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

July 8, 2026

[redacted] REGIONAL MANAGER OF RESIDENTIAL SERVICES
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 05/14/2026 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**: *01/04/2027*

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: **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-3 SP* **Date**: *12/06/1999* **Issued By**: *COPA L & I*

Staffing Hours

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

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *05/14/2026*

Inspection Dates and Department Representative

05/14/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *8* **Are 60 Years of Age or Older**: *3*

Diagnosed with Mental Illness: *8* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

05/14/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/12/2026*

06/22/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/07/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/27/2026*

Inspections / Reviews *(continued)*

06/30/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/07/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/08/2026*

07/08/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/07/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

A criminal background check, dated [redacted] was provided for Staff Person A, whose date of hire is [redacted]

Plan of Correction ***Accept ([redacted] - 06/30/2026)***

At the time of the survey, Human Resources provided Staff Person A's most recent FBI criminal background clearance dated [redacted] believing that documentation of the employee's current compliance with criminal history requirements was being requested. Staff Person A has been continuously employed since [redacted].

The organization's established practice is to obtain criminal background clearances at the time of hire and to conduct updated background checks every five years thereafter for all ongoing employees. Staff Person A has remained continuously employed since [redacted] and has consistently complied with this requirement. Attached is a copy of the employee's prior criminal background clearance completed in [redacted] which demonstrates the organization's ongoing practice of conducting periodic criminal history checks for existing staff.

Revised Correction: 6/23/26
The Agency is committed to protecting older adults by ensuring that all employees, volunteers, and substitute personnel comply with the criminal background screening requirements outlined in the Older Adult Protective Services Act (OAPSA) and 6 Pa. Code Chapter 15. No individual will have direct access to residents until all required clearances have been obtained and reviewed.

Measures to Prevent Recurrence
1. Prior to an individual beginning employment in a Personal Care Home, all required background clearances must be completed by Human Resources. These include:
• Pennsylvania State Police Criminal History Check
• FBI fingerprint-based criminal background check for individuals who have not resided in Pennsylvania for the past two consecutive years
2. Once all clearances have been completed by Human Resources, the Administrator will review and verify that all documentation is in compliance prior to allowing the individual to begin work.
3. The Administrator will ensure that all original background clearance documentation at the time of hire is securely maintained and accessible only to authorized personnel. Records will be retained in accordance with state regulations and made available upon request.
4. For current employees with incomplete or missing clearance documentation, Human Resources will immediately obtain updated clearances to ensure full compliance
5. The Personal Care Home Administrator will ensure continued compliance by conducting quarterly audits of employee personnel files using the Aston Personal Care Home Crosswalk (see attached).
6. Human Resources will obtain updated background clearances every five (5) years for all active employees, in accordance with OAPSA and 6 Pa. Code Chapter 15.

51 Criminal Background Check *(continued)*

Licensee's Proposed Overall Completion Date: *06/26/2026*

Implemented (- 07/08/2026)

62 - Contact List

2. Requirements

2600.
62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

[redacted] *the administrator, maintains a list of staff persons that does not include Staff Persons B and C.*

Plan of Correction ***Accept (- 06/22/2026)***

Plan of Correction: On May 18, 2026, the Administrator reviewed the staff contact list and updated the staff list to include Staff Persons B and C. The list now contains the names, addresses, and telephone numbers of all current staff persons, substitute personnel, and volunteers. The updated staff contact list is maintained in the facility's administrator binder for compliance and confidentially. Measures to Prevent Recurrence

• The Administrator or designee will update the staff contact list immediately upon hire, separation, or any change in contact information. (see attached updated contact list)

• The staff contact list will be reviewed quarterly and tracked on Aston Personal Care Home Crosswalk to ensure accuracy and completeness. (see attached crosswalk)

• Any discrepancies identified during the quarterly review will be corrected within 24 hours.

Licensee's Proposed Overall Completion Date: *06/11/2026*

Implemented (- 07/08/2026)

65f - Training Topics

3. 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 D 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 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, safe management techniques , and/or care

65f - Training Topics (continued)

for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 7/1/2024 through 6/30/2025.

