

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 30, 2011 until May 30, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321720

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

MAY 16 2011

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 15, 2011 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.

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


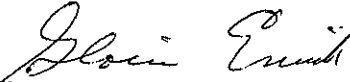
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Acting Director



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 DATES (Include all dates of the inspection) 03/15/2011 | | REGIONAL REPRESENTATIVE Thomas Roth, Doug Hoover | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) | | | |
| SIGNATURE OF LEGAL ENTITY  | DATE 5/2/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 5/5/11 |

| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE BY WHICH CORRECTION WILL BE COMPLETED | 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) | DATE COMPLIANCE VERIFIED BY |
|---|---|--|---|---|
| 20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance. | The account financial management balances for the following resident's accounts were inaccurate: <ul style="list-style-type: none"> • Resident #1 - A difference of \$10 less than amount listed on the balance sheet • Resident #2 - A difference of \$1.85 more than amount listed on the balance sheet | 3/16/11 Training Provided 5/2/11 | SEE Attached Document | Steps have been taken to correct violation; full compliance is not verifiable <u>5/5/11</u> <u>EE</u> Date Initials (DPW) |



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

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| <p>25d A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P. S. §§ 4751-1—4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.</p> | <p>The home's rent rebate information in the resident contracts reviewed did not address the home's use of its share of the rent rebate (per rent rebate policy).</p> | <p>3/16/11 Training Provided 5/2/11</p> | <p>SEE Attached Document</p> | <p>5/5/11 DE</p> |

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

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| 65g 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. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these | The home's annual fire safety training for staff in 2010 was conducted through an online course that did not include a live presentation or oversight by a fire safety expert. | 5/18/11 | SEE Attached document | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">5/5/11 BE</p> <p>Date Initials (DPW)</p> |

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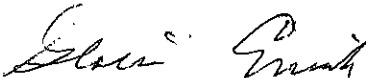
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| regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable. | | 5/18/11 | SEE Attached document. | |

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

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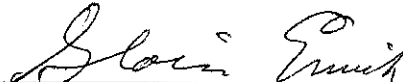
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|---|---|--|---|-----------------------------|
| 93a Each ramp, interior stairway and outside steps shall have a well-secured handrail. | There were no handrails available on the bottom floor, at the ramp/sloped floor that leads from the hall of resident rooms #40 - #42, to both the laundry area and an outside exit. | 3/15/11 Training Provided 5/2/11 | SEE Attached Document | 5/06/11 BR |

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

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| 95 Furniture and equipment shall be in good repair, clean and free of hazards. | The indicator lights on the home's fire panel box for "Trouble" and for "Silenced" were both lit at the time of the inspection. The service representative for the home's monitoring service could not verify that the alarm system was fully operational when the lights were activated. | 3/16/11 Training Provided 5/2/11 | SEE Attached Documents | 5/5/11 BR |

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



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|---|---|--|---|-----------------------------|
| 121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed. | A wheelchair stored on the second floor landing of the home's rear enclosed fire tower stairs was obstructing the egress from the stairs leading from the third floor to the landing. | 3/15/11 Training provided 5/2/11 | SEE Attached Documents. | 5/5/11 BE |

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

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|--|--|--|---|-----------------------------|
| 126b Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept. | The home did not have its boiler cleaned within the past year. | 3/16/11 Training Provided 5/2/11 | SEE Attached Documents | 5/5/11 BE |

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

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|---|--|--|---|-----------------------------|
| 131f Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher. | There were two fire extinguishers on the bottom floor, by room #7 and room #40, that had inspection dates of November, 2009. | 3/16/11 Training provided 5/2/11 | SEE Attached Documents | 5/5/11 BE |

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

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| SIGNATURE OF LEGAL ENTITY <i>ll</i> | DATE 5/2/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria E. Smith</i> | DATE 5/5/11 |



