

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

September 2, 2026

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

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/27/2026 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: Other

Date: 06/12/1998

Issued By: Commonwealth of
Pennsylvania. L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 15

Waking Staff: 11

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 07/27/2026

Inspection Dates and Department Representative

07/27/2026 - 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: 0

Have Mobility Need: 2

Have Physical Disability: 1

Inspections / Reviews

07/27/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/16/2026

08/14/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/18/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/19/2026

Inspections / Reviews *(continued)*

09/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/18/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED], at 7:15 AM, an unlabeled red wash cloth was observed on the floor of the shower stall in the shared men's bathroom on the second floor.

Plan of Correction

Accepted [REDACTED] 08/14/2026)

The Administrator immediately had staff dispose of the red wash cloth on the floor of the shower in the shared men's bathroom on 7-16-26 after the exit call of findings. On 8-3-2026 the administrator had a staff meeting where [REDACTED] reviewed violation "Sanitary Conditions" with staff. Effective 8-10-26 the administrator updated the daily bathroom shift checks to include staff checking for any residents personal items left in the shared showers. (please see attached) The administrator will conduct weekly checks to ensure staff are completing the required daily bathroom shift checks. The administrator checks will start on 8-14-26 and will continue until 11-14-26. This should prevent any future violations of regulation 85a Sanitary Conditions.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented [REDACTED] - 09/02/2026)

85b - Infestation**2. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On [REDACTED] several mouse traps were seen throughout the home and mouse droppings were observed on the floor of the second floor common room. Additionally, when interviewed, several residents stated they had seen mice on the first floor and in the kitchen.

Plan of Correction

Accepted [REDACTED] - 08/14/2026)

The Administrator immediately contacted the office manager on 7-28-26 after the exit call of findings. The office manager scheduled the exterminator to come out on 7-30-26. (please see attached) On 8-3-2026 the administrator had a staff meeting where [REDACTED] reviewed violation 85b "Infestation" with staff. Effective 8-10-26 Weekly Infestation checks were implemented so that staff check the residents bedrooms and site for any evidence of infestation. (please see attached) The administrator will conduct weekly checks to ensure staff are completing the required Infestation checks. The administrator checks will start on 8-14-26 and will continue until 2-14-27. The exterminator will routinely treat the site monthly and as needed based on the Infestation checks. This should prevent any future violations of regulation 85b Infestation.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented [REDACTED] - 09/02/2026)

85e - Trash Outside Home**3. Requirements**

2600.

85e Trash Outside Home (continued)

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [REDACTED] at 8:26 AM, the trash in the parking lot dumpster was overflowing to the point where one of the lids could not close and an open bag of trash was on the ground next to the dumpster.

Plan of Correction

Accept [REDACTED] - 08/14/2026)

The Administrator immediately had staff pick up and properly dispose of the trash bag on the ground on 7 27 26 after the exit call of findings. The administrator also contacted the office manager to notify the contracted trash disposal company. The dumpsters were emptied the next day 7 28 26. On

8 3 2026 the administrator had a staff meeting where [REDACTED] reviewed violation 85e "Trash Outside Home" with staff. Affective 8 10 26 an outdoor dumpster log was implemented so that staff complete checks while taking out the trash. (please see attached) The administrator will check the outdoor dumpster log weekly to ensure staff are completing them and to monitor the outside trash. The outside dumpster checks will end on 11 10 26 checks This should prevent any future violations of regulation 85e "Trash Outside Home"

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented [REDACTED] - 09/02/2026)

88a - Surfaces**4. 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

The air conditioning vent in the second floor common room is covered with dust and grime inhibiting air flow into the room.

Plan of Correction

Accept [REDACTED] 08/14/2026)

The Administrator immediately put in a work order on 7 27 26 after the exit call of findings. Maintenance came to the sight on 7 28 26 and cleaned the air condition vent and replaced the filter. (please see attached) On 8 3 2026 The administrator had a staff meeting where [REDACTED] reviewed violation 88a "Surfaces" with staff. Affective 8 10 26 an Air condition vent log was implemented so that staff complete checks of the vents weekly on Mondays. (please see attached) The administrator will check the air condition vent log weekly to ensure staff are completing them and to monitor the air condition vents. The air condition vent checks will continue for six months ending on 2 10 27 checks. Maintenance will also come to the site quarterly to conduct regular upkeep of the air conditioning vent. This should prevent any future violations of regulation 88a "Surfaces"

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented [REDACTED] - 09/02/2026)

144c1 - Smoking Area Guidelines**5. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

144c1 - Smoking Area Guidelines (continued)

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area is on the deck off the first floor by the kitchen. On [REDACTED], a circular burn mark, approximately ten inches in diameter, was observed on the deck. Residents indicated that the cigarette receptacle had caught fire causing the burn mark on the deck.

