

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

November 7, 2024

[REDACTED]
HOLCOMB ASSOCIATES INC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/12/2024 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: *01/04/2025*
 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: *C 3 SP* Date: *12/16/1999* Issued By: *Dept of Labor*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Monitoring* Exit Conference Date: *09/12/2024*

Inspection Dates and Department Representative

09/12/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *8* Residents Served: *5*

Secured Dementia Care Unit
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *1*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/12/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/11/2024*

10/17/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/06/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/22/2024*

Inspections / Reviews *(continued)*

10/23/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/06/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/06/2024

11/07/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/06/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at 8:05 AM, old resident records, old MARS, and old resident progress notes were unlocked, unattended, and accessible in the back hall closet at the top of the back stairs.

Repeat Violation Date: 7/18/23

Plan of Correction

Accept [redacted] - 10/23/2024)

House Administrator and the Regional Manager of residential services met on 10/7/24 to coordinate the removal and storage of confidential records which were previously stored in the back hall closet. The Regional Manager and house administrator are currently working with the agency's clinical support team to have old client files and notes removed from site and stored or shredded. appropriately by 10/30/24. The designated recovery specialist will check daily to ensure storage areas are appropriately locked. Documented daily checks began on 10/13/24. In the event that the staff is absent, the home's Administrator will perform the daily checks of all storage areas to ensure they are appropriately locked using the daily cleaning chart checklist. Please see attached. Client Record Retention, Disposal & Logging of Destroyed Records will be reviewed with all Aston House staff at In-service training on 10/24/24 via zoom, facilitated by Administrator, [redacted]. Alternate training for any employees who are unable to attend will be held via zoom on 10/29/24, by administrator, [redacted]. Please see attached agenda.

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented [redacted] - 11/07/2024)

25b - Contract Signatures

2. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for resident [redacted] was not signed by the administrator.

Plan of Correction

Accept [redacted] - 10/23/2024)

The resident home contract for resident one was updated on 9/13/24 to include the PCBH Administrator's signature. All client charts were reviewed on 9/16/24 by the PCBH Administrator and the staff supervisor. All client charts will be reviewed weekly by the Administrator, using the chart audit tool (see attached) beginning 9/16/24. In the event that the Administrator is not present, chart audits will be completed by the Recovery Specialist II. An additional review of resident-home contracts as well as a review of the chart audit tool will be held at an In-Service training via zoom on 10-24-24 at 5PM facilitated by the PCBH Administrator. Alternate training for any

25b - Contract Signatures (continued)

employees who are unable to attend will be held via zoom on 10/29/24, by the PCBH Administrator. Please see attached agenda for topics that will be covered.

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented (████ - 11/07/2024)

85a Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On █████ at 8:09 AM, the bottom of the back freezer had a large brown spill in the back corner.

Plan of Correction

Accept (████ - 10/23/2024)

The spill in the back freezer was cleaned up on 9/13/24 and s now checked by designated overnight staff who completes daily checks for cleanliness and appropriate temperature. Checks for appropriate food storage and refrigerator and freezer cleanliness started on a daily basis effective 10/13/24.

Recovery Specialists on each shift will check to ensure storage areas are appropriately locked beginning 10/22/24 see attached Daily Shift Assignment checklist). In the event that the designated Recovery Specialist is absent or unable to complete the day's check, the home's Administrator will perform the daily checks of all storage areas to ensure they are appropriately locked using the Daily Shift Assignment checklist.

Best practice for maintaining sanitary conditions at all times will be reviewed at an In- Service training for Aston House via zoom on 10-24-24 at 5PM facilitated by the PCBH Administrator. Alternate training for any employees who are unable to attend will be held via zoom on 10/29/24 by the PCBH Administrator. Please see attached agenda for topics that will be covered

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented (████ - 11/07/2024)

85e Trash Outside Home

4. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On █████ at 7:30 AM the enclosed outdoor trash area had a plastic bread bag stuck on the upper left corner in the fence and old cardboard and other trash/debris on the ground under and around the trash cans.

85e - Trash Outside Home (continued)

At 8:17 AM there was an old foam drinking cup jammed under the rail of the front porch with cobwebs in it.

At 8:22 AM there was a broken fence parts, and parts of an air conditioner unit propped up against the shed as well as broken flowerpots next to it.

Plan of Correction

Accept [redacted] 10/23/2024)

During the staff meeting on 9/30/24 at 5PM held at the Aston House Personal Care Home, the PCBH Administrator designated two overnight Recovery Specialists to inspect the outside grounds of the house as well as the trash receptacle area. These designees have completed daily checks of the outside grounds and trash receptacle area beginning 9/13/24.

