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

September 3, 2026

[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 07/16/2026 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**: *10/26/2026*

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**: *07/16/2026*

Inspection Dates and Department Representative

07/16/2026 - 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**: *6*

Diagnosed with Mental Illness: *13* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *1* **Have Physical Disability**: *1*

Inspections / Reviews

07/16/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/09/2026*

08/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/13/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/15/2026*

Inspections / Reviews *(continued)*

08/12/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/13/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/14/2026*

09/03/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/13/2026*

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 7/16/26 at 11:05am, present on the wall outside of resident room #9 was handwriting in either crayon, colored pencil, or similar medium which read "Going out for 1 month" [redacted]

Plan of Correction ***Accept ([redacted] - 08/10/2026)***

The Administrator immediately put in a work order on 7-16-26 after the exit call of findings. Maintenance came to the sight on 7-22-26. The wall outside of resident room #9 was painted. (please see attached) On 7-23-26 the administrator meet with resident from room#9. [redacted] *was reminded and encouraged that* [redacted] *can freely express* [redacted] *lovely hand writing on the multiple papers, books and chalk board* [redacted] *has access to in the facility.* [redacted] *also let* [redacted] *know that we received a violation for the walls having writing on them. That our regs requires all surfaces of floors, ceilings, and windows to be clean. Resident in room #9 stated* [redacted] *understands and will utilize the other sources provided for writing. The administrator also updated* [redacted] *RASP to reflect* [redacted] *poor judgment in this arear and how staff will support* [redacted] *On 8-3-2026 the administrator had a staff meeting where* [redacted] *reviewed violation "88a Surfaces" with staff. Affective 8-4-26 staff started conducting daily shift checks of the hall ways to ensure there are no writings on the walls. (please see attached) If staff find anything, they are to report to the administrator so* [redacted] *can submit a work order. This should prevent any future 88a-Surface violations.*

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented ([redacted] - 09/03/2026)

101i - Access to Bedroom

2. Requirements

2600.
101.i. A resident shall have access to his bedroom at all times.

Description of Violation

On 7/16/26 at 12:15pm, Resident #1 did not have access to their bedroom. The bedroom door was locked; the resident did not have a key to the room. The home's administrator stated that resident's lock their own rooms and that Resident #1 had lost their key. Resident #1 must ask staff to unlock their door in order to access their bedroom.

Plan of Correction ***Accept ([redacted] - 08/12/2026)***

The Administrator immediately put in a work order on 7-16-26 after the exit call of findings. Maintenance provided a replacement key for Resident #1 on 7-18-26. Resident #1 was provided replacement key with a stretchy wrist band that [redacted] *likes to ware around* [redacted] *wrist to prevent misplacing* [redacted] *key. (please see attached) On 8-3-2026 the administrator had a staff meeting where* [redacted] *reviewed violation "101i Access to bedroom" with staff. Affective 8-11-26 assigned Direct Support Professional staff (DSP) will conduct daily shift resident bedroom key checks. These checks will confirm that each resident has possession of their assigned room keys. (please see attached) Any missing or lost keys will be reported to the Administrator promptly. The Administrator will provide a replacement key to the resident as needed and maintain appropriate oversight of the key replacement process. A Key hook was also installed in each bedroom above the light switch along with a reminder sign. (please see attached) the sign reminds each resident to grab their keys and other items before leaving the bedroom. The resident bedroom key checks began on 8-11-26 and will continue for three months ending on 11-11-26. The administrator will conduct weekly checks every Tuesday starting 8-18-26 to ensure that staff are conducting their key checks. This should prevent any future violations of regulation 101i -Access to Bedroom.*

101i - Access to Bedroom *(continued)*

Licensee's Proposed Overall Completion Date: *08/11/2026*

Implemented ([redacted] - 09/03/2026)

144d - Smoking Outside

3. Requirements

2600.
144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On 7/16/26, present on the desk located in the second-floor resident lounge was cigarette ash.

Present in front of the two toilets in the second-floor women's common bathroom were approximately 50 round, burn-like marks, consistent in appearance with cigarette extinguishment marks.

These areas are not the home's designated smoking area. The home's designated smoking area is on the first-floor deck.