Plan of Correction**Accept [REDACTED] - 08/14/2026)**

The Administrator immediately put in a work order on 7-27-26 after the exit call of findings. Maintenance came to the sight on 7-28-26 and repaired the deck floor. Maintained also replaced the cigarette receptacles and properly disposed of the old ones (please see attached) On 8-3-2026 The administrator had a staff meeting where [REDACTED] reviewed violation 144c "Smoking Area Guidelines" with staff. Affective 8-4-26 staff started conducting daily hourly shift checks of the designated smoking area (deck). (please see attached) Staff will report any findings to the administrator. The DSP hourly 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 144c1 "Smoking Area Guidelines"

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented [REDACTED] - 09/02/2026)**183b - Meds and Syringes Locked****6. Requirements**

2600.

- 183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] at 8:14 AM, the first floor medication room was unlocked, unattended, and fully accessible.

Plan of Correction**Accept [REDACTED] - 08/14/2026)**

The Administrator immediately spoke to the two staff on shift on 7-27-26 after the exit call of findings. Apparently staff thought it was okay to walk out of the medication room while the inspector was in the medication room. On 8-3-2026 The administrator had a staff meeting where [REDACTED] reviewed violation 183b "Med and Syringes Locked" with all staff. Staff are now fully aware that the medication room can not be left unlocked or unattended. Even for a state inspector staff must accompany them in the medication room and lock when leaving. The administrator will conduct a random check each month rotating shifts to ensure regulation 183.b is being followed. The administrator started on 8-10-26 and will continue for three months ending on 11-10-26. (please see attached) The PCH director will conduct monthly checks and sign off on the Meds and Syringes locked audit form as proof that the administrator Meds and Syringes locked audits are being completed.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented [REDACTED] - 09/02/2026)**185a - Implement Storage Procedures**

7. 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 [REDACTED], at 7:52 AM, staff person A entered the medication room (med room) using a key to access the room. Staff person A is not a certified medication technician and should not have access to the medication room. During an interview with staff person B, it was stated that all staff have a key to the med room and medications in case they need to pass medications.

Plan of Correction**Accept [REDACTED] 08/14/2026)**

The Administrator immediately spoke with staff A on 7-27-26 after the exit call of findings. Only certified medication technician assigned to administer medication during a scheduled shift will be the only staff member with access to the medication room keys, with the exception of the PCH Administrator.

The administrator also moved the designated computer for clocking in and out of the med room so staff do not enter the med room unless they are a certified medication technician assigned to administer medication during a scheduled shift. The administrator also placed a sign outside the medication room door. (please see attached) On 8-3-2026 The administrator had a staff meeting where [REDACTED] reviewed violation 185a Implement Storage Procedures with staff. Staff person A is now a certified medication technician. (please see attached) Effective 8-14-26 the administrative nurse will conduct quarterly medication room audits that includes auditing the medication room, quick Mar, and observing staff in the medication room during med pass. The nurse will share the results of [REDACTED] audit with the PCH director and administrator.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented [REDACTED] - 09/02/2026)

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

Resident [REDACTED] is prescribed a blood sugar checks to check blood glucose levels once daily. On [REDACTED], at 8:00 AM, the resident's glucometer lists the blood glucose level as [REDACTED] however, the resident's July Medication Administration Record (MAR) has the blood glucose level documented as [REDACTED].

Resident [REDACTED] is prescribed an Accu-Chek to test blood sugar once a week on Wednesday morning. The resident's glucometer shows that a reading of [REDACTED] was taken on [REDACTED] at 10:44 AM. The resident's July MAR does not have this blood sugar reading documented. In addition, the resident's July MAR lists a reading of [REDACTED] on [REDACTED], this reading is not on the resident's glucometer.

Plan of Correction**Accept [REDACTED] - 08/14/2026)**

On 8-3-2026 The administrator had a staff meeting where [REDACTED] reviewed violation 185a with staff. Staff who fail to follow DHS medication training requirements regarding the date/time of medication administration and required medication documentation will be fully retrained immediately. Effective 8-4-26 the lead DSP will conduct medication audits every Monday and Friday. Effective 8-11-26 the administrator will conduct weekly medication checks to ensure the medications audits are completed. Effective 8-14-26 the administrative nurse will conduct quarterly medication room audits that includes auditing the medication room, quick Mar, and observing staff in the medication room during med pass. The nurse will share the results of [REDACTED] audit with the PCH director and administrator.

185a - Implement Storage Procedures (*continued*)

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented [REDACTED] - 09/02/2026)

9. 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

Resident [REDACTED] is prescribed [REDACTED] Take 1 packet once every day as needed and [REDACTED] Powd - Take 17 GM (1 capful) by mouth daily as needed. On [REDACTED] these medications were not available in the home.

