

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WELSH MOUNTAIN HOME, INC.

LEGAL ENTITY

To operate WELSH MOUNTAIN HOME

NAME OF FACILITY OR AGENCY

Located at 567 SPRINGVILLE ROAD, NEW HOLLAND, PA 17557

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 46
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 29, 2010 until May 29, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321720

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 28 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

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 9, 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.

As a result of your personal care home's recent adjustment of the use of physical space, we are revising your licensed capacity.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.


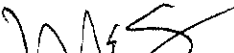
Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

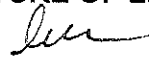

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

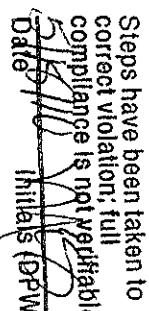
NAME AND ADDRESS OF PERSONAL CARE HOME WELSH MOUNTAIN HOME 567 SPRINGVILLE ROAD, NEW HOLLAND, PA - 17557		CURRENT LICENSE NUMBER 321720	
INSPECTION DATE(S) (Include all dates of the inspection) March 9, 2010		REGIONAL REPRESENTATIVE Denny Granahan and Lori Gensil	
SIGNATURE OF LEGAL ENTITY 	DATE 3-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/18/10

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
<p>22a2, 141a-1</p> <p>22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department.</p> <p>141a-1 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.</p>	<p>Resident #2, admitted to the home on 1/25/2010, did not have a medical evaluation 60 days prior to or 30 days after the date of admission. The medical evaluation for resident #2 was dated 10/28/09.</p>	<p>4/9/10</p> <p>5/25/10</p>	<p>Resident #2 has a medical evaluation scheduled for 4/9/10 that was the earliest appt. avail. In the future the nursing supervisor and Administrator will ensure that medical evaluation is completed within 60 days prior to admission or within 30 days after admission.</p> <p>The administrator will create and utilize a new-admission checklist to ensure each new resident has a medical evaluation completed within the required time frame.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/18/10 Date Initials (DPW)</p>



MES 5/18/10

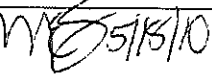
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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	From January 8 to February 22, 2010 the home did not have a staff person trained in CPR and first aid present in the home on the 10 pm to 6 am shift. Repeated Violation - 4/6/2009	2/23/10	A training was completed on 2/23/10. All nursing employees are trained in CPR & FA. In the future the nursing Supervisor and Administrator will ensure that training on CPR and FA are up to date. They will also ensure there is a person trained in CPR & FA on each shift.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"> Date: _____ Initials (DPW)</p>

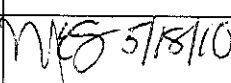
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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	Shared resident bathrooms # 7 and # 2 had several areas around the rim of the bathtub, where it meets the shower wall that had mold/mildew and were in need of cleaning and re-caulking.	3-25-10 5/25/10	Bathrooms #7 & #2 were both cleaned and re-caulked on 3-25-10. There is a plan to replace the tubs in question with new showers in the next 6 months. The bathtubs will be checked weekly to ensure they are clean and the caulking is intact. WES 5/18/10	 5/18/10

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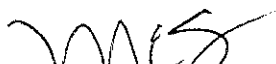
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130e If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.	Resident #3 is deaf and unable to hear the fire alarm. Currently the resident resides in a bedroom without a signaling device that will alert him/her in the event of a fire emergency.	3/25/10	In Resident #3 room a signaling device was installed on 3/25/10. These devices will be tested and ensured to be in working condition every month.	 5/18/10

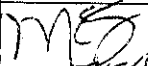
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<p>141a-2 The medical evaluation shall include the following:</p> <p>(7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.</p>	<p>The medical evaluations for resident #1, dated 11/4/2009, and resident #4, dated 2/3/2010, do not include their medication regimen.</p>	<p>3-9-10</p>	<p>Medical evaluations for resident #1 & resident #4 now have medication regimens attached to the medical Evaluations. In the future the nursing supervisor and Administrator will ensure that each resident medical evaluation has a medication regimen attached.</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date <u>5/18/10</u> Initials (DPW) <u>MG</u></p>

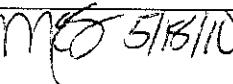
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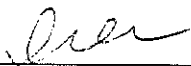
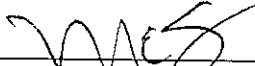
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190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	Direct care staff person A, hired on 3/20/2007 completed the initial medication administration training on 3/27/2007. Staff person A did not complete the initial annual practicum or the annual practicum to remain certified to administer medications. Staff person A currently administers medications to residents. Administrator B, who is also the Medication Administration Trainer, reported that all staff that administer medications have been trained, he just failed to keep up with the paperwork.	3-9-10	Direct care staff person A completed all required training. Administrator and medication trainer has now documented initial and annual practicums for staff person A & C. Administrator and medication trainer will continue to do annual practicums as well as document it annually.	 5/18/10



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<p>190b A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.</p>	<ul style="list-style-type: none"> • Direct care staff person A received training on how to administer insulin in March of 2007 and not again until March of 2010. This was more than a 12 month span between trainings. • Direct care staff person C, hired on 1/31/2006 received training on how to administer insulin in May of 2008 and not again until March of 2010. This was more than a 12 month span between trainings. 	<p>3-9-10</p>	<p>Direct care staff person A & C received training each year on how to administer insulin 2007, 2008, 2009, 2010. In 2008, 2009 the documentation was misplaced for Staff A and 2009 was misplaced for Staff C. Both staff are up to date with the training and documentation. The Administrator will ensure that this happens every year to follow</p>	<p> 5/18/10</p>

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251c The home shall use standardized forms to record information in the resident's record.	Residents #5 and #6 had medical evaluations completed on 4/7/2009 and 10/6/2009, respectively. Both of these medical evaluations were completed on form MA-51 and not on the department's specified form.	4/7/10	Medical Evaluations for Residents #5 and #6 were sent to the doctor to be filled out on the department's form. For now on the Nursing Supervisor and Administrator will make sure both forms are fill at the time of the medical evaluations.	Steps have been taken to correct violation; full compliance is not verifiable Date:  Initials:  (DPW)