

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

September 24, 2026

[REDACTED] ADMINISTRATOR
SALISBURY BEHAVIORAL HEALTH LLC
[REDACTED]

RE: SALISBURY BEHAVIORAL HEALTH
1482 CHERRY LANE
EAST STROUDSBURG, PA, 18301
LICENSE/COC#: 21213

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/06/2026 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

License #: 21213

License Expiration: 08/19/2026

Address: 1482 CHERRY LANE, EAST STROUDSBURG, PA 18301

County: MONROE

Region: NORTHEAST

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: 07/26/2008

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 23

Waking Staff: 17

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint

Exit Conference Date: 08/18/2026

Inspection Dates and Department Representative

08/06/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 28

Residents Served: 23

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 23

Are 60 Years of Age or Older: 14

Diagnosed with Mental Illness: 23

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 1

Inspections / Reviews

08/06/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/09/2026

09/14/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/19/2026

Inspections / Reviews (*continued*)

09/21/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/25/2026

09/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At approximately 9:10 a.m., the home's License Inspection Summary (LIS), dated 9/03/25, was not posted in the home.

Plan of Correction

Accept () - 09/14/2026

Immediately the administrator posted the home's License Inspection Summary dated 9/3/25 after the exit call findings. (please see attached) Moving forward the administrator will conduct Monthly License Inspection Summary checks. This will ensure a copy of the current license inspection summary is posted in a conspicuous and public place in the personal care home. The admin monthly checks started on 8/30/26 and will end on 11/30/26. The PCH director will audit that this checks are being completed monthly. This will prevent a repeat violation of regulation 3c - Post Current License. The administrator had a staff meeting on 8/20/26 where reviewed violation "Post Current License" with all staff.

Licensee's Proposed Overall Completion Date: 09/03/2026

Implemented () - 09/21/2026

103e - Left Overs

2. Requirements

2600.

- 103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 1:30 p.m., an unlabeled undated squeeze bottle containing Barbecue sauce was observed in the kitchen refrigerator.

Plan of Correction

Accept () - 09/14/2026

Immediately on 8/6/26 the cook labeled and dated the squeeze bottle containing Barbecue sauce after the results of the exit call findings. Moving forward the cook will conduct weekly "left over checks" this will ensure all left over food are properly labeled and dated. The administrator will audit the left over checks weekly to ensure they are be completed. The administrator had a staff meeting on 8/20/26 where reviewed violation "Left overs" with all staff. The weekly checks started on 9/4/26 and will continue until 12/2/26.. This will prevent a repeat violation of regulation 103e - Left Overs.

Licensee's Proposed Overall Completion Date: 09/03/2026

Implemented () - 09/21/2026

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

- 132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 4/16/26 at 12:00a.m. The previous sleeping hours fire drill was conducted on 8/2/25 at 1:37a.m.

132e Fire Drill Sleeping Hours (continued)**Plan of Correction****Accept () - 09/14/2026)**

The administrator had a staff meeting on 8/20/26 where [REDACTED] reviewed violation "Fire Drill Sleeping Hours" with all staff. (please see attached) Moving forward the administrator began monthly Fire drill sleeping hour checks on 8 30 26. (please see attached) The PCH director will audit these check monthly to ensure this checks are completed. The admin checks and PCH director audits began on 8 30 26 and will end on 11 30 26. This will prevent a repeat violation of regulation 132e Fire Drill Sleeping Hours.

Licensee's Proposed Overall Completion Date: 09/03/2026

Implemented () - 09/24/2026)**141a 1-10 Medical Evaluation Information****5. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The medical evaluation for resident #1, dated [REDACTED] does not include medication regimen, contraindicated medications and medication side effects and does not clarify if the resident can or can not safely use or avoid poisonous materials.

The medical evaluation for resident #2, dated [REDACTED], does not include medication regimen, contraindicated medications and medication side effects.

Plan of Correction**Accept () - 09/14/2026)**

The administrator updated resident#1 and resident#2 DME after receiving the preliminary exit call findings Both residents DME now include the required information. The administrator also initialed the date it was updated on the form. (please see attached) Moving forward the administrator will conduct Monthly Medical evaluation information checks of all the residents DME's. (please see attached) The admin monthly checks started on 8/30/26 and will end on 11/30/26. The PCH director will audit that this checks are being completed monthly.

Licensee's Proposed Overall Completion Date: 09/04/2026

Implemented () - 09/24/2026)**187d - Follow Prescriber's Orders**

6. Requirements

2600.

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

Description of Violation

Resident #1 has an order for Famotidine tablets 20mg at 8:00a.m. and 8:00p.m. A review of the resident's medication administration record does not document the medication was administered on 8/5/26 or on 8/6/26 at 8:00a.m. Staff interviews indicated the resident refused the medication.

Plan of Correction

Accept () - 09/14/2026

The administrator meet with the staff that completed medication passes for resident #1 on 8/7/26. () reminded both staff that they must utilize the refusal option in the drop down menu in QuickMar. This way the refusal will show on quickmar. The administrator had a staff meeting on 8/20/26 where () reviewed violation "Follow Prescribers orders" with all staff. (please see attached) Affective 9/3/26 the lead DSP will conduct weekly medication administration checks. This will continue for 3 months and end on 12/3/26. The administrator will audit that the medication administration checks are completed weekly. This will prevent a repeat violation of regulation 187d-Follow Prescribers Orders.

Licensee's Proposed Overall Completion Date: 09/03/2026

Implemented () - 09/24/2026

188b - Medication Error Reporting

7. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 has an order for Famotidine tablets 20mg at 8:00a.m. and 8:00p.m. A review of the resident's medication administration record does not document the medication was administered on 8/5/26 or on 8/6/26 at 8:00a.m. Staff interviews indicated the resident refused the medication. The medication error was not reported to the resident's physician.

Plan of Correction

Accept () - 09/14/2026

The administrator meet with the staff that completed medication passes for resident #1 on 8/7/26. () reminded both staff that they must utilize the refusal option in the drop down menu in QuickMar. That way the refusal will show on the resident medication administration record. Both staff sent medication refusal forms to the resident's physician on 8/5/26 for am and pm meds. (please see attached) The administrator had sent the medication refusal form from 8/6/26 because the over night staff had forgot to send before () shift ended. So the administrator sent immediately the same day after the exit call findings.(please see attached) The administrator had a staff meeting on 8/20/26 where () reviewed violation "Medication Error Reporting" with all staff. (please see attached) Moving forward the administrator will conduct weekly medication error reporting checks. The weekly medication error reporting checks started on 8/30/26 and will continue until 11/30/26. The PCH director will audit that the checks completed weekly. This will prevent a repeat violation of regulation 188b- Medication Error Reporting.

Licensee's Proposed Overall Completion Date: 09/03/2026

188b - Medication Error Reporting (*continued*)

Implemented ([REDACTED] - 09/24/2026)