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|---|---|--|---|-----------------------------|------------|-----|-----|------------|----------|------------|----|-----|------------|----------|-------------|----|-----|------------|----------|-------------|----|-----|--|--|--|----|-----|--|--|--|----|-----|--|--|--|----|-----|--|--|--|----|-----|--|--|--|----|-----|------------|----------|-------------|----|-----|------------|----------|-------------|-----|-----|------------|----------|------------|----|-----|------------|----------|-------------|----|--|-------------------------------|--|
| 132f Alternate exit routes shall be used during fire drills. | <p>The home's fire drill logs list the same evacuation paths used during the drills for the last seven months.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr> <td>Jan</td> <td>01/12/2011</td> <td>09:51 AM</td> <td>4min, 5sec</td> <td>No</td> </tr> <tr> <td>Feb</td> <td>02/27/2011</td> <td>03:05 PM</td> <td>3min, 57sec</td> <td>No</td> </tr> <tr> <td>Mar</td> <td>03/11/2011</td> <td>10:00 AM</td> <td>4min, 10sec</td> <td>No</td> </tr> <tr> <td>Apr</td> <td></td> <td></td> <td></td> <td>No</td> </tr> <tr> <td>May</td> <td></td> <td></td> <td></td> <td>No</td> </tr> <tr> <td>Jun</td> <td></td> <td></td> <td></td> <td>No</td> </tr> <tr> <td>Jul</td> <td></td> <td></td> <td></td> <td>No</td> </tr> <tr> <td>Aug</td> <td></td> <td></td> <td></td> <td>No</td> </tr> <tr> <td>Sep</td> <td>09/13/2010</td> <td>06:00 PM</td> <td>4min, 45sec</td> <td>No</td> </tr> <tr> <td>Oct</td> <td>10/28/2010</td> <td>05:00 PM</td> <td>8min, 10sec</td> <td>Yes</td> </tr> <tr> <td>Nov</td> <td>11/09/2010</td> <td>10:37 PM</td> <td>6min, 5sec</td> <td>No</td> </tr> <tr> <td>Dec</td> <td>12/13/2010</td> <td>07:37 PM</td> <td>4min, 15sec</td> <td>No</td> </tr> </tbody> </table> | Mont | Date | Time | Evac. Time | FSE | Jan | 01/12/2011 | 09:51 AM | 4min, 5sec | No | Feb | 02/27/2011 | 03:05 PM | 3min, 57sec | No | Mar | 03/11/2011 | 10:00 AM | 4min, 10sec | No | Apr | | | | No | May | | | | No | Jun | | | | No | Jul | | | | No | Aug | | | | No | Sep | 09/13/2010 | 06:00 PM | 4min, 45sec | No | Oct | 10/28/2010 | 05:00 PM | 8min, 10sec | Yes | Nov | 11/09/2010 | 10:37 PM | 6min, 5sec | No | Dec | 12/13/2010 | 07:37 PM | 4min, 15sec | No | <p>4/22/11</p> <p><i>Training provided</i></p> <p>5/2/11</p> | <p>SEE Attached Documents</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/5/11 <i>SE</i></p> <p>Date Initials (DPW)</p> |
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| Jan | 01/12/2011 | 09:51 AM | 4min, 5sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb | 02/27/2011 | 03:05 PM | 3min, 57sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar | 03/11/2011 | 10:00 AM | 4min, 10sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr | | | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun | | | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul | | | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug | | | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep | 09/13/2010 | 06:00 PM | 4min, 45sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | 10/28/2010 | 05:00 PM | 8min, 10sec | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dec | 12/13/2010 | 07:37 PM | 4min, 15sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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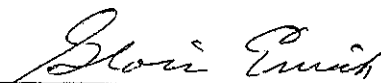
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| 141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization | <ul style="list-style-type: none"> • The medical evaluation of 11/18/10, for resident #1, does not specify whether body positioning is required; and also states to "see list" for medications, but the attached list is not signed by the physician. • The medical evaluation of 6/07/10, for resident #9, states to "see med list" for medications, but there is no medication sheet attached to the form. • The medical evaluation of 10/07/10, for resident #10, states to "see list" for the medications, but the attached list is not signed by the physician, and does not contain the same date of completion. <p>Repeated Violations: 03/09/2010</p> | <p align="center">4/27/11</p> <p align="center">Training Provided</p> <p align="center">5/2/11</p> | <p align="center">SEE Attached Documents.</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">5/5/11 BE</p> <p>Date Initials (OPW)</p> |

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

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|---|--------------------|--|--------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME WELSH MOUNTAIN HOME, 567 SPRINGVILLE ROAD NEW HOLLAND, PA 17557 | | CURRENT LICENSE NUMBER 321720 | |
| INSPECTION DATES (Include all dates of the inspection) 03/15/2011 | | REGIONAL REPRESENTATIVE Thomas Roth, Doug Hoover | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) | | | |
| SIGNATURE OF LEGAL ENTITY  | DATE 5/2/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 5/5/11 |

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| history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request. | | 4/27/11 Training Provided 5/2/11 | SEE Attached Documents. | |


