

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

August 12, 2025

[REDACTED], REGIONAL PROGRAM DIRECTOR
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 06/03/2025 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: *01/04/2026*
 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: *7* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *06/03/2025*

Inspection Dates and Department Representative

06/03/2025 - 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: *0* Have Physical Disability: *0*

Inspections / Reviews

06/03/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/28/2025*

06/30/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/04/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/03/2025*

Inspections / Reviews *(continued)*

07/07/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/04/2025

08/12/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] resident #1 alleged that Staff Member A confronted Resident #1 and threatened to break the resident's leg if [redacted] continued kicking doors. The home did not submit a report in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27.

Plan of Correction

Accept ([redacted] - 06/30/2025)

Incident reporting for alleged abuse reported by Resident#1 on [redacted] was completed and submitted to Adult Protective Services, as the result of the annual licensing inspection which identified that a report was not previously submitted for this incident. Aston House staff will work with Department of Human Services and Adult Protective Services to complete any investigation deemed necessary. All Aston employees will attend in-service training on 7/25/25 at 5:30pm held by the Regional Manager which will include a comprehensive review of incident reporting procedures. Please see attached in-service agenda and completed incident reports. Incident reporting training will be assigned to all employees annually and will be included in annual professional development plans

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented ([redacted] - 08/12/2025)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], resident #1 alleged that Staff Member A confronted Resident #1 and threatened to break the resident's leg if [redacted] continued kicking doors. The home did not submit an incident report to the Department.

Plan of Correction

Accept ([redacted] - 06/30/2025)

Aston House Administrator, contacted the PA Adult Protective Services hotline at approximately 945am on 6/26/25 and gave information to report the alleged incident on [redacted] as requested. Aston House staff will work with Department of Human Services and Adult Protective Services to complete any investigation deemed necessary. Please see attached Mandatory Reporting Form. All Aston employees will attend in-service training on 7/25/25 at 5:30pm held by the Regional Manager which will include a comprehensive review of incident reporting procedures. Please see attached in-service agenda and completed incident reports. Incident reporting training will be assigned to all employees annually and will be included in annual professional development plans

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented ([redacted] - 08/12/2025)

54a - Direct Care Staff

3. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person B does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept ([redacted] - 07/07/2025)

On 6-25-25 Aston House Personal Care Home applied for a waiver for direct care staff person B, as [redacted] high school education was completed internationally. On 6-25-25, the Aston House Administrator personally gave each resident a letter, notifying them of the home's application for the waiver, and provided support to each resident to address questions or concerns. Clarification to the Human Resources Dept. regarding regulation 2600.54.a. was provided on 6/26/25 by the agency's Regional Manager and Regional Director. On July 1, 2025, the waiver for staff person B was approved by, [redacted] Regulatory Manager Bureau of Human Services Licensing Office of Long Term Living. The plan to correct this deficiency and avoid reoccurring deficiency in this area, is the Aston House Administrator will audit all employee files for compliance, and will forward the findings of this audit to the Regional Manager for review. This audit and managerial review will be completed by 7/30/25. Moving forward employee files will be regularly reviewed for compliance quarterly in conjunction with the home's Environment of Care Audit. A waiver will be requested by Human Resources prior to hiring any staff that do not meet the PCBH educational. To ensure the home compliance, Regional Manager and Aston House Administrator will have monthly supervision.

Licensee's Proposed Overall Completion Date: 07/30/2025

Implemented ([redacted] - 08/12/2025)

65f - Training Topics

4. Requirements

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 an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person C did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of

65f - Training Topics (continued)

cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident during training year 2024.

Repeat Violation 6/18/24 et al.

Plan of Correction

Accept (█) - 07/07/2025)

Please see the attached revised professional development plan for staff person C. Moving forward, annual professional development training plans for all Aston House staff to include: care for residents with dementia and cognitive impairments, infection control and the general principles of hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques, care for residents with mental illness or intellectual disability. Annual training requirements to be reviewed by the Regional Manager at in-service training on 7-25-25, and are assigned to be completed as soon as possible.

The plan to correct this deficiency and avoid reoccurring deficiencies, is for the Aston House Administrator & Regional Manager to audit all employee files for compliance with training requirements quarterly using the attached training grid. The findings of this audit will be forwarded to the Regional Program Director for review. The initial audit and managerial review will be completed by 7/30/25. Moving forward, the Administrator will assign each staff person 1.5 hours of training relating to their job duties monthly. The administrator will document completed training hours for each employee monthly, and provide updated information to the Regional Manager for review. Any employee not meeting training guidelines will meet with the Administrator to identify a plan to complete the assigned trainings. Staff that continue to demonstrate noncompliance with training requirements will be subject to disciplinary action. To ensure the home compliance, Regional Manager and Aston House Administrator will have monthly supervision.

Licensee's Proposed Overall Completion Date: 07/30/2025

Implemented (█) - 08/12/2025)

107d - Procedure Emergency Management Agency Submission

6. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency.

Plan of Correction

Accept (█) - 07/07/2025)

Holcomb Behavioral Health Systems, Director of Risk and Safety, submitted Aston House Personal Care Home's Emergency Management Plan on 6/10/25 to the Aston Township Emergency Management Coordinator, & Fire Marshall. Please see the attached Environment of Care Audit Form which has been updated to include annual submission of our home's emergency procedures to the township Emergency Management Coordinator. Date of submission will be noted in the comments section.

The plan to correct this deficiency and avoid reoccurring deficiency, is that this audit is completed quarterly by the

107d - Procedure Emergency Management Agency Submission (continued)

home's Environment of Care Representative with the next audit scheduled in September, 2025; the audit findings will reflect that the home's emergency procedures were submitted to the Aston Township Emergency Management Coordinator on 6/10/25. In addition, the emergency procedures will be submitted yearly to the local emergency management by the agency Director of Risk and Safety no later than the 31st of January of each year. And to ensure the home compliance, Regional Manager and Aston House Administrator will have monthly supervision.