Effective 10/22/24, Recovery Specialists on each shift will check to ensure storage areas are appropriately locked (see attached Daily Shift Assignment checklist). Additionally, the PCBH Administrator is conducting weekly checks of the outside grounds and the trash receptacle area beginning 9/20/24.

Licensee's Proposed Overall Completion Date: 10/21/2024

Implemented [redacted] - 11/07/2024)

100a - Exterior - Free of Hazards

5. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On [redacted] there was a large pile of dried pine needles on step of the community room emergency exit door which presents a slipping/tripping hazard and a large branch hangs at chest level when exiting the door.

Plan of Correction

Accept [redacted] 10/23/2024)

The pine needles in front of the emergency exit were removed on 9/13/24 and this area was checked daily by the 11p-7am Recovery Specialist as part of their daily checks of the grounds and trash receptacle area.

Effective 10/22/24, Recovery Specialists on each shift will check the grounds and trash receptacle area (see attached Daily Shift Assignment checklist). In the event that the designated Recovery Specialist is absent or unable to complete the day's check, the home's Administrator will perform the daily checks.

A review of common slip trip and fall hazards and fall prevention will be conducted at the In-service training on 10/24/24 at 5pm via zoom, facilitated by the PCBH Administrator. Alternate training for any employees who are unable to attend will be held via zoom on 10/29/24 and facilitated by the PCBH Administrator. Please see attached agenda for topics that will be covered.

Licensee's Proposed Overall Completion Date: 10/24/2024

100a - Exterior - Free of Hazards (continued)

Implemented () 11/07/2024)

102i - Soap Dispenser

6. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On () there was an unlabeled used bar of soap in shower of the upstairs shared bathroom in the front of the building and also one in the shower of the downstairs bathroom behind the kitchen.

Plan of Correction

Accept () 10/23/2024)

The Aston House staff supervisor, now completes daily checks of all shower areas and bathrooms in the house to ensure that no toiletries have been left in common areas and there is soap available for handwashing. These checks began on 9/13/24 at 3PM, and will continue to be completed daily. If the designee is not available, checks will be completed and documented by the designated recovery specialist. Please see attached. A review of bathroom check requirements as they relate to toiletries and supplies such as hand washing soap will be completed during In Service training for Aston House via zoom on 10/24/24 at 5PM, held by Administrator, (). Alternate training or any employees who are unable to attend will be held via zoom on 10/29/24, by administrator (). Please see attached agenda.

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented () - 11/07/2024)

103f - Refrigerator/Freezer Temps

7. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On () at 8:09 AM the temperature in the back kitchen freezer was 25 degrees Fahrenheit and at 8:30 it was 18 degrees Fahrenheit.

Plan of Correction

Accept () - 10/23/2024)

The temperature in the back refrigerator was adjusted and monitored by the PCBH Administrator on 9/13/24 to ensure the temperature is set at zero degrees F. The temperature was checked daily by the 11p-7a Recovery Specialist staff. Effective 10/22/24, Recovery Specialists on each shift will check the temperatures of the front and back refrigerators and freezers (see attached Daily Shift Assignment checklist). In the event that the designated Recovery Specialist is absent or unable to complete the day's check, the home's Administrator will perform the daily checks. Requirements for appropriate food storage and temperature adjustment policy will be reviewed at In-Service training on 10-24-24, held by PCBH Administrator. Alternate training will be held on 10/29/24, for any employees who are

103f - Refrigerator/Freezer Temps (continued)

unable to attend the training on 10/24/24. The training will be held by the PCBH administrator, please see attached agenda.

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented [redacted] - 11/07/2024)

103i - Outdated Food

8. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On [redacted] at 7:56 AM there was an unlabeled, undated clear plastic container of sugar, and clear plastic container of cereal in the upper cabinets of the kitchen. There was also an undated opened bottle of yellow mustard and an open bottle of Russian dressing in the upper cabinets that both read "refrigerate after opening".

Repeat violation: 7/1/2024

Plan of Correction

Accepted [redacted] - 10/23/2024)

At the Aston House staff meeting on 9/30/24, the Aston House PCBH Administrator, designated the overnight staff Recovery Specialists to check all food storage areas including cabinets as part of their daily shift assignment task to ensure that all food has been stored appropriately according to manufacturer's guidelines. These daily checks began on 10/1/24.

Effective 10/22/24, Recovery Specialists on each shift will check the all food storage areas including cabinets (see attached Daily Shift Assignment checklist). In the event that the designated Recovery Specialist is absent or unable to complete the day's check, the home's Administrator will perform the daily checks.

A review of regulations related to outdated Food, Spoiled food or Dented Cans including questions or concerns related to daily checks that will be completed at the In-Service Training on 10-24-24, which will be held by the PCBH Administrator. Alternate training for any employees who are unable to attend will be held on 10/29/24, by the PCBH administrator, please see attached agenda.

