



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

SEP 11 2013

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 June 27, 2013, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Your regular license for the period May 31, 2013 to May 31, 2014 was issued on February 13, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky  
Director

Enclosure  
Licensing Inspection Summary



Violation Report 32172 - 05/27/2013 - Rouse, McKinley  
 PCH Name: WELSH MOUNTAIN HOME

1. REGULATION 55 Pa.Code §2600  
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION  
 The exit for the first floor activities room did not have an exit sign posted on it.  
 The exits for the building are not clearly visible from inside the dining room, and there is no exit sign on the 2 doors leading out of the dining room.

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.

All areas in the home were corrected at time of inspection, SEE Attached photos. Once a month a member of the safety committee will do an inspection of the entire home to ensure proper EXIT signage -

Exit signs that meet the requirements of this regulation will be posted at all exits. JE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrew Mairns Date 8/13/13

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

The above plan of correction is approved as of <u>9/14/13</u> (Date)  The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>8/14/13</u> (Date) <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
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