



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 08 2013

Mr. William DiFabio, COO
Holcomb Association, Inc.
467 Creamery Way
Exton, Pennsylvania 19341

RE: Holcomb Behavioral Health
1021 Cherry Tree Road
Aston, Pennsylvania 19014
License #: 106930

Dear Mr. DiFabio:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 25, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Your regular license for the period January 4, 2014 to January 4, 2015 was issued on September 16, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Acting Director *SH*

Enclosure
License Inspection Summary

Violation Report: 10693 - 09/25/2013 - Kazimer, Lauren
 PCH Name: HOLCOMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 6/20/13, resident #1 reported to staff that the resident's right foot was hurting and swollen. Resident #1 was transported to Crozer Chester Medical Center (ER) for an evaluation and diagnosed with a hairline fracture and treated. The home did not report the incident to the Department.

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.

See Attached. *CRM*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Susan Berryman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Susan Berryman</i>	Date <i>10/15/13</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/29/13</u> (Date)	Plan of correction implementation status as of <u>10/29/13</u> (Date)
The above plan of correction was approved by <u><i>CRM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

VIOLATION:

RESIDENT REPORTED TO STAFF THE RESIDENT'S RIGHT FOOT WAS HURTING AND SWOLLEN. RESIDENT WAS TRANSPORTED TO THE EMERGENCY ROOM FOR TREATMENT AND FOLLOW-UP. THE HOME WAS DID NOT FAX OR INFORM DPW OF THE INCIDENT. (THE RESIDNET WAS SEEN IN THE EMERGENCY ROOM ON 6/20/13.

The incident report was written on 6/20/13.

A copy of the report was faxed to DPW ON 10/1/2013

PLAN OF CORRECTION:

All incident reports will be submitted to DPW WITHIN A 24 HOUR TIME PERIOD
THE PERSONAL CARE ADMINISTRATOR WILL BE RESPONSIBLE FOR ALL INCIDENT
REPORTS THAT SHOULD BE SUBMITTED TO DPW

Jim Berry 10/15/13

Violation Report: 10693 - 09/25/2013 - Kazimer, Lauren
 PCH Name: HOLCOMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 55 Pa.Code §2600
 2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the Initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A, hired on 4/12/13, did not complete the Department-approved initial direct care training course until 9/10/13.

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.

See Attached.com

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Susan Bennyman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Susan Bennyman Compliance Officer* Date: *10/15/13*

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

The above plan of correction is approved as of <u>10/25/13</u> (Date) The above plan of correction was approved by <u><i>CBM</i></u> (Initials)	Plan of correction implementation status as of <u>10/25/13</u> (Date) <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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VIOLATION:

Direct care staff person A, did not complete the Department – approved initial direct care training course until 9/10/13.

PLAN OF CORRECTION:

On October 1- 2013 all new hires will complete the Department – approved initial direct care training course within the first 40 hours of work.

The Personal Care Administrator will be responsible for all new hires and ensuring that the test is administered within the established time frame.

Jan Berry 10/15/13

Violation Report: 10693 - 09/25/2013 - Kazimer, Lauren
 PCH Name: HOLCOMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 Two boxes of graham crackers in the kitchen cabinet were opened and unsealed.

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.

See Attached

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Susan Berryman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Susan Berryman Compliance Officer</i>	Date <i>10/15/13</i>
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The above plan of correction is approved as of 10/29/13
 (Date)

Plan of correction implementation status as of 10/29/13
 (Date)

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

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

VIOLATION:

TWO BOXES OF GRAHAM CRACKERS IN THE KITCHEN CABINET WERE OPENED AND UNSEALED.

PLAN OF CORRECTION:

THE GRAHAM CRACKERS WERE REMOVED FROM THE KITCHEN CABINET AND PLACED IN A ZIPLOC CONTAINER ON SEPTEMBER 26TH-2013 AT 4:15 PM.

ALL FOODS SHALL BE STORED IN CLOSED OR SEALED CONTAINERS

THE 11P-7A STAFF WILL BE RESPONSIBLE FOR CHECKING ALL FOODS AND PLACING ANY OPEN ITEMS IN CLOSED CONTAINERS. (DAILY)

IN ADDITION TO THIS PLAN -ANY STAFF PREPARING FOODS ON ANY SHIFT WILL BE REPOSNSIBLE FOR PLACING ALL OPEN FOODS IN SEALED CONTAINERS.(DAILY)

THIS PLAN WAS IMPLEMENTED ON SEPTEMBER 27TH-2013

Jan Berry 10/15/13

Violation Report: 10693 - 09/25/2013 - Kazimer, Lauren
 PCH Name: HOLCOMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 55 Pa.Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
 The home's written emergency procedures have not been submitted annually to the local emergency management agency.

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.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Susan Berryman*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Susan Berryman, Compliance officer* Date *10/15/13*

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- Partially Implemented - Inadequate Progress
- Not Implemented

2600. 107 (d) – THE WRITTEN EMERGENCY PROCEDURES SHALL BE REVIEWED, UPDATED AND SUBMITTED ANNUALLY TO THE LOCAL EMERGENCY MANAGEMENT AGENCY.

PLAN OF CORRECTION:

A letter with the Aston's Personal Care Home Emergency Procedures was mailed to the Aston Township Management Emergency on **September 27th-2013**.

Enclosed is a copy of the letter, the plan, a copy of the certified mail receipt and a copy of the receipt indicating the amount paid to have the package sent to the Aston Emergency Township.

The written emergency procedures will be updated, and submitted annually to the local emergency management agency.

*by the Administrator or designee.
Cren
10/29/13*

Jan Berry 10/15/13