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented [redacted] - 11/07/2024)

144c1 - Smoking Area Guidelines

9. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area is in the driveway next to the house on the left side of the building. On

144c1 - Smoking Area Guidelines (continued)

██████████ at 8:25 AM in the smoking area, there was a ashtray on the ground filled with numerous cigarette butts, papers, and wrappers.

Plan of Correction

Accept (██████████) 10/23/2024)

A new standing ashtray with additional safety features had already been purchased prior to inspection on 9/12/24, and arrived on 9/18/24, and is currently in use. Beginning on 9/19/24, this ashtray is checked and emptied daily, by the designated overnight staff who is completing the daily shift assignment checklist. If designated staff is unavailable, the back up designee will empty the ashtray. and check the grounds around the smoking area. A review of Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, will be conducted at the Aston House In-Service training on 10-24-24 at 5PM, held by Administrator, ██████████. Alternate training for any employees who are unable to attend will be held via zoom on 10/29/24, by administrator, ██████████ Please see attached agenda.

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented (██████████) - 11/07/2024)

162c - Menus Posted

10. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On ██████████ the home's menus 8/26/24-9/15/2024 were posted. However, the next week's menu was not posted.

Plan of Correction

Accept (██████████) 10/23/2024)

The current, previous and future weeks' menus are currently posted in the community room as well as in the kitchen. Effective 10/22/24, Recovery Specialists on each shift will check the all menus are posted in both areas (see attached Daily Shift Assignment checklist). In the event that the designated Recovery Specialist is absent or unable to complete the day's check, the home's Administrator will perform the daily checks.

A review of Regulations as they relate to meal planning, preparation and menu posting will be completed at the Aston House In-Service training on 10-24-24, held by PCBH Administrator. Alternate training will be held on 10/29/24, for any employees who are unable to attend the training on 10/24/24. The training will be conducted by the PCBH administrator, please see attached agenda.

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented (██████████) - 11/07/2024)

183e - Storing Medications

11. Requirements

183e - Storing Medications (continued)

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted] on resident [redacted] blister pack of [redacted] tablets the foil for pill 12 was punctured, however the pill remained inside.

On [redacted] resident [redacted] blister pack of [redacted] tablets the foil for pill 13 was punctured, and the foil for pill 15 was punctured and taped. The pills remained inside the blister pack. Additionally, the resident's blister pack of [redacted] tablet pill 13 was punctured and the pill remained inside.

On [redacted] resident [redacted] blister pack of [redacted] tablets the foil for pill 15 was punctured and taped over. The pill remained inside.

Plan of Correction

Accepted [redacted] - 10/17/2024)

At the staff meeting on 9/30/24, the administrator reviewed the importance of ensuring that meds are always stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. The regional director and the administrator met with the pharmacy manager on 9/23/24 to discuss concerns with packaging, such as too many pills in one blister pack which may cause tearing. The pharmacy agreed not to place tape on the back blister packs if they become compromised during packing. The Administrator designated two overnight staff to check the integrity of all of the blister packs after administering morning medication. The pharmacy has provided Aston House staff with a designated point person to address all concerns with packaging, and the pharmacy has agreed to take back any medication if the packaging has been compromised and to replace it with a new blister pack. Daily checks by overnight staff began on 10/1/24 which are documented in the daily cleaning chart attached. Please see the attached Medication Room Audit which was completed on 9/30/24 to ensure all medication is being stored appropriately. This audit will be completed monthly

Licensee's Proposed Overall Completion Date: 10/07/2024

Implemented [redacted] - 11/07/2024)

221c - Post Activity Calendar

12. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction

Accepted [redacted] - 10/17/2024)

The current activity schedule is posted and documents activities to be offered throughout the month of October. The Administrator and the designated Recovery Specialist meet on the last Monday of each month to review and post the activity schedule for the upcoming month taking the residents' input in to consideration. This is included in the daily cleaning chart. Please see attached.

Licensee's Proposed Overall Completion Date: 10/07/2024

221c - Post Activity Calendar *(continued)*

Implemented [REDACTED] 11/07/2024)

252 - Record Content

13. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident [REDACTED] record does not include color of hair, color of eyes, and identifying marks.

Plan of Correction

Accept [REDACTED] - 10/23/2024)

Resident [REDACTED] record was amended by the home Administrator to include identifying information (hair, color of eyes, and identifying marks). Please see attached,
 Residential Manager will conduct a review of Intake and Admissions process, including client demographic information and how to complete all paperwork, with the home Administrator by Oct 31, 2024.
 Resident charts are checked weekly by the PCBH Administrator starting 9/23/24 using the Chart Auditing Tool.
 Please see attached.

252 - Record Content (continued)

Licensee's Proposed Overall Completion Date: 10/19/2024

Implemented [REDACTED] - 11/07/2024)