



pennsylvania
DEPARTMENT OF HUMAN SERVICES

[REDACTED]

March 1, 2022

[REDACTED]
[REDACTED]
Holcomb Associates, Inc.
[REDACTED]
[REDACTED]

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

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on March 18, 2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Claire Mendez

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *HOLCOMB BEHAVIORAL HEALTH SYSTEMS* License #: *10693* License Expiration Date: *01/04/2022*
Address: *1021 CHERRY TREE ROAD, ASTON, PA 19014*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *6103649846* Email: [REDACTED]

Legal Entity

Name: *HOLCOMB ASSOCIATES INC*
Address: [REDACTED]
Phone: *6103649846* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *12/16/1999* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/18/2021*

Inspection Dates and Department Representative

03/18/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *7*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *1*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

03/18/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/03/2021*

Inspections / Reviews (*continued*)

4/9/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/11/2021*

4/12/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/02/2021*

65a - FS Orientation 1st Day

1. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
 - 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 - 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 - 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 - 5. The location and use of fire extinguishers.
 - 6. Smoke detectors and fire alarms.

Description of Violation

Staff person A, whose first day of work was [REDACTED] 20, did not receive orientation on the following topics:

- Staff duties and responsibilities during fire drills and emergency evacuations;
- The designated meeting place in the event of an actual fire;
- Smoking safety procedures;
- The location and use of fire extinguishers;
- Smoke detectors and fire alarms.

Plan of Correction

Accept

Upon hire Staff Member A was oriented on the identified topics as outlined in the violation . Orientation document attached. The unsigned document was an oversight. [REDACTED] signed this document upon [REDACTED] return to work on [REDACTED]-21. Please see attached signed program orientation form for staff A, [REDACTED]. All files have been audited for completion. Personal Care Administrator, [REDACTED] will check all personnel files at the completion of each new hire's first 40 hours of employment. In addition, Personal Care Administrator, [REDACTED] will complete a monthly audit yearly using the employee program orientation form to ensure compliance in this area.

Completion Date: 04/09/2021 Licensee's Proposed Date of POC Implementation

Implemented - 5/2/2021 *CM*

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 - 1. Resident rights.
 - 2. Emergency medical plan.
 - 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A, whose start date was [REDACTED]/20, did not have an orientation that included the following:

- Resident rights.
- Emergency medical plan.
- Reporting of reportable incidents and conditions.

65b - Rights/Abuse 40 Hours (continued)

Plan of Correction

Accept

Upon hire Staff Member A was oriented on the identified topics as outlined in the violation . Orientation document attached. The unsigned document was an oversight. [redacted] signed this document upon [redacted] return to work on [redacted]-21. Please see attached signed program orientation form for staff A, [redacted]. All files have been audited for completion. Personal Care Administrator, [redacted] [redacted] will check all personnel files at the completion of each new hire's first 40 hours of employment. In addition, Personal Care Administrator, [redacted] [redacted] will complete a monthly audit yearly using the employee program orientation form to ensure compliance in this area.

Completion Date: 04/09/2021 Licensee's Proposed Date of POC Implementation

Implemented - 5/2/2021 CM

65i - Training Record

1. Requirements

2600.

65.i. 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.

Description of Violation

The home does not keep staff training records on site. The record of direct care staff annual trainings for Staff B could not be verified.

Plan of Correction

Accept

Training records and records of completion will be filed and kept on-site for each employee. Copies of training documents have been requested from the HR department to keep on-site. In addition, Personal Care Administrator, [redacted] [redacted] is responsible for ensuring that records remain on site and are accessible to BHSL upon request. Please see Personal Care Administrator's credentials which are attached.

Completion Date: 04/09/2021 Licensee's Proposed Date of POC Implementation

Implemented - 5/2/2021 CM

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 3/18/21, the common bathroom sink faucet on the first floor was corroded.

Plan of Correction

Accept

The common bathroom sink faucet was replaced on 3/19/21. Staff will use the Environment of Care inspection form monthly to monitor and address this type of concern in the future. See Attached work order. Personal Care Administrator, [redacted] [redacted] is responsible for following up to ensure that staff are using the attached Environment of Care form to report broken fixtures and similar concerns. This form will be submitted to the Facilities Manager on a monthly basis. See attached.

Completion Date: 04/09/2021 Licensee's Proposed Date of POC Implementation

Implemented - 5/2/2021 CM

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

96a - First Aid Kit (continued)

Description of Violation

The first aid kit in the first floor office does not include goggles.