Repeat Violation: 6/3/2025

Plan of Correction ***Accept ([redacted] - 06/22/2026)***

Measures to Prevent Recurrence
To address this deficiency, the administrator has implemented the Holcomb-Aston Personal Care Annual Training Plan for Training Year July 1, 2025 through June 30, 2026, which includes all training topics required under 2600.65(f) (See attached annual training plan)
• Moving forward, the Aston House Administrator will ensure that all direct care staff complete required annual training topics within the designated training year. The Administrator will maintain and monitor the facility training grid, conduct quarterly reviews of employee training records, and provide reminders to staff regarding upcoming training deadlines to ensure compliance with annual training requirements.
• The Administrator will also document any discrepancies identified during the review on the Aston Personal Care Home Crosswalk. (see attached crosswalk)
• Documentation of completed training will be maintained in each employee's training file and made available for review upon request.
• Aston House Administrator will provide education on the new training plan to all Aston employees during the Aston house staff meeting in June. Projected targeted date: June 30, 2026 (see attached staff meeting agenda)

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented ([redacted] - 07/08/2026)

65g - Annual Training Content

4. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff Person D did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention during training year 7/1/2024 through 6/30/2025.

Repeat Violation: 6/3/2025

65g - Annual Training Content (continued)

Plan of Correction ***Accept (- 06/30/2026)***

Measures to Prevent Recurrence:
To address this deficiency, the administrator has implemented the Holcomb-Aston Personal Care Annual Training Plan for Training Year July 1, 2025 through June 30, 2026, which includes all training topics required under 2600.65(f) (See attached annual training plan)
• Moving forward, the Aston House Administrator will ensure that all direct care staff complete required annual training topics within the designated training year. The Administrator will maintain and monitor the facility training grid, conduct quarterly reviews of employee training records, and provide reminders to staff regarding upcoming training deadlines to ensure compliance with annual training requirements.
• The Administrator will also document any discrepancies identified during the review on the Aston Personal Care Home Crosswalk. (see attached crosswalk)
• Documentation of completed training will be maintained in each employee's training file and made available for review upon request.
• The Administrator will provide education on the new training plan to all Aston employees during the Aston house staff meeting in June. Projected targeted date: June 30, 2026. (see attached staff meeting agenda)

Revised Correction: 6/23/26
All Personal Care Home staff will complete annual Fire Safety Training conducted by a trained Fire Safety Expert, in compliance with regulatory requirement 65g.

The agency's Training Plan has been revised to clearly state that fire safety training will be conducted in accordance with all applicable regulatory requirements. The revised plan specifies that annual fire safety training will be provided onsite by a trained Fire Safety Expert. (see attached)

Training records will be maintained and will include:
• Name and qualifications of the instructor
• Attendance logs
• Training dates
• Topics discussed

Additionally, the reference to "Ultipro" as the training instructor has been removed from the Training Plan.

Licensee's Proposed Overall Completion Date: *06/26/2026*

Implemented (- 07/08/2026)

88a - Surfaces

5. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 5/14/2026 at 10:37 AM there was an open gap in the floorboards on the second-floor hallway approximately 6 1/2 inches long, 1 1/2 inches wide and 1/4 inch deep, which posed a tripping hazard to the residents of the home.

88a - Surfaces *(continued)*

Plan of Correction ***Accept ([redacted] - 06/22/2026)***

Plan of Correction: On May 14, 2026, at the time of the inspection, the Administrator immediately corrected the deficiency by adjusting the gap in the flooring on the second floor. Additional repairs were completed to permanently secure the affected area in the second-floor hallway, including replacing, filling, and securing the damaged flooring material, thereby eliminating the tripping hazard. Photographs documenting the completed repair are attached. Additionally, on May 14, 2026, the Administrator conducted a comprehensive inspection of all flooring surfaces throughout the residence to identify any additional gaps, uneven surfaces, or tripping hazards. No additional concerns were identified during the inspection.