Plan of Correction ***Accept ([redacted] - 08/12/2026)***

The Administrator immediately put in a work order on 7-16-26 after the exit call of findings. Staff immediately cleaned the cigarette ash on the desk located on the second floor. Maintenance came to the sight on 7-22-26 and replaced the flooring with the burn like marks in the second floor women's bathroom. (please see attached) The root cause was found to be resident #1. [redacted] RASP was updated to reflect this. On 7-27-26 there was a meeting with resident #1 and [redacted] supports to inform them of [redacted] non compliance with smoking in the designated smoking area. Also during that meeting a 30 warning was issued if [redacted] continues to smoke in a non smoking area. (please see attached) For further support resident #1 watched a fire safety video on 7-28-26.. The video made [redacted] aware of how dangerous smoking in a the home is and how quickly a fire can start. On 8-3-2026 the administrator had a staff meeting where [redacted] reviewed violation :144d-Smoking outside" Affective 8-4-26 staff started conducting daily hourly shift checks of the bathrooms and common areas for any evidence of smoking. (please see attached) Staff will report any findings to the administrator. The DSP smoking checks will continue for three months and then convert to daily shift checks for three more months ending on 2-4-27. The administrator will conduct weekly checks to ensure staff are completing the required hourly checks. The administrator checks started on 8-11-26 and will continue until 2-11-27. This should prevent any future violations of regulation 144d.

Licensee's Proposed Overall Completion Date: *08/11/2026*

Implemented ([redacted] - 09/03/2026)

183e - Storing Medications

4. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 7/16/26, one half of a white oblong pill was observed loose in the drawer of the home's medication cabinet.

183e - Storing Medications *(continued)*

Plan of Correction ***Accept (- 08/12/2026)***

The Administrator immediately had staff properly dispose of the lose pill found in the med drawer on 7-16-26 after the exit call of findings. On 8-3-2026 the administrator had a staff meeting where reviewed violation "Storing Medications" with staff. Affective 8-4-26 the administrator updated the current medication audit checklist form. It now prompts staff to check for any loose pills in the medication drawer. The medication checks are conducted on Mondays and Fridays. The updated med check prompt on the medication checks will ensure no loose pills in the medication drawer. Starting 8-11-26 the administrator will also conduct a secondary weekly medication check to ensure the medication checks are completed accurately. The administrator will also request quarterly audits of the medication room from our administrative nurse to ensure compliance with regulation 227d.

Licensee's Proposed Overall Completion Date: *08/11/2026*

Implemented (- 09/03/2026)

227c - Support Plan Revision

5. Requirements

2600.
227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1's assessment dated indicates that they have no problem with judgement; however, this resident was found on numerous occasions to be smoking within the personal care home. The resident's assessment/support plan was not updated to reflect this issue or indicate how staff will address this issue.

Plan of Correction ***Accept (- 08/10/2026)***

The Administrator updated resident #1 RASP on 8-5-26. It now reflects judgement ability and how staff will support (please see attached) On 8-3-2026 the administrator had a staff meeting where reviewed violation 227c with staff. The administrator will conduct quarterly RASP audits of all the residents support plans to ensure they are accurate an up to date. The PCH director will monitor that these audits are being completed. The quarterly RASP audits went into affect on 8-3-26. These quarterly audits will ensure compliance with regulation 227c.

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented (- 09/03/2026)

227d - Support Plan Medical/Dental

6. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 is prescribed a low cholesterol diet per their medical evaluations dated and however, their support plan dated does not include this special dietary need. Resident #1 has a medical diagnosis of Chronic Obstructive Pulmonary Disease (COPD), however, the RASP does not address the resident's pervasive cigarette smoking habit in the support plan.

227d - Support Plan Medical/Dental (continued)

Resident #2 is prescribed a no added sodium/low cholesterol diet per their medical evaluations dated [redacted] and [redacted] however, their support plan dated [redacted] does not indicate this special dietary need.

Plan of Correction ***Accept ([redacted] - 08/12/2026)***

The Administrator updated resident #1 RASP and resident #2 RASP on 8-5-26. Both updated RASP now reflect their special dietary needs and resident #1 pervasive cigarette smoking habit in the support plan. (please see attached) The administrator will conduct quarterly RASP audits of all the residents support plans to ensure they are accurate an up to date. The PCH director will conduct quarterly checks and sign off on the RASP audit form as proof that the administrator RASP audits are being completed. The quarterly RASP audits went into affect on 8-3-26 and the PCH director checks began on 8-10-26 and will continue for a year ending in August 2027. The administrator quarterly RASP audits and PCH director checks that they are being completed will ensure no repeat violation.

Licensee's Proposed Overall Completion Date: *08/11/2026*

Implemented ([redacted] - 09/03/2026)