



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 17 2017

Mr. Roger W. Osmun, PhD  
Chief Operating Officer  
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. Osmun:

As a result of the Department of Human Services' Personal Care Homes annual licensing inspection on September 26, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 10893 - 09/26/2017 -  
 PCH Name: HOLCOMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 55 Pa.Code §2600  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
 Resident # 1 moved into home [redacted]-16. The preadmission screening form was completed [redacted]-16. The form was completed too early, outside of the 30 day period.

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.

*It has been noted that the preadmission screening form will be completed within 30 days of admission. Moving forward the PCH Administrator will be responsible for ensuring this will be completed in the time frame listed in the 2600 regulations.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Besha Thomas PCH Admin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Besha Thomas, PCH Administrator*      Date *10/19/17*

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

The above plan of correction is approved as of 10/20/17 (Date)

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

Plan of correction implementation status as of 10/20/17 (Date)

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