Measures to Prevent Recurrence:
• The Administrator will conduct monthly environmental safety inspections and document all findings using the Aston Personal Care Home-Crosswalk. In addition, designated staff will complete quarterly environmental safety inspections using the agency's Environmental Care Residential Inspection Tool. Any identified hazards will be reported to the agency maintenance department immediately upon discovery and tracked to completion. (see attached crosswalk)
• The Administrator will ensure that residents of the home receive education on recognizing and reporting environmental safety concerns. Documentation of resident education will be maintained and available for review. (see attached client training on recognizing & reporting safety concerns)
• The Administrator will provide education and training to all staff on identification of daily environmental safety hazards and the procedure for submitting a high-priority maintenance ticket to ensure corrective action is initiated within 24 hours of safety issues identified. This training will be conducted during the Aston House staff meeting in June 2026. Documentation of attendance and training completion will be maintained. Target completion date: June 30, 2026. (see attached staff meeting agenda)

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 07/08/2026)

107c - Food/Water 3 Day Supply

6. 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 5/14/2026, the home served 8 residents, requiring 24 gallons of emergency drinking water. However, the home had only 15 gallons. The home does not have a contract with a local bottled water supplier that includes delivery in the event of an emergency.

Plan of Correction ***Accept ([redacted] - 06/22/2026)***

Plan of Correction: On 5/20/2026, the home purchased and added an additional 15 gallons of bottled drinking water, bringing the total emergency water supply to 30 gallons. This exceeds the required 24 gallons for 8 residents and ensures compliance with the requirement to maintain a minimum 3-day supply of drinking water. All emergency drinking water is stored in a designated emergency preparedness storage area and is readily accessible in the event of an emergency. (see attached pictures)

• The Administrator or Program Lead will conduct and document quarterly emergency preparedness inventory

107c - Food/Water 3 Day Supply (continued)

checks to verify that an adequate supply of nonperishable food and drinking water is maintained based on the current resident census.

• The Administrator will document all findings on the Aston Personal Care Home-Crosswalk and verify that emergency food and water supplies meet regulatory requirements. (see attached crosswalk)

• Inventory will be reviewed whenever the resident census changes to ensure that emergency supplies remain sufficient to meet the 3-day requirement.

• Any deficiencies identified during inspections will be corrected immediately to maintain ongoing compliance.

• The Administrator will review this process with all staff during the Aston House staff meeting in June 2026. Documentation of attendance and training completion will be maintained. Target completion date: June 30, 2026. (see attached staff meeting agenda)

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 07/08/2026)

141b1 - Annual Medical Evaluation

7. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Repeat Violation: 9/30/2025

Plan of Correction ***Accept ([redacted] - 06/22/2026)***

Plan of Correction: The Administrator will review all resident medical evaluation dates to ensure compliance with annual requirements. The attached tracking log has been updated to monitor due dates for annual medical evaluations. The Administrator will ensure that designated staff be re-educated on the requirement that all residents receive a medical evaluation annually.

Measures to Prevent Recurrence:

• The Administrator will conduct monthly audits of resident records and the medical evaluation tracking log to ensure evaluations are scheduled and completed prior to their due dates.

• Any upcoming due dates will be identified and addressed during the monthly review process.

• The Administrator will provide education and training to all staff on how to conduct chart audits with the client audit inspection tool. (see attached client audit inspection tool). This training will be conducted during the Aston House staff meeting in June 2026. Documentation of attendance and training completion will be maintained. Target completion date: June 30, 2026. (see attached staff meeting agenda)

• The Administrator will also document any discrepancies identified during the review on the Aston Personal Care Home Crosswalk. (see attached crosswalk)

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 07/08/2026)

141b1 - Annual Medical Evaluation *(continued)*

221c - Post Activity Calendar

8. Requirements

2600.
221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On 5/14/2026 the home did not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction ***Accept ([redacted] - 06/30/2026)***

Plan of Correction: On May 14, 2026, at the time of inspection, the Administrator immediately corrected the deficiency by posting an updated weekly activity calendar in a conspicuous and public location within the residents' community area (community board) for easy access and review.

