

Department of Human Services
Bureau of Human Service Licensing

March 31, 2021

██████████ EXECUTIVE DIRECTOR
WELSH MOUNTAIN HOME INC
567 SPRINGVILLE ROAD
NEW HOLLAND, PA 17557

RE: WELSH MOUNTAIN HOME
567 SPRINGVILLE ROAD
NEW HOLLAND, PA, 17557
LICENSE/COC#: 32172

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Gloria Emick

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: WELSH MOUNTAIN HOME **Licen e #:** 32172 **Licen e Expiration Date:** 05/31/2021
Addr e : 567 SPRINGVILLE ROAD, NEW HOLLAND, PA 17557
County: LANCASTER **Region:** CENTRAL

Administrator

Name: [REDACTED] **Phone:** 7173559522 **Email:** [REDACTED]

Legal Entity

Name: WELSH MOUNTAIN HOME INC
Address: 567 SPRINGVILLE ROAD, NEW HOLLAND, PA, 17557
Phone: 7173559522 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 10/13/2013 **Issued By:** Salisbury Township

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 36 **Waking Staff:** 27

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/03/2021

Inspection Dates and Department Representative

03/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 52 **Residents Served:** 36

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 13 **Are 60 Years of Age or Older:** 30
Diagnosed with Mental Illness: 8 **Diagnosed with Intellectual Disability:** 13
Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

03/03/2021 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/27/2021

Inspections / Reviews *(continued)*

3/30/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *04/19/2021*

3/31/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*



185b - Medication

Procedures

1. Requirements

2600.

185.b. At a minimum, the procedures must include:

- 1. Documentation of the receipt of controlled substances and prescription medications.
- 2. A process to investigate and account for missing medications and medication errors.
- 3. Limited access to medication storage areas.
- 4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The home's procedures for the safe use of medications and medical equipment do not include the following:

- 1. An updated procedure for the current practice of storing medications in locked boxes in Resident rooms.
- 2. The home's procedures for the documentation of the receipt of prescription medications.
- 3. The home's process to investigate and account for missing medications and medication errors.

Plan of Correction

Accept

Please find the attached and updated medication policy [from Pharmacist and PCHA] that now reflects areas that were previously deficient. The medication policy will be reviewed annually at the beginning of the new calendar year by PCHA or designee. The policy will be updated, if necessary, at that time and will also be updated with any new medication policy practice as appropriate. Also attached is the medication error policy.

Completion Date: 03/19/2021

Document Submission

Implemented

All steps have been completed

187c - Refusal of Medication

1. Requirements

187c - Refusal of Medication (continued)

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

At 9:00 am on the following dates, Resident 2 refused the administration of prescribed Lidocaine 4% patches:

2/3/21

2/5/21

2/10/21

2/12/21

2/13/21

2/20/21

2/23/21

2/24/21

2/25/21

These refusals were not reported to the prescriber.

Plan of Correction**Accept**

Please find the newly updated standing orders, signed by our home's rounding physician. The standing orders now reflect that medication refusals do not need to be reported to the provider unless the medication is refused for three consecutive doses. This same standing order sheet will be signed by the provider for any resident who chooses not to use the home's rounding physician. If a provider should choose not to sign the standing orders for refusals, it will be removed from that resident's standing orders and all refusals will be reported to that provider. The standing orders will be reviewed, and an updated signature will be required every six months or anytime the resident's provider changes.

Completion Date: 03/17/2021

Document Submission**Implemented**

All steps have been completed

187d - Follow Prescriber's Orders**1. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 is prescribed Alive [REDACTED] Gummy MVI daily. However, this medication was not administered to Resident 1 from 2/20/2021 to 2/22/2021 because the medication was not available in the home.

Plan of Correction**Accept**

All staff attended a post survey staff meeting that discussed the DHS survey preliminary violations. Personal care department staff stayed after the all staff meeting for a re-education on proper procedure of medication administration. The DHS medication regulations were reviewed and all team members were trained to notify the provider for guidance and direction if a medication is not available for any reason. Please see the attached meeting minutes and staff sign in sheet.

Completion Date: 03/15/2021

187d - Follow Prescriber's Orders (*continued*)**Document Submission****Implemented***All steps have been completed*

228b - Discharge or Transfer

1. Requirements

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

Description of Violation

The home determined that Resident 3 jeopardized [REDACTED] own health, safety or well-being, as well as others in the home. The home discharged Resident 3 on [REDACTED] without a 30-day notice. This discharge was not certified by a physician or the Department.

Plan of Correction**Accept**

The home shall get certification from the department of human services or the resident's provider before serving an immediate discharge of any resident. The administrator will collaborate with the director of compliance at Landis Communities, the home's parent company, before issuing any discharges for accountability and policy and procedure compliance.

See attached policy for issuing a 30 day notice or immediate discharge of a resident.

Completion Date: 03/19/2021

Document Submission**Implemented***All steps have been completed*