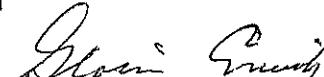
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


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| 183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. | A prescription vial of Vitamin D, to be administered once a month, for resident #12, had an expiration date of 11/12/10. | 4/29/11 Training Provided 5/2/11 | SEE Attached Documents | 5/5/11 BE |

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

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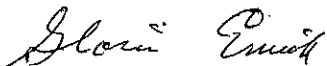
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| 183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. | The opening date was not recorded on the Lantus injection pen and the Humalog injection pen or packaging for resident #11. | 4/27/11 Training Provided 5/2/11 | SEE Attached Documents | Steps have been taken to correct violation; full compliance is not verifiable 5/5/11  Date Initials (DPW) |

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

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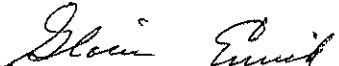
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| 184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber. | The over the counter medications (OTC) Tylenol and Multivitamins, being stored for resident #12 did not have the resident's initials or name on them. | 4/29/11 Training provided 5/2/11 | SEE Attached Documents | 5/5/11 22 |

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

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| 187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special | <ul style="list-style-type: none"> • The medication administration record [MAR] for resident #13 did not have the diagnosis or purpose listed for each of the four medications listed on the MAR. • The medication administration record [MAR] for resident #14 did not have the diagnosis or purpose listed for each of the five medications listed on the MAR. | 4/29/11 Training Provided 5/2/11 | SEE Attached Documents | Steps have been taken to correct violation; full compliance is not verifiable 5/5/11 SE Date Initials (DPW) |

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

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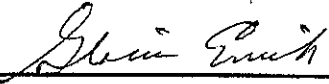
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| precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication. | | 4/29/11 Training Provided 5/2/11 | SEE Attached Documents | |

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


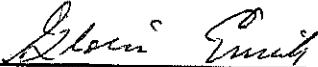
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| 227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form. | There was no support plan completed for resident #15, admitted to the home on 12/20/10. | 3/16/11 Training Provided 5/2/11 | SEE Attached Documents | Steps have been taken to correct violation; full compliance is not verifiable 5/5/11 EE Date Initials (DPW) |

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

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| 227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. | The staff notes for resident #1 document incontinence problems on 10 separate days from 12/02/10 through 3/11/11; the support plans of 12/05/10 does not address a plan for incontinence Repeated Violations: 04/01/2010 | 3/10/11 Training Provided 5/2/11 | SEE Attached Documents | Steps have been taken to correct violation; full compliance is not verifiable 5/5/11 SE Date Initials (DPW) |

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Plan of Correction for Welsh Mountain Home 3/15/11 inspection

1. Violation of regulation 20b1, Plan of Correction; on 3/16/11 all accounts were verified to the balance for each resident account. All Welsh Mountain Home employees were trained on the plan of correction by 5/2/11. Employee [REDACTED] has been audited twice by [REDACTED] supervisor [REDACTED] and will be audited once a month thereafter. In addition, Accounts will be audited by the Administrator quarterly.
2. Violation of 25d, Plan of Correction; on 3/16/11 Welsh Mountain Home's electronic resident contract was updated to include the home's rent rebate information including addressing the home's use of its share of the rent rebate. All Welsh Mountain Home employees were trained on the plan of correction by 5/2/11. In addition, Administrator will audit the resident contract for rent rebate information at each admission.
3. Violation 65g, Plan of correction; a fire safety expert was contacted on 3/16/11 and a live presentation by a fire safety expert was scheduled for 5/18/11. All Welsh Mountain Home employees were trained on the plan of correction by 5/2/11. In addition each year the Administrator will ensure that a fire safety expert will conduct annual fire training for every Welsh Mountain Home employee thereafter.
4. Violation 93a, Plan of correction; Handrails were installed during inspection on 3/15/11. All Welsh Mountain Home employees were trained on the plan of correction by 5/2/11. Handrails were added to a monthly checklist that will be audited on a monthly basis by the safety committee.
5. Violation of regulation 95, Plan of correction; on 3/16/11 maintenance staff reconnected a smoke detector in 3rd floor bathroom which corrected the lit lights in the fire box. The fire box is fully operational. All Welsh Mountain Home employees were trained on the plan of correction by 5/2/11. The fire box was added to a monthly checklist that will be audited on a monthly basis by the safety committee. If any employee at any time notice trouble lights lit in the fire box they are to notify on call personnel immediately, and on call will contact the service representative for the home's monitoring service to fix the issue within 48 hours. Until the fire box is fixed the home will follow its emergency procedures until the smoke detector or fire alarms are operable.
6. Violation of regulation 121a, Plan of correction; on 3/15/11 the wheelchair that was obstructing the egress was moved to a storage area at the time of inspection. . All Welsh Mountain Home employees were trained on the plan of correction by 5/2/11. Checking for blocked egress was added to a monthly checklist that will be audited on a monthly basis by the safety committee.