Measures to Prevent Recurrence:
• The Administrator will conduct monthly audits to ensure the posting of the home weekly activity calendar.
• To ensure continued compliance and prevent removal of the posted calendar, the Administrator has implemented the distribution of individual activity calendars to residents beginning June 2026, as technical support provided during the inspection.
• In addition, the Administrator is actively exploring alternative solutions to maintain compliance to ensure visibility and accessibility of the calendar. This includes the installation of a small enclosed cork bulletin board with a lock and key in the common area to secure posted materials while keeping them visible to residents.
• The Administrator will also document any discrepancies identified during the review on the Aston Personal Care Home Crosswalk. (see attached crosswalk)
• The Administrator will review this process with all staff during the Aston House staff meeting in June 2026. Documentation of attendance and training completion will be maintained. Target completion date: June 30, 2026. (see attached staff meeting agenda)

Licensee's Proposed Overall Completion Date: May 14, 2026- exploring alternative installation of a small, enclosed cork bulletin board with a lock and key. Targeted dated: July 31, 2026

Revised Correction: 6/23/26
On June 23, 2026, the Administrator purchased a Leinuosen 36" x 24" Lockable Enclosed Cork Bulletin Board to provide a permanent, secure location for posting the weekly activity calendar and other required notices. The bulletin board has an estimated delivery date of June 30, 2026, and will be installed no later than July 6, 2026. (see attached purchasing order)

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented ([redacted] - 07/08/2026)

251c - Standardized Forms

9. Requirements

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

251c - Standardized Forms *(continued)*

Description of Violation

Resident 1's medical evaluation, dated [redacted] was not completed on the Department's current standardized form.

Plan of Correction ***Accept ([redacted] - 06/22/2026)***

Plan of Correction: The Administrator reviewed the citation and verified that the Department's current standardized medical evaluation form is now being used. All outdated forms were removed from circulation and replaced with the current Department-approved versions (See attached-revised form)

Measures to Prevent Recurrence:
• On June 5, 2026, the Administrator revised the facility's Client Chart Audit Inspection Tool to include verification that only current Department-approved standardized forms are used in resident records. (see attached client audit inspection tool).
• The Administrator or designee will conduct monthly audits of resident records utilizing the Aston Personal Care Home Crosswalk.to verify ongoing compliance with the use of current standardized forms. (see attached crosswalk)
• Any discrepancies identified during audits will be corrected immediately
• The Administrator will provide education and training to all staff responsible for maintaining resident records regarding the requirement to use current Department-approved standardized forms and the process for locating and verifying updated forms on the Department's website. Training will be conducted during the Aston House staff meeting in June 2026. Documentation of attendance and training completion will be maintained in facility records. (see attached staff meeting agenda)
• The Administrator will continue to monitor compliance through routine record reviews and quality assurance activities.

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 07/08/2026)

252 - Record Content

10. 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.

252 - Record Content *(continued)*

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.

Description of Violation

Resident 1's record does not include a photograph of the resident that is no more than 2 years old.

Resident 2's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction ***Accept ([redacted] - 06/22/2026)***

Plan of Correction: On May 14, 2026, exiting the inspection, the Administrator immediately corrected the deficiency by obtaining current photographs and placed in the records of Resident 1 and Resident 2 to ensure compliance with regulatory requirements.

Measures to Prevent Recurrence:

• On May 14, 2026, The Administrator obtained current photographs for all residents and placed in their records to ensure compliance with regulatory requirements. (see attached resident's photos)

• To ensure compliance, the Administrator updated the client chart audit tool to reflect compliance yearly (January) of current client photographs. (see attached client audit inspection tool).

• The Administrator or designee will conduct quarterly audits of resident records to verify compliance with photograph requirements.

• Any deficiencies identified will be corrected immediately

• The Administrator will review this process with all staff during the Aston House staff meeting in June 2026. Documentation of attendance and training completion will be maintained. Target completion date: June 30, 2026. (see attached staff meeting agenda)

Licensee's Proposed Overall Completion Date: *06/30/2026*

Implemented ([redacted] - 07/08/2026)