



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 17 2014

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

RE: Welsh Mountain Home  
License #: 321720

Dear Mr. Maines:

As a result of the Department of Public Welfare's licensing inspection on April 15, 2014 and June 18, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period May 31, 2014 to May 31, 2015 was issued on March 10, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 32172 - 04/15/2014 - Riel, Becky  
 PCH Name: WELSH MOUNTAIN HOME

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

According to the home's personal care notes and internal incident reports, Resident #1 experienced a fall on the following dates: 3/1/14, 3/9/14, 4 falls on 3/10/14, 4/9/14, and 4/13/14. There are also personal care notes about needing to assist Resident #1 with showering and dressing properly. In addition, the home's staff noted an increase in bladder and bowel incontinence with Resident #1. The home has not completed a new assessment of the resident's needs to reflect these changes.

**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.

There was a significant change in Resident #1's plan, and now the plan reflects all changes. Moving forward assessments will be updated weekly by the Director of Personal Care Services to reflect any significant change to any residents' condition. *je*

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 Matines


Date 4/29/14

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

The above plan of correction is approved as of 5-2-14  
 (Date)

Plan of correction implementation status as of 5-2-14  
 (Date)

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

The above plan of correction was approved by   
 (Initials)