

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

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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 January 4, 2013 until January 4, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 106930

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JAN 04 2013

Mr. William DiFabio, COO
Holcomb Association, 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 (Department) licensing inspection on October 19, 2012 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 Human Services Licensing so that compliance can be verified.

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


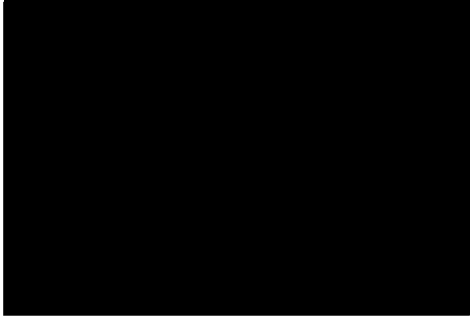
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: Holcomb Behavioral Health		License Number:
Address: 1021 Cherry Tree Rd., Aston, PA 19014		County: Delaware
Administrator: Dorothy Lorthridge		Region: SOUTHEAST
Legal Entity Name: Holcomb Association Inc.		
Legal Entity Address: 835 Springdale Rd., Ste. 100, Exton, PA 19341		
Certificate(s) of Occupancy C-3 SP 12/16/1999 PA Labor & Industry		
Staffing Hours		
Resident Support: 8	Total Daily Staff: 17	Waking Staff: 13
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
10/19/2012: OPake, Hope		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 10690-10/19/2012 - OPeke, Hope
PCH Name: Holcomb Behavioral Health

1. REGULATION 55 Pa.Code §2600
2600.69(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F

2a. DESCRIPTION OF VIOLATION
On 10/19/12, at approximately 1:30 pm, the water temperature at the resident bathroom on side B measured 124.4 degrees Fahrenheit.
On 10/19/12, at approximately 1:50 pm, the water temperature at the resident kitchen on side measured 125.0 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *William D. Fabio*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *William D. Fabio COO* Date *11/16/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *11/20/12* (Date) Plan of correction implementation status as of *11/20/12* (Date)

The above plan of correction was approved by *CRM* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

REGULATION 2600.89 (b)

Page: 4

Sequence number: 1

Author: DLorini

Subject: Note

Date: 11/12/2012 4:54:48 PM

A work order was completed through the Holcomb Behavioral Health System (big.web.apps) system. The hot water located in the rear side of the facility was turned off during this time to prevent any injury to the residents (10/19/12 until 10/24/12). The maintenance department was on site on 10/24/12 to reset the hot water system on this side of the facility. The hot water was turned back on 10/24/12. The temperature is monitored daily and is currently reading at 119-120 degrees. The documentation is on site for full review. The overnight staff is currently responsible for completing this task. The Personal Care Administrator responsible for ensuring that the hot water maintains at the regulated reading set forth by DPW. See attachments supporting this citation.

William D. Loran
11/16/12

Page: 5

REGULATION 2600. 107 (c)

Sequence number: 1
Author: DLorhin
Subject: Note
Date: 11/12/2012 4:11:37 PM

The home purchased an additional 48 gallons of water on 10/24/12. The water currently monitored on a weekly check off system by the over night staff. The Personal Care Administrator checks the water and the log system on a monthly basis. (See attachment) for checking the water on site to ensure that the correct amount is on site for the residents and as indicated by the state regulations.

J. McLean D. J. D. D.
11/16/12

Violation Report: 10690 - 10/19/2012 - O'Pake, Hope
PCH Name: Holcomb Behavioral Health

1. REGULATION 55 Pa. Code §2600
2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed in an evacuation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
-Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.



Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *William DiFabio*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *William DiFabio, COO* Date *11/16/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *11/26/12*
(Date)

Plan of correction implementation status as of *11/26/12*
(Date)

The above plan of correction was approved by *DEM*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Page: 6

REGULATION 2600.124

Sequence number: 1

Author: DLorthri

Subject: Note

Date: 11/12/2012 4:16:26 PM

A letter was mailed certified to the Aston Fire Department on 10/22/12.

(See Attachment) A letter will be mailed to the fire department annually. The written documentation will include all of the following-
address of the home, the location of the resident bedrooms or the assistance needed in an evacuation

William D. Lorthri
11/16/12

Page: 7

Regulation 14102 *cm*

Sequence number: 1
Author: DLorthri
Subject: Note
Date: 11/16/2012 9:30:42 AM

(=) Resident #1 was admitted from Norristown on 8/27/12. [redacted] was admitted to the Personal Care Home on the incorrect medical evaluation form. This form didn't include the following resident allergies, immunization history, medication regimen, body positioning, mobility assessment and health assessment. All residents must have completed the correct forms before admission to the Personal Care Home facility. The Personal Care Administrator will be responsible for forwarding the correct admission packet to any referral prior to admission. As an added measure the Personal Care Administrator will be responsible for ensuring that the referring agency has the correct address to the DPW website. Resident #1 has an appointment on November 20th at 10:00AM

Dr. [redacted]
[redacted]
Resident #1 will be transported to this appointment and the medical evaluation will be completed at this time. [redacted] will be transported by the Recovery Specialist.

William D. Fisher
11/16/12

Violation Report: 10690 - 10/19/2012 - OPaks, Hope
PCH Name: Holcomb Behavioral Health

1. REGULATION 55 Pa. Code §2600
2600.221(c) - A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.



Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *William D. Fabio*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *William D. Fabio, COD* Date *11/16/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *11/20/12*
(Date) Plan of correction implementation status as of *11/26/12*
(Date)

- The above plan of correction was approved by *DM*
(Initials)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

REGULATION 2600.221 (c)

Page: 8

Sequence number: 1

Author: DLorthri

Subject: Note

Date: 11/12/2012 4:47:13 PM

The activity calendar was located and posted on the board on 10/19/12. The activity calendar will be completed and posted in a conspicuous and public place in the home. The Personal Care Home Administrator ^{is} responsible for ensuring that the activity log is posted on a monthly basis. (See attachment)

William D. Lorthri
11/16/12

Violation Report: 10690 - 10/19/2012 - O'Pake, Hope
PCH Name: Holcomb Behavioral Health

1. REGULATION 55 Pa. Code §2600
2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
Resident (#) was admitted on 6/27/12. The home used a MA-51 assessment form and failed to use the Department required Medical Evaluation form.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *William DiFazio*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *William DiFazio COO* Date *11/16/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of *11/20/12*
(Date)

Plan of correction implementation status as of *11/20/12*
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *DEM*
(Initials)

Page: 9

Sequence number: 1

Author: DLorhri

Subject: Note

Date: 11/16/2012 9:40:30 AM

Resident #1 was admitted from Norristown on 6/27/12. [redacted] was admitted to the Personal Care Home on the incorrect medical evaluation form.

Any new admissions to the Personal Home will use the correct form provided by DPW. The Personal Care Administrator will review all forms prior to admissions to include any admissions from Norristown State Hospital. Resident #1 has an appointment on November 20th 2012 at 10:00AM.

[redacted] Dr. [redacted] The new medical evaluation form from DPW will be transported with Resident #1 to the appointment. The new completed form will be placed in [redacted] chart following this appointment.

William D. Polio
11/16/12