

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

February 22, 2023

[REDACTED]
HOLCOMB ASSOCIATES INC
[REDACTED]

RE: HOLCOMB BEHAVIORAL HEALTH
SYSTEMS
1021 CHERRY TREE ROAD
ASTON, PA, 19014
LICENSE/COC#: 10693

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/05/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *HOLCOMB BEHAVIORAL HEALTH SYSTEMS* License #: *10693* License Expiration: *01/04/2023*
Address: *1021 CHERRY TREE ROAD, ASTON, PA 19014*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *Other* Date: *12/16/1999* Issued By: *cwopa l&l*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/05/2022*

Inspection Dates and Department Representative

04/05/2022 - 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: *2*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

04/05/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/01/2022*

12/09/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/29/2022*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/14/2022*

Inspections / Reviews *(continued)*

02/22/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/22/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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:

1. Evacuation procedures.
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.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED]/19, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, telephone use and notification of emergency services, smoke detectors and fire alarms, the location and use of fire extinguishers, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

Staff person B, whose first day of work was [REDACTED]/20, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, telephone use and notification of emergency services, smoke detectors and fire alarms, the location and use of fire extinguishers, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

POC Submission

Accept

All files have been audited for completion. Personal Care Administrator, [REDACTED] BS PCHA, and Recovery Specialist II, [REDACTED] audit on site personnel files on the 5th of every month, and directly following the completion of a new hire's first day. Personal Care Administrator [REDACTED] and Recovery Specialist II, [REDACTED] will use the (see attached site orientation checklist) to ensure that orientation training has been appropriately documented. (see attached staff person A/B training sheet)

Licensee's Plan Completion Date: 04/27/2022

Implemented [REDACTED] - 02/22/2023)

65b - Rights/Abuse 40 Hours

2. 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.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

65b - Rights/Abuse 40 Hours (continued)

4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on [REDACTED]/19. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Staff person B completed his/her 40th scheduled work hour on [REDACTED]20. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

POC Submission

Accept

All files have been audited for completion. Personal Care Administrator, [REDACTED] BS PCHA, and Recovery Specialist II, [REDACTED] audit on site personnel files on the 5th of every month, and directly following a new hire's first 40 hours of employment. Personal Care Administrator [REDACTED] will use the (see attached site orientation checklist) to ensure that orientation training has been appropriately documented.

Licensee's Plan Completion Date: 04/28/2022

Implemented [REDACTED] - 02/22/2023)

65d - Initial Direct Care Training

3. Requirements

2600.

65.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, an intellectual disability 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, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

65d - Initial Direct Care Training (continued)

Description of Violation

Direct care staff person A, hired on [redacted]/19, began providing unsupervised ADL services on [redacted]/19. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

POC Submission

Accept

All files have been audited for completion. Personal Care Administrator, [redacted] BS PCHA Recovery Specialist II, [redacted] audit on site personnel files on the 5th of every month and directly after a new hire is scheduled. Recovery Specialist II, [redacted] will use the (site orientation checklist, see attached) to ensure that the Department-approved direct care training course and competency test have been completed and documented appropriately in the on-site personnel files.

(see attached staff person A who completed and pass the Department-approved direct care training course and pass the competency test.)

Licensee's Plan Completion Date: 04/28/2022

Implemented [redacted] - 02/22/2023)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

POC Submission

Accept

All residents' rooms have been audited to ensure that they have these items. Employee, [redacted] is responsible for completing (weekly bedroom checklists, see attached list) which includes making sure all required items are in each bedroom and in good repair. Personal Care administrator oversees this. See attachment.

Licensee's Plan Completion Date: 04/26/2022

Implemented [redacted] 02/22/2023)

132b - Safety Inspection/Fire Drill

5. Requirements

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.

Description of Violation

The home could not provide verification that a fire drill was observed by a fire safety expert.

POC Submission

Accept

Personal Care Administrator, [redacted] BS PCHA, Recovery Specialist II, [redacted] are responsible for confirming that all fire safety drill and inspection documentation has been completed, obtained and filed appropriately on site. This will be monitored using the (Environment of Care, see attached) form which is completed on a quarterly basis. *Please note that the annual fire safety inspection was completed on 12/3/2021 by the Fire Marshall (Fire Marshall Inspection form, see attached) document could not be obtained until three days following

132b - Safety Inspection/Fire Drill (continued)

the audit

Licensee's Plan Completion Date: 04/08/2022

Implemented [redacted] - 02/22/2023)

141a 1-10 Medical Evaluation Information

6. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's medical evaluation did not include sections for Blood pressure, height, weight, pulse rate, temperature, Ability to self-administer medications, body positioning, health status, cognitive function and mobility needs assessment.

POC Submission

Accept

All files have been audited for completion. After completion of a medical evaluation by a physician or physician's assistant within 60 days prior to admission or within 30 days after admission, documentation will be submitted and reviewed by the Personal Care Administrator, [redacted] to ensure that the medical evaluation includes completed sections for blood pressure, height, weight, pulse rate, temperature, ability to self-administer medications, body positioning, health status, cognitive function and mobility needs assessment. If the medical evaluation form is incomplete, it will be returned to the provider for correction.

Licensee's Plan Completion Date: 04/06/2022

Implemented [redacted] - 02/22/2023)

187a - Medication Record

7. Requirements

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.

187a - Medication Record (continued)

- 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.

Description of Violation

Resident #3's Medication Administration Record does not include the diagnosis or purpose for the medications.

POC Submission

Accept

All Medication Administration Records have been audited for completion. Personal Care Administrator, [REDACTED] collaborated with the resident's pharmacy to ensure that all Medication Administration Records included the diagnosis or purpose for the medications. Moving forward all resident's MAR's will be monitored using the (MAR with diagnosis form, see attached) (medication room audit form, see attached) audit form is completed on a quarterly basis.

Licensee's Plan Completion Date: 04/25/2022

Implemented ([REDACTED] - 02/22/2023)

224a - Preadmission Screen Form

8. Requirements

- 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.

Description of Violation

Resident #3 was admitted to the home on [REDACTED] 21; however, the resident's preadmission screening form was completed on [REDACTED] 21.

POC Submission

Accept

All charts have been checked for compliance. Personal Care Administrator, [REDACTED] and Recovery Specialist II [REDACTED] will determine within 30 days prior to admission of any resident that the needs of the resident can be met by the services provided by the home. Prior to admission, the preadmission screener will be completed and submitted to Personal Care Administrator, [REDACTED] and reviewed for accuracy prior to admission. (preadmission screening form, see attached)

Licensee's Plan Completion Date: 04/06/2022

Implemented ([REDACTED] - 02/22/2023)