

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 31, 2012 until May 31, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321720

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



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

ADULT RESIDENTIAL LICENSING

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

MAY 22 2012

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 April 19, 2012 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.


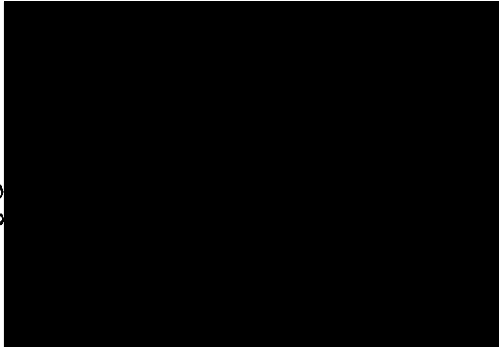
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: WELSH MOUNTAIN HOME		License Number: 321720
Address: 567 SPRINGVILLE ROAD, NEW HOLLAND, PA 17557		County: Lancaster
Administrator: Andrew Maines		Region: CENTRAL
Legal Entity Name: WELSH MOUNTAIN HOME INC		
Legal Entity Address: 567 SPRINGVILLE ROAD, NEW HOLLAND, PA 17557		
Certificate(s) of Occupancy C-2 LP/ A3 06/02/1997		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 42	Waking Staff: 32
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/19/2012: Chou, Serena; Gensil, Lori		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 46 Number of Residents Served: 42 Secured Dementia Care Unit in Home: No Area: 	Number of Residents who 	

PCH D
al Regio

MAY

RECEIVED

Violation Report: 32172 - 04/19/2012 - Chou, Serena

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2. DESCRIPTION OF VIOLATION

On 4/2/2012, and 4/9/2012, from 3:00 pm to 10:00 pm, 42 residents were present in the home. During this time, no staff persons were present in the home who were certified in first aid.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

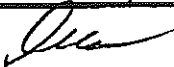
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE Attached Document - Page 8A of 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Andrew Meines CEO

Date 5/8/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-10-12
(Date)

Verification of Legal Entity Representative Signature 5-10-12
(Date)

The above plan of correction was approved by JE
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32172 - 04/19/2012 - Chou, Serena

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2. DESCRIPTION OF VIOLATION

The screen on the patio door on the 3rd floor was torn in two places.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE Attached Document - Page 8A of 8

Repeat Violation: No	Date(s) of Previous Violation(s):			
----------------------	-----------------------------------	--	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Andrew Maines* Date *5/8/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-10-12</u> (Date)	Verification of Legal Entity Representative Signature <u>5-10-12</u> (Date)
The above plan of correction was approved by <u>AM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32172 - 04/19/2012 - Chou, Serena

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2. DESCRIPTION OF VIOLATION

The home's front porch wood railings are splintered and have chipped and peeling paint, posing a potential risk to residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE Attached Document - Page 8A of 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Andrew Mathos CEO

Date 5/6/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-10-12
(Date)

Verification of Legal Entity Representative Signature 5-10-12
(Date)

The above plan of correction was approved by AM
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32172 - 04/19/2012 - Chou, Serena

1. REGULATION 55 Pa.Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2. DESCRIPTION OF VIOLATION

The last drill conducted during sleeping hours was on 3/15/2012, more than six months after the previous sleeping hours drill held on 5/24/2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE Attached Document - Page 8 A of 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Andrew Moline

Date 5/8/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-10-12
(Date)

Verification of Legal Entity Representative Signature 5-10-12
(Date)

The above plan of correction was approved by AE
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32172 - 04/19/2012 - Chou, Serena

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

2. DESCRIPTION OF VIOLATION

The medication administration record for resident #4 does not include a diagnosis or purpose for Warfarin.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE Attached Document - Page 8A of 8

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/15/2011		
-----------------------	-----------------------------------	------------	--	--

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Andrew Meines Date 5/8/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-10-12
(Date)

Verification of Legal Entity Representative Signature 5-10-12
(Date)

The above plan of correction was approved by SE
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32172 - 04/19/2012 - Chou, Serena

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

- Resident #4's Advair inhaler was not available on 4/3/2012.
- Resident #5's Albuterol inhaler was not available on 4/4/2012.
- Resident #6's Acetaminophen on 4/15/2012 and 4/16/2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE Attached Document - Page 8A of 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Andrew Maines CEO

Date

5/8/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

5-10-12
(Date)

Verification of Legal Entity Representative Signature

5-10-12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

AE
(Initials)

Violation Report: 32172 - 04/19/2012 - Chou, Serena

1. REGULATION 55 Pa.Code §2600

2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2. DESCRIPTION OF VIOLATION

The home does not have policies and procedures for managing records.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

SEE Attached Document - Page 8A of 8

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Andrew Maines

Date *5/8/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *5-10-12*
(Date)


Verification of Legal Entity Representative Signature *5-10-12*
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *AM*
(Initials)

Plan of Correction for Welsh Mountain Home 4/19/12

1. Violation of 2600.63, Plan of Correction; on May 29th 2012 all personal care aides will have completed CPR and first Aide training. On May 23rd 2012 all Welsh Mountain Home employees will be trained on the plan of correction. An updated schedule of all employees CPR and First Aide trainings will be maintained by the Administrator to ensure that the trainings will not expire.
2. Violation of 2600.92, Plan of Correction; on May 1, 2012 the screen door going out to the patio was removed, see attached picture. On May 23rd 2012 all Welsh Mountain Home employees will be trained on the plan of correction. Once a month the safety committee will be doing the quality safety checks including all items in 2600.92.
3. Violation of 2600.100 (a) , Plan of Correction; on May 1, 2012 the front porch wood railings were sanded down and smoothed out, see attached picture. In the next couple months there is a plan to redo the entire porch. On May 23rd 2012 all Welsh Mountain Home employees will be trained on the plan of correction. Once a month the safety committee will be doing the quality safety checks including all items in 2600.100(a).
4. Violation of 2600.132(e) Plan of Correction; the Administrator has created a fire drill schedule that he will follow in regards to unannounced fire drills. This schedule ensures that a fire drill shall be held during sleeping hours once every 6 months. On May 23rd 2012 all Welsh Mountain Home employees will be trained on the plan of correction.
5. Violation of 2600.187 (a), Plan of Correction; on 4/20/12 Administrator audited resident #4 MAR for diagnosis in each medication block. On May 23rd 2012 all Welsh Mountain Home employees will be trained on the plan of correction. A Welsh Mountain Home Quality Assurance check list will be utilized weekly to ensure that diagnosis will be in the appropriate blocks on MAR.
6. Violation of 2600.187 (d), Plan of Correction; on 4/20/12 Administrator audited residents #4, #5, #6. On May 23rd 2012 all Welsh Mountain Home employees will be trained on the plan of correction. A Welsh Mountain Home Quality Assurance check list will be utilized weekly to ensure that all medications ordered by the prescriber are available to the resident.
7. Violation of 2600.254(b), Plan of Correction; on April 20th, 2012 the home developed and implemented a policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records, see attached document. On May 23rd 2012 all Welsh Mountain Home employees will be trained on the plan of correction.

 CEO Welsh Mountain Home - 5/8/12
22 - 5 - 10 - 12