Plan of Correction

Accept

Safety goggles were replaced in order to complete the required items in the first floor first aid kit. Staff will use the Environment of Care assessment to monitor and address this concern. EOC form that will prompt for this is attached. See Attachment. All first aid kits have been audited to ensure they contain the required items. Staff member, [redacted] is responsible for completing the monthly vehicle safety inspection on a monthly basis. This includes an itemized checklist of the contents in the first aid kit. Personal Care Administrator [redacted] [redacted] is responsible for ensuring that this form is completed and submitted to the facilities Manager on a monthly basis. Please see attached completed vehicle inspection form dated 4-9-21.

Completion Date: 04/09/2021 Licensee's Proposed Date of POC Implementation

Implemented - 5/2/2021 CM

101j5 - Bedside Table/Shelf

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident #1's bed in bedroom [redacted]

Plan of Correction

Accept

Staff rearranged the furniture in bedroom [redacted] so that the resident has a bedside table next to [redacted] bed. Staff will use the weekly bedroom checklist to ensure they contain the required items. This form is completed by employee [redacted] on a weekly basis, and is submitted to Personal Care Administrator, [redacted], who oversees this process and assists with room checks and corrections as is needed. Please see attached and completed weekly room checklist for resident 1 in bedroom [redacted].

Completion Date: 04/09/2021 Licensee's Proposed Date of POC Implementation

Implemented - 5/2/2021 CM

101j6 - Mirror

1. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
6. A mirror.

Description of Violation

There is no mirror in the bedroom of resident #1 in bedroom [redacted]

Plan of Correction

Accept

A mirror was hung in bedroom [redacted] for Resident #1. Staff will use the Aston House weekly bedroom checklist to monitor and address this concern. Staff will use the weekly bedroom checklist to ensure they contain the required items. This form is completed by employee [redacted] on a weekly basis, and is submitted to Personal Care Administrator, [redacted], who oversees this process and assists with room checks and corrections as is needed. Employee, [redacted] is also available to complete weekly room checks. Please see attached and completed weekly room checklist for resident 1 in bedroom [redacted].

Completion Date: 04/09/2021 Licensee's Proposed Date of POC Implementation

Implemented - 5/2/2021 CM

102f - Towel/Washcloth/Soap

1. Requirements

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

On 3/18/21, there were no paper towels in either the first floor common bathroom or the second floor common bathroom.

Plan of Correction

Accept

All residents have individual towels, washcloths and soap. The last of the paper towels were used and were replaced that day in both common bathrooms. Full time staffers [redacted] and [redacted], complete daily checks of all bathrooms to ensure paper towels are present at the start of their morning and evening shifts respectively. Personal Care Administrator [redacted] oversees the distribution of all supplies in the home on a monthly basis.

Completion Date: 04/09/2021 Licensee's Proposed Date of POC Implementation

Implemented - 5/2/2021 CM

107c - Food/Water 3 Day Supply

1. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 3/18/21, the home served 7 residents. The home did not have any non-perishable foods such as grains, fruits, or milk in its emergency food supply.

Plan of Correction

Accept

When completing grocery shopping, staff will ensure that a three day supply of emergency food , including grains , fruit and milk is maintained for each resident. The grocery list will be used to ensure that the appropriate variety of emergency food remains in the house. 107C - The home does currently have an emergency food supply for residents and working staff, however this supply needs to be fortified with more grains, milk and fruit. The grocery order containing these items will be placed on 4/12/21. Staff member, [redacted] is responsible for ensuring that this supply remains in the home and does not expire. The grocery list which is used monthly in conjunction with the environment of care form (which is completed quarterly) are used to ensure that an appropriate supply of emergency food remains present and unexpired.

Completion Date: 04/12/2021 Licensee's Proposed Date of POC Implementation

Implemented - 5/2/2021 CM

171b5 - First Aid Kit

1. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the van used to transport residents does not include a thermometer.

171b5 - First Aid Kit (continued)

Plan of Correction

Accept

Staff replaced the thermometer in the van. Staff will use the monthly vehicle inspection report to monitor and address this concern moving forward. - All first aid kits have been audited to ensure that they contain the correct items. Staff member, [redacted], will be responsible for completing the Environment of Care Inspection on a monthly basis, which includes an itemized check of the contents in the first aid kit in the house. Personal Care Administrator, [redacted] is responsible for ensuring that this form is completed and submitted to the administration on a quarterly basis. Please see the attached completed vehicle inspection form, showing all required contents are in the first aid kit in the van

Completion Date: 04/09/2021 Licensee's Proposed Date of POC Implementation

Implemented - 5/2/2021 CM

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #2 is prescribed [redacted]

The Medication Administration Record for March 2021 does not include the diagnosis or purpose for any of the medications prescribed for this resident.

