

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOLCOMB ASSOCIATES, INC.

LEGAL ENTITY

To operate HOLCOMB BEHAVIORAL HEALTH SYSTEMS

NAME OF FACILITY OR AGENCY

Located at 1021 CHERRY TREE ROAD, ASTON, PA 19014

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 6, 2010 until October 6, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **106930**

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

OCT 08 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. William DiFabio, COO
Holcomb Associates, Inc.
835 Springdale Drive Suite 100
Exton, Pennsylvania 19341

RE: Holcomb Behavioral Health Systems
1021 Cherry Tree Road
Aston, Pennsylvania 19014

Dear Mr. DiFabio:

As a result of the Department of Public Welfare's licensing inspection on July 20, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

copy - marked 8/27/10

P. 02/06

| | | | |
|---|------------------------|--|------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME Holcomb Behavioral Health Systems 1021 Cherry Tree Road, Aston, PA 19014 | | CURRENT LICENSE NUMBER 106930 | |
| INSPECTION DATE(S) (Include all dates of the inspection) July 20, 2010 | | REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) William DiFabio | | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE William DiFabio ^{SB} | DATE 8/27/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Chevron Mitchell | DATE 9/15/10 |

| 1 REGULATION 55 Pa.Code § 2600. | 2 VIOLATION | 3 DATE BY WHICH CORRECTION WILL BE COMPLETED | 4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5 DATE COMPLIANCE VERIFIED BY DPW |
|--|--|--|--|--|
| 25c13 The contract shall include information on the resident's rights and complaint procedures. | Residents #1 and #2 did not have the resident's rights or complaint procedures included with their contract. | 8/1/10 | On 8/1/10 Residents #1 & 2 received the rights and the complaint procedures and signed them. These were attached to their contracts. For six months ^{SB 9/15/10} , at each new admission the PCH Administrator will review the contract to make sure the client has received the rights and complaint procedures. | Steps have been taken to correct violation; full compliance is not attainable ^{attainable} Date: 9/15/10 Initials (DPW): [Signature] |

HOLCOMB

SEP-15-2010 10:43

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

P.03/06

| | |
|--|---|
| NAME AND ADDRESS OF PERSONAL CARE HOME Holcomb Behavioral Health Systems 1021 Cherry Tree Road, Aston, PA 19014 | CURRENT LICENSE NUMBER 106930 |
|--|---|

| | |
|--|---|
| INSPECTION DATE(S) (Include all dates of the inspection) July 20, 2010 | REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton |
|--|---|

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

| | | | |
|--|------------------------|--|------------------------|
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>William DiFabio^{SB}</i> | DATE 8/27/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherone Winters</i> | DATE 9/15/10 |
|--|------------------------|--|------------------------|

| 1 REGULATION 55 Pa.Code § 2600. | 2 VIOLATION | 3 DATE BY WHICH CORRECTION WILL BE COMPLETED | 4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5 DATE COMPLIANCE VERIFIED BY DPW |
|--|---|--|--|---|
| 102d Toilet and bath areas shall have grab bars, hand rails or assist bars. | Resident #1's bathroom has a Jacuzzi tub. The Jacuzzi is not equipped with a grab bar or a hand rail. | 8/17/10 | Grab bars were installed on 8/17/10 in Resident's #1's bathroom. The PCH Administrator will check the bathrooms on a monthly basis. If grab bars are missing she will submit request through the agency's work order system. | 10/4/10 CEM |

HOLCOMB

SEP-15-2010 10:59

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

P. 04/06

| | | |
|--|---|---|
| NAME AND ADDRESS OF PERSONAL CARE HOME Hoicomb Behavioral Health Systems 1021 Cherry Tree Road, Aston, PA 19014 | | CURRENT LICENSE NUMBER 106930 |
| INSPECTION DATE(S) (Include all dates of the inspection) July 20, 2010 | REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>William Di Fabio^{SB}</i> | DATE 8/27/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherron Mitchell</i> |
| | | DATE 9/15/10 |

| 1 REGULATION 55 Pa.Code § 2600. | 2 VIOLATION | 3 DATE BY WHICH CORRECTION WILL BE COMPLETED | 4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5 DATE COMPLIANCE VERIFIED BY DPW |
|---|--|--|---|---|
| 186a Each prescription medication shall be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current. | Resident #1 has a order for Compazine 10mg tab, as needed. This prescription medication was not kept current as it was not available at the home for the resident. | 7/30/10 8/6/10 | On 7/30/10 a discontinve order was received for Compazine 10mg tab from Resident #1's physician. Senior case manager implemented monthly checks on Resident's medications to ensure they are current and on site. The Senior Case manager will submit a report detailing this process to the PCA on a monthly basis. | 10/4/10 Clem |

HOLCOMB

SEP-15-2010 11:00

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

P. 05/06

| | | |
|--|---|---|
| NAME AND ADDRESS OF PERSONAL CARE HOME Holcomb Behavioral Health Systems 1021 Cherry Tree Road, Aston, PA 19014 | | CURRENT LICENSE NUMBER 106930 |
| INSPECTION DATE(S) (Include all dates of the inspection) July 20, 2010 | REGIONAL REPRESENTATIVE James Jesse Hummel, Michelle Morton | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) | | |

| | | | |
|--|------------------------|---|------------------------|
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>William DiFabio SB</i> | DATE 8/27/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherone Mitchell</i> | DATE 9/15/10 |
|--|------------------------|---|------------------------|

| 1 REGULATION 55 Pa.Code § 2600. | 2 VIOLATION | 3 DATE BY WHICH CORRECTION WILL BE COMPLETED | 4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5 DATE COMPLIANCE VERIFIED BY DPW |
|--|--|--|---|--|
| 252 Each resident's record shall include the following information: (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. | -The record for Resident #2 did not include any identifying marks. | 7/30/10 | Information on identifying marks for Resident #2 placed in record. | SNB 9/15/10 Steps have been taken to correct violation; full compliance is not verifiable 10/4/10 <i>MLW</i> Date Initials (DPW) SNB 9/15/10 |
| | -The records for Resident's #1, #2 and #3 did not include a recent photograph taken within the last two years. | 8/6/10 | Photographs of Residents #1, #2 & 3 were taken & placed in their records. | |
| | -The records for Resident's #1 and #3 did not include an inventory of their personal property declared upon admission. | 7/30/10 | Inventories of Residents #1 & 3 were completed and placed in their records. The PCA will review all resident records annually + upon admission to ensure that information on identifying marks and inventories of personal property are completed and placed in records, and also that current photographs are in the resident's record. | |

HOLCOMB

SEP-15-2010 11:00