Licensee's Proposed Overall Completion Date: 07/02/2025

Implemented () - 08/12/2025

132c - Fire Drill Records

7. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 10/08/24 at 5:30 does not include the AM or PM indicator.

Plan of Correction

Accept () - 06/30/2025

After further review of the fire drill schedule and monthly shift rotations, it was determined that the fire drill conducted 10/8/24 was in fact conducted at 5:30pm. Review of appropriate fire drill and disaster drill documentation will be reviewed by the regional manager at the in-service training on 7-25-25. Moving forward as of 7-1-25, all drill documentation will be reviewed by the Staff Supervisor before submission to the facilities manager. Please see the attached in-service training agenda as well as the revised fire drill from 10-8-25.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented () - 08/12/2025

183d - Prescription Current

8. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 06/03/25, [REDACTED], prescribed for individual #2, was in the home's cabinet bin; however, the medication was discontinued on 03/01/25.

Plan of Correction

Accept () - 06/30/2025

Please see the attached medication room audit completed on 6-24-25. This audit was completed to confirm that all expired or discontinued medication has been appropriately discarded. Moving forward from 7-28-25 Aston House Administrator and Staff Supervisor will complete monthly medication room audits on the fourth Monday of each month. Completion of the medication room audit form will be reviewed by the Regional Manager at the In-Service training on 7-25-25. Aston House staff will serve as back up auditors and will complete the monthly medication room audit in the absence of the Administrator and Staff Supervisor.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented () - 08/12/2025

183e - Storing Medications

9. Requirements

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 06/03/25, resident #1's [redacted] was in the cabinet bin with no date of opening. According to the manufacturer's instructions, the unused medication must be discarded 28 days after it's opened.

On 06/03/25, resident #1's [redacted] was in the cabinet bin with no date of opening. According to the manufacturer's instructions, the unused medication must be discarded 56 days after it's opened.

On 06/03/25, resident #2's [redacted] was found in the cabinet bin and has an expiration date of 02/02/25 on the packaging.

Repeat Violation 9/12/24, 6/18/24 et al.

Plan of Correction

Accept ([redacted] - 06/30/2025)

All of resident 1's [redacted] were labeled with the date of opening. on 6-4-25 Manufacturer's instructions regarding discarding unused medication will be reviewed at Aston House in- service training on 7-25-25. Moving forward from 7-28-25 Aston House Administrator and Staff Supervisor will complete monthly medication room audits on the fourth Monday of each month. Completion of the medication room audit form will be reviewed by the Regional Manager at the In-Service training on 7-25-25 . Aston House staff will serve as back up auditors and will complete the monthly medication room audit in the absence of the Administrator and Staff Supervisor. Please see attached In- Service Agenda and Med Room Audit.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented ([redacted] - 08/12/2025)

187d - Follow Prescriber's Orders

10. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted]. However, resident #1 was administered [redacted]

Plan of Correction

Accept ([redacted] - 06/30/2025)

On 6/4/25 The Aston House Administrator identified the employee who incorrectly documented the administration of [redacted] and provided additional education regarding [redacted] Medication Administration Record documentation with [redacted] appropriate MAR documentation will be reviewed with all Aston House employees at In-Service training on 7-25-25 held by the Regional Manager. Please see the attached in Service agenda. Aston House employees will be observed by the regional practicum observer every six months to ensure compliance. The MAR will be reviewed monthly by the Administrator and Staff

187d - Follow Prescriber's Orders (continued)

Supervisor to ensure accuracy and compliance.

Licensee's Proposed Overall Completion Date: 07/25/2025

Implemented () - 08/12/2025

224a - Preadmission Screen Form

11. 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's preadmission screening form was missing the date when the form was completed and the accessor's signature.

Plan of Correction

Accept () - 06/30/2025

After further review of the Administrator's schedule, the date that the pre-admission schedule it was determined that resident 3's pre-admission screening was completed on [redacted] On 6/5/25, resident 3's pre-admission screener was completed on [redacted] Please see attached revised pre-admission screener. As of 7-1-25, all completed pre-admission screeners will be sent to the regional manager for review before approved and filed appropriately.

Licensee's Proposed Overall Completion Date: 06/30/2025

Implemented () - 08/12/2025

225c - Additional Assessment

12. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #3's assessment, dated [redacted] Resident #3's assessment states [redacted] The medical evaluation, dated [redacted]

Plan of Correction

Accept () - 06/30/2025

Please see the revised RASP for Resident 3 which indicates [redacted]. This RASP completed on 6/25/25 to ensure all support needs are accurately reflected. Resident 3 participated in the development of this plan as is reflected by [redacted] signature. Moving forward all RASP's will be reviewed by the Aston House staff supervisor after completion for compliance before filing.

Licensee's Proposed Overall Completion Date: 06/25/2025

Implemented () - 08/12/2025

227g -Support Plan Signatures

13. Requirements

2600.

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

Description of Violation

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

Repeat Violation 06/18/24 et al.

Plan of Correction

Accept ([REDACTED] - 06/30/2025)

Please see the revised RASP for Resident 3 which indicates [REDACTED]. This RASP completed on 6/25/25 to ensure all support needs are accurately reflected. Resident 3 participated in the development of this plan as is reflected by [REDACTED] signature. Moving forward all RASP's will be reviewed by the Aston House staff supervisor after completion for compliance before filing.

Licensee's Proposed Overall Completion Date: 06/25/2025

Implemented ([REDACTED] - 08/12/2025)