Plan of Correction

Accept

Aston House Personal Care is currently working with [redacted] Pharmacy immediately to have diagnosis and indications included in the medication administration record. The Medication Administration Record has been reviewed, but all corrections have not yet been made. Staff continues to work with [redacted] pharmacy to add required information asap. Personal Care Administrator [redacted] is responsible for ensuring that the home adheres to these guidelines using the Medication Room Audit form which is completed on a quarterly basis. See attached medication room audit, under medication administration . Expected completion 5-1-21. However, we are seeking to have this corrected sooner than the projected date.

Completion Date: 05/01/2021 Licensee's Proposed Date of POC Implementation

Implemented - 5/2/2021 CM

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B has not successfully completed the Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years.

190a - Completion Medication Course (continued)

Plan of Correction

Directed

Due to COVID-19 restrictions trainers weren't able to come to the site to complete the performance based training for Staff member B. Staff Member B of completed the approved medication administration online course. [redacted] certificate of completion is attached. Staff Member B will be scheduled for an in-person competency test, LICENSEE'S PROPOSED DATE FOR POC IMPLEMENTATION: 4/10/2021

DIRECTED POC 4/12/2021 CM: Immediately – Staff person B will not administer medications until the completion of a medication administration course conducted by a Department-approved medication Train – the – Trainer. Documentation of training shall be kept in the staff record.

Immediately: Only staff persons who have met the requirements of regulation shall be permitted to administer medications and the required documentation of training is in the staff person's record. If no staff persons in the home are qualified to administer medications, the administrator shall arrange for medication administration by an outside agency or person whom meets the requirements of regulation 2600.182(b). Documentation of qualifications of any person administering medications in the home shall be kept. 2600.190(a).

Immediately - The administrator shall review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a) and the documentation is present in the staff person's record.

Completion Date: 04/10/2021 Licensee's Proposed Date of POC Implementation

Implemented - 5/2/2021 *CM*

190c - Record of Training

1. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

There is no medication administration training record for staff person B.

Plan of Correction

Accept

Due to COVID-19 restrictions trainers weren't able to come to the site to complete the performance based training for Staff member B. Staff Member B completed her online medication administration training on 4-10-21 Staff Member B will be scheduled for an in-person competency test. All records have been reviewed., Personal Care Administrator, [redacted] is available to administer medication, See attached medication administration certificates for staff member B and the administrator. The Personal Care Administrator ensures that this regulation is adhered to by checking personnel files on a monthly basis.

Completion Date: 04/10/2021 Licensee's Proposed Date of POC Implementation

Implemented - 5/2/2021 *CM*

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

227g -Support Plan Signatures (continued)

Description of Violation

Resident #3 participated in the development of [REDACTED] support plan on [REDACTED]/19. However, the resident did not sign the support plan.

Plan of Correction

Accept

Moving forward, all case managers in Aston will be responsible for ensuring that all residential assessment support plans are signed by residents after immediately working on the plan with them. The case managers will submit the completed plan to the Personal Care Administrator for review before placing the plan in the resident chart. This was an oversight. RASP signed by Resident #3 and is attached. – All Rasps have been audited and are signed and up to date. The Personal Care Administrator will also check charts on the fifth of every month to ensure all required signatures and documentation are present.

Completion Date: 04/09/2021 Licensee's Proposed Date of POC Implementation

Implemented - 5/2/2021 *CM*

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #3 participated in the development of [REDACTED] support plan on [REDACTED] 19. The resident did not sign the support plan. The home did not make a notation regarding the resident's refusal or inability to sign.

Plan of Correction

Accept

Resident #3 agreed to and signed the RASP. See Attachment. Moving forward, all case managers in Aston will be responsible for ensuring that all residential assessment support plans are signed by residents after immediately working on the plan with them. The case managers will submit the completed plan to the Personal Care Administrator for review before placing the plan in the resident chart. This was an oversight. RASP signed by Resident #3 and is attached. – All Rasps have been audited and are signed and up to date. Personal Care Administrator will check charts on the fifth of every month to ensure all required signatures and documentation are present.

Completion Date: 04/09/2021 Licensee's Proposed Date of POC Implementation

Implemented - 5/2/2021 *CM*