- 7. Violation of regulation 126b, Plan of correction; on 3/16/11 the boiler was cleaned by [redacted] Heating and Air Conditioning. We have set in plan an agreement for the vender to come each year to clean the boiler. All Welsh Mountain Home employees were trained on the plan of correction by 5/2/11. The boiler cleaning was added to a monthly checklist to ensure that it is serviced and cleaned within the year guidelines that will be audited on a monthly basis by the safety committee.

- 8. Violation of regulation 131f, Plan of correction; on 3/16/11 the vender that inspects the fire extinguishers verified and ensured inspection on all Welsh Mountain Home fire extinguishers. . All Welsh Mountain Home employees were trained on the plan of correction by 5/2/11. Fire extinguisher inspection was added to a monthly checklist that will be audited on a monthly basis by the safety committee.

- 9. Violation of Regulation 132f, Plan of Correction, on 4/22/11 a drill was conducted at 5:30am alternate exit routes were used during the drill. . All Welsh Mountain Home employees were trained on the plan of correction by 5/2/11. In addition, Administrator will use alternate exit routes in each fire drill thereafter.

- 10. Violation of Regulation 141a, Plan of Correction, on 4/27/11 a resident medical evaluation was conducted for resident [redacted] Administrator ensured that all areas were filled properly including body positioning, medications and physician signature. All Welsh Mountain Home employees were trained on the plan of correction by 5/2/11. Administrator will audit all medical evaluations as they are completed to ensure resident medical evaluations are completed properly by resident's physician.

- 11. Violation of Regulation 183d, Plan of Correction, on 4/28/11 and 4/29/11 employees [redacted], [redacted] audited all residents' medications looking for expired medications and reordering if necessary. . All Welsh Mountain Home employees were trained on the plan of correction by 5/2/11. A medications check list for Quality Assurance was created to perform an audit of each resident's medication cabinet on a weekly basis. *The identified medication was discarded. -BE*

- 12. Violation of Regulation 183e, Plan of Correction, on 4/29/11 employees [redacted], [redacted] audited all residents' medications looking for medications that were not dated when opened, they researched and dated all medications with opened dates. All employees that administer medications were instructed to date all insulin, creams, ear drops, eye drops, and liquids. All Welsh Mountain Home employees were trained on the plan of correction by 5/2/11. A medications check list for Quality Assurance was created to perform an audit of each resident's medication cabinet on a weekly basis.

- 13. Violation of Regulation 184a, Plan of Correction, on 4/29/11 employees [redacted], [redacted] audited all residents' medications ensuring that the residents name was placed on all OTC medications. All Welsh Mountain Home employees were trained on the plan of correction by 5/2/11. A medications check list for Quality Assurance was created to perform an audit of each resident's medication cabinet on a weekly basis.
- 14. Violation of Regulation 187a, Plan of Correction, on 4/29/11 employees [redacted], [redacted] audited all residents' MARS to ensure that all medications have a diagnosis attached to each medication. All Welsh Mountain Home employees were trained on the plan of correction by 5/2/11. A medications check list for Quality Assurance was created to perform an audit of each resident's MAR on a weekly basis.
- 15. Violation of Regulation 227a, Plan of Correction, on 3/16/11 a Support Plan was completed for resident [redacted]. All Welsh Mountain Home employees were trained on the plan of correction by 5/2/11. A support plan was also completed for a new resident [redacted] on 4/21/11; [redacted] was admitted 4/11/11. A support plan schedule was also completed to ensure that support plan will be completed by due dates.
- 16. Violation of Regulation 227d, Plan of Correction, on 3/16/11 resident [redacted] support plan was updated to include [redacted] incontinent needs. All Welsh Mountain Home employees were trained on the plan of correction by 5/2/11. Resident [redacted] support plan was also updated on 4/13/11 for [redacted] recent change in medical needs. Support plans will be updated as resident needs change.

[Signature]
 Andrea Morris CEO
 Welsh Mountain Home