



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 23 2015

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


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

Dear Mr. DiFabio:

As a result of the Department of Human Services' annual licensing inspection on September 11, 2015 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.

Sincerely,


Matthew J. Jones
Director
/s/

Enclosure
License Inspection Summary

Violation Report: 10693 - 09/11/2015 - 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.
 The home did not report the following incidents to the Department:
 - On 10/19/2014, resident #1 punched resident #2 in the head while riding in the home's vehicle.
 - On 8/30/2015, a medication error occurred. Resident #3's evening medications were administered to the resident in the morning.

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. In accordance with Regulation 2600.16, the following will happen:
 As of 9/11/15, all incident reports will be forwarded by the Personal Care Administrator to the Residential Mgr. who will review and forward to the Regional Office.

 All staff of the home will be trained on the importance of reporting incidents to the Department within 30 days of receipt of this plan of correction.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 11-4-15

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

The above plan of correction is approved as of 11/5/15
 (Date)

Plan of correction implementation status as of 11/5/15
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

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

Violation Report: 10893 - 09/11/2015 - Kazimer, Lauren
 PCH Name: HOLCOMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 55 Pa.Code §2600

2600.85(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 and direct care staff person B have no record of completing the Department's online training and competency test.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

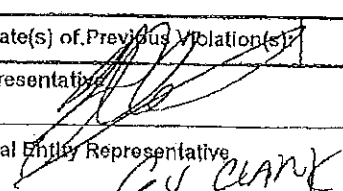
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

As of 9/11/15 all staff persons hired will take the on-line competency test prior to actually working in the site. This will be implemented as part of the orientation process and will be witnessed and observed by the Personal Care Administrator.

Staff persons A and B have completed the Departments required online training and competency test. The administrator will conduct an audit of all direct staff files to ensure that all direct care staff that provide unsupervised care have completed the online training and competency test within 30 days of receipt of this plan of correction. Any direct care staff that have not completed this training will not provide unsupervised training until the training has been completed.

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



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **C. J. CLARK**

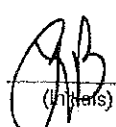
Date **11-4-15**

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

The above plan of correction is approved as of **11/5/15**
 (Date)

Plan of correction implementation status as of **11/5/15**
 (Date)

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

The above plan of correction was approved by 
 (Initials)

Violation Report: 10693 - 09/11/2015 - Kazimer, Lauren
 PCH Name: HOLCOMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

- Direct care staff person A received only 7.5 hours of annual training in training year 2014.
- Direct care staff person C received only 8.5 hours of annual training in training year 2014.

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. As of 9/11/15 Personal Care administrator will keep a log of all trainings for the calendar year in his/her office to assure that 12 hours will be maintained by staff. Residential Mgr will review log every qtrly to assure that trainings are taken place. Personal Care administrator will be responsible for making sure that necessary trainings are being schedule on a qtrly basis.

This is in accordance with regulation 2600.65 e

Staff person A and B will complete an additional 5 hours of training in addition to the required 12 hours of training during 2015 and complete all trainings before 12/31/15. The Administrator or designee will conduct an audit of all direct care training to ensure that they have each completed 12 hours of annual training for the year 2015, prior to 12/31/15.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 11-4-15

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 10693 - 09/11/2015 - Kazimer, Lauren
 PCH Name: HOLCOMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 The annual training provided to direct care staff person A in training year 2014 did not include the following topics: Instructions on meeting the needs of residents as described in the preadmission screening, assessment, support plan, and medical evaluation, and Infection Control.

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.
 In accordance with regulation #2500.65f, as of 9/11/15 annually and every November staff will be trained in meeting the needs of the residents as described in the pre-admission screening form, assessment tool, medical evaluation and support plan.
 This training will be performed by the Personal Care Admin.

The annual training plan will add of the required trainings to the plan within 30 days of receipt of this plan of correction. Prior to January, 2016, the Administrator or designee will develop the annual 2016 training plan and include all of the required training elements to ensure that all staff will complete the required training in 2016.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CU Clark* Date *11-4-15*

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The above plan of correction was approved by <i>[Signature]</i> (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 Report: 10693 - 09/11/2015 - Kazimer, Lauren
 PCH Name: HOLCOMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

- Staff persons A, C, and D did not receive training in Fire Safety, Emergency Preparedness, and Falls and Accident Prevention, during training year 2014.

