



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
1401 North 7th Street
Harrisburg, Pennsylvania 17102-1810

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July 16, 2010

Mr. Andrew Maines, CEO
Welsh Mountain Home, Inc.
Welsh Mountain Home
567 Springville Road
New Holland, Pennsylvania 17557

Dear Mr. Maines:

As a result of the Department of Public Welfare's licensing inspection on March 1, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in cursive script that reads "Michele Strauser/EDS".

Michele Strauser
Regional Licensing Administrator

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Welsh Mountain Home 567 Springville Rd.; New Holland, PA 17557		CURRENT LICENSE NUMBER 321720
INSPECTION DATE(S) (Include all dates of the inspection) March 1, 2010		REGIONAL REPRESENTATIVE V. Beard and T. Roth
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 4/16/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 7/6/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
225c The resident shall have additional assessments as follows: (2) If the condition of the resident significantly changes prior to the annual assessment.	Resident #1 has multiple medical conditions which have resulted in numerous hospital and emergency room visits since June 2009. The resident's current assessment, dated 9/11/09 as not been updated to include these needs. This would include identifying a specialized low residue diet as identified on 7/26/09, the need for a port on the left arm, and changes in mental health needs resulting after a 9/15-9/29/09 inpatient psychiatric stay.	4/16/10	Resident #1 no longer lives at work. In the future the nursing supervisor and Administrator will ensure that all assessments are update with changes in their needs. These assessments will be received quarterly and every time a resident returns home from the hospital. PCH Division Central Region Field Office	

APR 20 2010

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