



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 21 2018

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

RE: Welsh Mountain Home
Certificate #: 321720

Dear Mr. Maines:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 22, 2018 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32172 - 06/22/2018 - Gillespie, Denise
 PCH Name: WELSH MOUNTAIN HOME

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The emergency light by the old receiving door was inoperative. The test button did not activate the lights.

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.

A new emergency light was installed at the old receiving door on 7/13/2018. This area, and the light itself, have been added to the monthly security and operational safety checklist to prevent any further occurrences of inoperative equipment. Pictures are attached; please note the date of installation on picture #2.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mona Frey LPN PEHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mona Frey LPN PEHA</i>	Date <i>8-14-2018</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/16/18</u> (Date)	Plan of correction implementation status as of <u>8/16/18</u> (Date)
The above plan of correction was approved by <u>GCE</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 - 06/22/2018 - Gillespie, Denise
 PCH Name: WELSH MOUNTAIN HOME

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.

2a. DESCRIPTION OF VIOLATION

The electrical panel box, outside of the home near the dining room, was found unlocked. The electrical panel box had labels reading "danger hazardous voltage-injury or death. Turn power off" and "arc flash hazard."

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

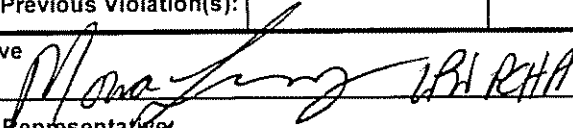
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The key to the electrical panel was located and the box was locked on 6/23/2018. Maintenance personnel were educated on 6/25/18, regarding the importance of locking the panel for resident safety. The electrical panel boxes outside of the home, near the dining room, have been added to the security and operational safety checklist to prevent further occurrences.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
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Mona Frey LPN PCHA

Date 8-14-2018

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Violation Report: 32172 - 06/22/2018 - Gillespie, Denise
 PCH Name: WELSH MOUNTAIN HOME

1. REGULATION 55 Pa.Code §2600
 2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION

On 6/22/18, flammable materials were unlocked and accessible to residents in the housekeeping closet of the 2nd floor. The materials were:

1. Raid Ant & Roach Killer labeled, "extremely flammable"
2. WD-40 labeled, "flammable"
3. Gooff Furniture Remover labeled, "extremely flammable"

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 flammable materials were taken out of the housekeeping closets, and out of the building, to be stored in the pole barn on 6/23/18. The pole barn is inaccessible to residents.

Housekeeping and maintenance personnel were educated, on 6/25/18, that any chemical used that has a flammable warning may not be kept in the housekeeping closets. Further education was given to ensure that housekeeping closets stay locked at all times and for personnel to be sure to completely close all doors to ensure proper security. Inspection of the materials inside the housekeeping closet has been added to the monthly security and operational safety checklist to prevent further occurrences.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Violation Report: 32172 - 06/22/2018 - Gillespie, Denise
 PCH Name: WELSH MOUNTAIN HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual medical evaluation was completed 5/1/18. The previous medical evaluation was completed 1/31/17.

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.

Resident #1 will have their medical evaluation completed within one year from the previous evaluation. A new Personal Care Department Manager was appointed in March, 2018 and has been educated on the DHS regulations surrounding the DME. TabulaPro Senior Living Software has been set to alert the Personal Care Department Manager, and the Executive Director, 30 days in advance of upcoming DME dates. The PCH Department Manager will report directly to the Executive Director during a weekly meeting to discuss resident care needs and department compliance to prevent further occurrence.

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Violation Report: 32172 - 06/22/2018 - Gillespie, Denise
 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

The most recent assessment for Resident #1 was completed on 5/1/18, the previous assessment was completed on 2/17/17.

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.

Resident #1 will have their Assessment and Support Plan completed within one year from the previous Assessment and Support Plan. A new Personal Care Department Manager was appointed in March, 2018 and has been educated on the DHS regulations surrounding the Assessment and Support Plan. TabulaPro Senior Living Software has been set to alert the Personal Care Department Manager and the Executive Director 30 days in advance of upcoming Assessment and Support Plan dates. The PCH Department Manager will report directly to the Executive Director during a weekly meeting to discuss resident care needs, as they may relate to significant changes, and department compliance to prevent further occurrence.

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