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.

In accordance with regulation # 2600.65 g as of 9/11/15 all staff will be trained in fire safety, emergency preparedness and falls and accident prevention. This training has already occurred on Oct 1st 2015.

Staff A, C, and D completed training in Fire Safety, Emergency Preparedness and Falls on 10/1/15. The annual training plan will add of the required trainings to the plan within 30 days of receipt of this plan of correction. Prior to January, 2016, the Administrator or designee will develop the annual 2016 training plan and include all of the required training elements to ensure that all staff will complete the required training in 2016.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LOU CLARK	Date 11-4-15
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 (Date)

Plan of correction implementation status as of 11/5/15
 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 10693 - 09/11/2015 - Kazimer, Lauren
 PCH Name: HOLCOMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 56 Pa.Code §2600
 2600.66(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home does not have a record of direct care staff person B's annual required training for the training year 2014.

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. In accordance with regulation #2600.65 i copies of all trainings for 2015 will be kept for each staff person along with a log documenting each training for the year.

The administrator or designee will conduct an audit of all staff training records to ensure that the training documents are included in the staff files. A periodic audit will be conducted by the Administrator to ensure that all staff files are maintained in an organized manner, starting within 30 days of receipt of this plan of correction.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
BJ CLARK	11-4-15

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The above plan of correction was approved by <u>JB</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
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Violation Report: 10693 - 09/11/2015 - Kazimer, Lauren
 PCH Name: HOLCOMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The trash can in the bathroom shared by residents #2 and #5 does not have a lid.

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.
 In accordance with regulation # 2600.85 d a trash can with a lid was purchased on 10/11/15. As of this writing all trash cans in bathrooms and kitchens have lids on them.

The Administrator or Designee will conduct period checks of all bathroom trashcans to ensure that they are secure with lids, starting within 30 days of receipt of this plan of correction.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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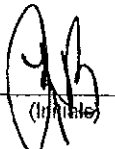
Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
GU CLARK	11-4-15

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Violation Report: 10693 - 09/11/2015 - Kazimer, Lauren
 PCH Name: HOI.COMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The telephone in the common lounge does not have emergency service numbers posted nearby.

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.

In accordance with regulation #2600.91 on 9/11/15 a list of telephone numbers for the nearest hospital, police dept, fire dept, ambulance poison control, local emergency management and personal care home complaint hotline was posted near the phone in the common lounge.

The Administrator or Designee will conduct period checks of all emergency service numbers posted by all of the telephones in the home, starting within 30 days of receipt of this plan of correction.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) G J CLARK	Date 11-4-15
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The above plan of correction is approved as of 11/5/15 (Date)	Plan of correction implementation status as of 11/5/15 (Date)
The above plan of correction was approved by RB (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 Report: 10693 - 09/11/2015 - Kazimer, Lauren
 PCH Name: HOLCOMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 55 Pa.Code §2600
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
 The home's first aid kit contained Neosporin packets that had expired August 2015.

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.
 In accordance with regulation #2600.183 f on 9/11/15 Neosporin packet was thrown away. In addition every month all meds will be monitored and any expired medications will be thrown away.

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

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
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The above plan of correction was approved by <u>[Signature]</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 Report: 10693 - 09/11/2015 - Kazimer, Lauren
 PCH Name: HOLCOMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 56 Pa. Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

- The medication administration record for resident #2 does not include a diagnosis or purpose for Ranitidine 150mg.
- The medication administration record for resident #3 does not include a diagnosis or purpose for Olanzapine 5mg.

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. In accordance with regulation #2600.187, pharmacy said they can only write the diagnosis if it is written on the prescription. Personal Care staff will begin the process of informing doctors per regulations to write the diagnosis or purpose for the medication on the original script. In cases where the doctor's refuse to do such Personal Care staff will write in the diagnosis or purpose for the medication. On 10/27/15 Marlin's Pharmacy said that they will type the diagnosis or purpose for medication if Personal care staff inform them of the reason.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date 11-4-15
 (Required on EVERY Page) *CS CLARK*

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