Legible. (see attached) The administrator will conduct

251b - Record Entries Legible (continued)

monthly audits of record entries this started on 11-10-25 and will end on 5-30-26. (see attached)

Licensee's Proposed Overall Completion Date: 11/26/2025

Implemented ([REDACTED] 01/06/2026)