



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES



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

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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**

8

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services 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, 2021** until **January 4, 2022**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **106930**

Robert E. Robinson

ISSUING OFFICER

Jamie J. Buchenauer

Deputy Secretary

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.

HS 628 – 6/20



November 18, 2020

Ms. Nicole Brown
Chief Operating Officer
Holcomb Associates, Inc.
467 Creamery Way
Exton, Pennsylvania 19341

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

Dear Ms. Brown:

The Department has received your September 23, 2020 renewal application to operate the above Personal Care Home pursuant to Title 55, PA Code, Chapter 2600. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa.Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Personal Care Home at least once every twelve months. The Department will conduct an inspection of Holcomb Behavioral Health Systems within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 2600 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at ra-pwarlheadquarters@state.pa.us.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive style with a large initial "J".

Jamie L. Buchenauer
Deputy Secretary
Office of Long-Term Living

Enclosure
License