

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

November 13, 2025

[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 09/30/2025 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:** 8      **Waking Staff:** 6

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 09/30/2025

**Inspection Dates and Department Representative**

09/30/2025 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b> 8		<b>Residents Served:</b> 8	
Secured Dementia Care Unit			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
Hospice			
<b>Current Residents:</b> 0			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 8		<b>Are 60 Years of Age or Older:</b> 2	
<b>Diagnosed with Mental Illness:</b> 8		<b>Diagnosed with Intellectual Disability:</b> 2	
<b>Have Mobility Need:</b> 0		<b>Have Physical Disability:</b> 0	

**Inspections / Reviews**

09/30/2025 Partial  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 10/30/2025

Inspections / Reviews (*continued*)

## 11/13/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

## 11/13/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/13/2025

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] at 4:00 pm, it was reported that resident [REDACTED] was missing a [REDACTED] check for eyeglasses that had been mailed to the facility from the Mental Health Partnership. This incident was reported to staff person A on [REDACTED] at 2:00 pm. However, this allegation of financial exploitation was not reported to the local area agency on aging until [REDACTED] at 2:00 pm.

Repeat Violation: [REDACTED]

Plan of Correction

Accepted [REDACTED] - 11/12/2025)

Training on financial abuse was reviewed with all staff during the monthly staff meeting. The timelines for mandated reporting were specifically discussed and reinforced. Supporting documentation is attached, including:

- Financial Abuse Training materials
- Staff Meeting Minutes
- Staff Sign-in Sheet

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented [REDACTED] - 11/13/2025)

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], at 4:00 pm, the Mental Health Partnership, which oversees the finances for resident [REDACTED], informed the home they mailed a check in the amount of [REDACTED] for the purchasing of eyeglasses. The home was also informed that the check had been cashed. The home did not report this incident to the Department until [REDACTED] at 2:00 pm.

Repeat Violation [REDACTED]

Plan of Correction

Accepted [REDACTED] - 11/13/2025)

Documentation Note:

Training on financial abuse was reviewed with all staff during the monthly staff meeting. The timelines for mandated reporting were specifically discussed and reinforced. Supporting documentation is attached, including:

- Financial Abuse Training materials

16c - Written Incident Report (continued)

- Staff Meeting Minutes
- Staff Sign-in Sheet

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented (████) 11/13/2025)

20b8 - Quarterly Account

3. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident █████ has not received a quarterly account of financial transactions since 2024.

Plan of Correction

Accept (████) - 11/13/2025)

order to take prompt corrective action, Aston House Administrator KN and Staff Supervisor CA met on September 1, 2025, to review regulatory requirements for the completion and submission of quarterly financial summaries to residents and their designated payees.

A follow-up meeting was held on September 30, 2025, during which Administrator KN and Supervisor CA reviewed all financial transactions and completed the quarterly itemizations for each resident covering July, August, and September 2025.

All quarterly financial summaries will be distributed to both residents and their designated payees by October 10, 2025.

Ongoing Compliance Plan:

- The Administrator and Staff Supervisor will meet within seven (7) days following the end of each quarter to review financial transactions and complete quarterly summaries for all residents.
- Completed quarterly summaries will be provided to residents and their designated payees by the 10th day of the month following the close of each quarter.
- The Administrator will notify the Residential Manager and Regional Director via email once all financial summaries have been distributed.
- The Regional Manager will conduct internal audits of the financial records in October 2025 and January 2026 to ensure full compliance with policy. Beginning April 2026, internal audits will be conducted bi-annually to maintain ongoing compliance.

Supporting documentation: See attached records and meeting notes.

Licensee's Proposed Overall Completion Date: 10/30/2025

Implemented (████) - 11/13/2025)

141a - Medical Evaluation

4. Requirements

2600.

141a Medical Evaluation (continued)

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.

Description of Violation

Resident [redacted] with a date of admission of [redacted], had an initial medical evaluation dated [redacted]. The medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Accept [redacted] - 11/13/2025)

The Administrator, KN, and Staff Supervisor met to review Regulation 2600.141(a), which requires that each resident’s physical examination be completed either within 60 days prior to admission or within 30 days after admission.

The Administrator, KN, and Staff Supervisor also reviewed the client due date grid, which tracks upcoming and required physical examinations for all residents. It was agreed that this grid will be reviewed jointly by the Staff Supervisor and the Administrator on the first Monday of each month at 3:00 PM to ensure continued compliance with the regulation.

Follow Up/Action Plan:

- The Administrator and Staff Supervisor will review the physical exam due date grid monthly.
- The Administrator will report any upcoming or overdue physicals to the Regional Manager as part of the monthly reporting process.

Next Review Date: First Monday of each month at 3:00 PM

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented [redacted] - 11/13/2025)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent medical evaluation was completed on [redacted]. The resident’s previous medical evaluation was completed on [redacted].

Plan of Correction

Accept [redacted] 11/13/2025)

On October 6, 2025, the Administrator, KN, and Staff Supervisor met to review Regulation 2600.141(a), which requires that physical examinations be completed either within 60 days prior to admission or within 30 days after admission.

During the meeting, the Administrator and Staff Supervisor also reviewed the client due date grid, which outlines upcoming and required physicals for all residents. It was agreed that the grid will be reviewed jointly by the Administrator and Staff Supervisor on the first Monday of each month at 3:00 PM to ensure compliance with regulatory requirements.

Action Plan:

- The Administrator and Staff Supervisor will review the physical exam due date grid monthly.
- The Administrator will report any upcoming or overdue physicals to the Regional Manager as part of the monthly reporting process.

Next Review Date: First Monday of each month at 3:00 PM

141b1 - Annual Medical Evaluation (continued)

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented [redacted] - 11/13/2025)

252 - Record Content

6. 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 previous years' physician's examination reports, including copies of the medical evaluation forms, a list of prescribed medications, OTC medications and CAM, and the previous support plan.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 11/13/2025)

Administrator KN and the Staff Supervisor met on October 6, 2025, to review resident charts and verify that each

**252 - Record Content (continued)**

*record contains the required two years of documentation. During the review, HP's previous support plan was located in thinned record storage at Aston House and was returned to HP's active chart. (See attached documentation.) Going forward, the Administrator and Staff Supervisor will review all resident charts on the first Monday of each month to ensure that both current and previous documentation are properly maintained. In the Administrator's absence, the Staff Supervisor will conduct the review, and in the Supervisor's absence, the Administrator will assume responsibility.*

**Licensee's Proposed Overall Completion Date: 11/03/2025**

**Implemented [REDACTED] 11/13/2025)**