



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 12 2018

Mr. David C. Fales
Chief Operating Officer
Holcomb Associates, Inc.
467 Creamery Way
Exton, Pennsylvania 19341

RE: Holcomb Behavioral Health Systems
1021 Cherry Tree Road
Aston, Pennsylvania 19341
License #:106930

Dear Mr. Fales:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 10, 2018 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.

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.

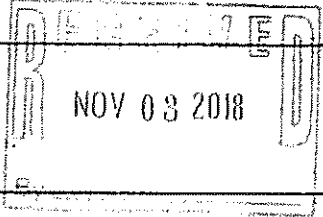
Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: HOLCOMB BEHAVIORAL HEALTH SYSTEMS		License Number: 10693
Address: 1021 CHERRY TREE ROAD, ASTON, PA 19014		County: Delaware
Administrator: Mrs.Kisha Thomas		Region: SOUTHEAST
Legal Entity Name: HOLCOMB ASSOCIATES INC		
Legal Entity Address: 467 CREAMERY WAY, EXTON, PA.19341		
Certificate(s) of Occupancy C-3 SP 12/16/1999 PA L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 0	Working Staff: 7
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/10/2018: Carrion, David		
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 Served In Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 0	Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 1 Have Mental Illness: 8 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 10693 - 10/10/2018 - Carrion, David
 PCH Name: HOLCOMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 65 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 persons Staff A and Staff B, in training year 2017, did not include the following training topics:

- Medication self-administration training
- Instruction on meeting the needs of the residents
- Care for residents with dementia and cognitive impairment
- Infection control and general principles of cleanliness and hygiene
- Personal care service needs of the resident
- safe management techniques
- Care for resident with mental illness

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.

Staff A and B will complete the Dept. Of Human Services Direct Care Staff Training Course and Competency training because it contains all of the above training topics except the Medication training and the Personal care service needs of the residents. These two training topics will be completed at the staff meeting on 11/7/18. It is the responsibility of the PCH Administrator to ensure that all staff received required training topics and accumulate the required 12 training hours annually. Moving forward DHS staff training course will be completed annually by all staff to ensure the required training topics are completed for each training year. The Medication training and the Personal care services training will take place during monthly staff meetings. The staff attendance sheet for the training this year and the certificates of completion for staff A and B will be sent to you after the training is completed (11/8/18).

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kesia Thomas, PCH Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kesia Thomas PCH Administrator* Date *11/3/18*

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

The above plan of correction is approved as of <u>12-10-18</u> (Date)	Plan of correction implementation status as of <u>12-10-18</u> (Date)
The above plan of correction was approved by <u>SP</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: 10683 - 10/10/2018 - Carrion, David
 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

Direct care persons A and B did not receive training in Falls and accident prevention during training year 2017.

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.

A training on Falls and Accident prevention will be completed at the staff meeting scheduled for 11/7/18. The attendance sheet as well as certificates of completion will be sent on 11/8/18 for supporting documents. It is the responsibility of the PCH administrator to ensure that this topic is included annually. Moving forward, this topic will be added to the mandatory training topics for PCH annual trainings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Mesia Thomas PCH Administrator

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Mesia Thomas PCH Administrator

Date *11/3/18*

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

The above plan of correction is approved as of 12-10-18
 (Date)

Plan of correction implementation status as of 12-10-18
 (Date)

The above plan of correction was approved by SP
 (Initials)

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

Violation Report: 10093 - 10/10/2018 - Carrion, David
 PCH Name: HOLCOMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 10/10/18, there was an accumulation of lint in the lint trap of the dryer in the laundry room on the first floor.

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.

All staff have been reminded to remove lint from the lint trap when the dryer cycle is finished.
 Each staff received a memo in their mailboxes and the memo is posted in the laundry room above the dryer. The PCH Administrator will take responsibility to ensure this regulation remains in compliance. (see memo in attachments)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kesia Thomas, PCH Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kesia Thomas, PCH Administrator* Date *11/3/18*

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

The above plan of correction is approved as of <u>12-10-18</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of <u>12-10-18</u> (Date) <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: 10893 - 10/10/2018 - Carrion, David
 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 to the municipal emergency management agency since 2016.

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.

The written Emergency Procedures will be hand delivered to the Municipal Emergency Management agency and will be done so annually. A signature sheet will serve as proof that it was for the delivery and receipt of the Plan. This will be completed by November 9, 2018 and the supporting documents will be sent to you on that day. Moving forward this will be completed on an annual basis to remain compliant. See supporting documents.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kesia Thomas PCH Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kesia Thomas, PCH Administrator</i>	Date <i>11/3/18</i>
--	---------------------

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

The above plan of correction is approved as of <u>12-10-18</u> (Date) The above plan of correction was approved by <u>SP</u> (Initials)	Plan of correction implementation status as of <u>12-6-18</u> (Date) <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: 10893 - 10/10/2018 - Carrion, David
PCH Name: HOLLGOMB BEHAVIORAL HEALTH SYSTEMS

1. REGULATION 65 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The last fire drill observed by a fire safety expert was conducted on 11/21/16.

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.

Although the fire inspection was completed by the annual date of 10/24/18, a fire drill was conducted by a fire safety expert on 11/29/17 during the annual Expert Fire Safety Training.
A fire inspection was conducted on 2/26/18 and a drill was completed on that day as well.
Moving forward the PCH Administrator will be responsible for compliance in this area by contacting the Department with a certified letter to schedule the annual inspection three months before its due date.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kesia Thomas PCH Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *KESIA THOMAS PCH Administrator* Date *11/3/18*

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

The above plan of correction is approved as of 12-10-18
(Date)

The above plan of correction was approved by SP
(Initials)

Plan of correction implementation status as of 12-10-18
(Date)

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