Resident [REDACTED] is prescribed [REDACTED] Take 1 tablet every 6 hours as needed. On [REDACTED] this medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 08/14/2026)

The Administrator immediately contacted the pharmacy on 7-27-26 after the exit call of findings. Resident [REDACTED] is prescribed Metamucil Fiber Packs was D/C by the prescriber but not updated in quickmar. Resident [REDACTED] is prescribed Tizanidine Tab 2 MG (PRN) was delivered the next day on 7/28/26. Resident [REDACTED] did not request [REDACTED] PRN Tizanidine Tab 2 MG during the time it was not on site. On 8-3-2026 The administrator had a staff meeting where [REDACTED] reviewed violation 185a with staff. Effective 8-4-26 the lead DSP will conduct medication audits every Monday and Friday. Effective 8-11-26 the administrator will conduct weekly medication checks to ensure the medications audits are completed. Effective 8-14-26 the administrative nurse will conduct quarterly medication room audits that includes auditing the medication, medication room, quick Mar, and observing staff in the medication room during med pass. The nurse will share the results of [REDACTED] audit with the PCH director and administrator.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented [REDACTED] - 09/02/2026)

185b - Medication Procedures

10. Requirements

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in [REDACTED] room.

Description of Violation

The home's procedures for the safe use of medications and medical equipment do not include documentation of the receipt of controlled substances and prescription medications, and limited access to medication storage areas.

Plan of Correction

Accept [REDACTED] 08/14/2026)

The home's medication procedures will be updated to include documentation of the receipt of controlled

185b - Medication Procedures (continued)

substances and prescription medications, as well as procedures to ensure access to medication storage areas is limited to authorized staff.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented [REDACTED] 09/02/2026)

187b - Date/Time of Medication Admin.**11. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] receives several evening medications. The resident's July MAR does not include the initials of the staff person who administered their medications on [REDACTED] at 8:00 PM. Some of these medications include; [REDACTED] and [REDACTED]. Staff indicated the medications were administered. Additionally, the Control Log for resident [REDACTED] is listed as administered on [REDACTED] at 8:00 PM but the control log is also not signed by the staff person who administered this medication.

On [REDACTED], staff person B was observed administering medications to several residents at 12:00 pm. It was noted that staff person B did not verify that residents ingested their medications for 4 different residents.

Plan of Correction

Accept [REDACTED] - 08/14/2026)

The Administrator immediately spoke with staff person B on 7-27-26 after the exit call of findings. The administrator completed an observation medication pass for staff person B on 7-28-26 and 7-29-26 (Please see attached) On 8-3-2026 The administrator had a staff meeting where [REDACTED] reviewed violation 187b Date/Time of Medication Admin with staff. Effective 8-4-26 staff who fail to follow DHS medication training requirements regarding the date/time of medication administration and required medication documentation will be fully retrained immediately. Effective 8-14-26 the administrative nurse will conduct quarterly medication room audits that include auditing the medication room, quick Mar, and observing staff in the medication room during med pass. The nurse will share the results of [REDACTED] audit with the PCH director and administrator.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented [REDACTED] - 09/02/2026)

187d - Follow Prescriber's Orders**12. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] - Inhale 2 puffs by mouth three times daily. However, on [REDACTED] at 12:00 PM resident [REDACTED] was handed the inhaler by staff person B and self-administered 3 puffs, instead of the prescribed 2 puffs.

Plan of Correction

Accept [REDACTED] - 08/14/2026)

On 8-3-2026 The administrator had a staff meeting where [REDACTED] reviewed violation 187d Follow prescribers orders with staff. Effective 8-4-26 staff who fail to follow DHS medication training and prescriber orders will be fully retrained immediately. Effective 8-14-26 the administrative nurse will conduct quarterly medication room audits that include

187d Follow Prescriber's Orders (continued)

auditing the medication room, quick Mar, and observing staff in the medication room during med pass. The nurse will share the results of [REDACTED] audit with the PCH director and administrator.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented [REDACTED] - 09/02/2026)

251c - Standardized Forms**13. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] Documentation of Medical Evaluation (DME), dated [REDACTED], was not completed on the Department's current standardized form for personal care homes.

Plan of Correction

Accept [REDACTED] - 08/14/2026)

On 10/27/25 resident [REDACTED] doctor did originally complete the DME on the incorrect form, however the care coordinator noticed before leaving the office and the correct form was also completed on the standardized personal care home form by the doctor on 10 27 26. (please see attached) Resident [REDACTED] had both forms.

Licensee's Proposed Overall Completion Date: 08/13/2026

Implemented [REDACTED] - 09/02/2026)