

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

December 7, 2022

[REDACTED]  
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/22/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name:** WELSH MOUNTAIN HOME **Licen e #:** 32172 **Licen e Expiration:** 05/31/2023  
**Address:** 567 SPRINGVILLE ROAD, NEW HOLLAND, PA 17557  
**County:** LANCASTER **Region:** CENTRAL

## Administrator

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

## Legal Entity

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

## Certificate(s) of Occupancy

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

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 39 **Waking Staff:** 29

## Inspection Information

**Type:** Full **Notice:** Unannounced **BHA Docket #:** 0  
**Reason:** Renewal **Exit Conference Date:** 11/22/2022

## Inspection Dates and Department Representative

11/22/2022 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**Licen e Capacity:** 52 **Re ident Served:** 39

## Secured Dementia Care Unit

**In Home:** No **Area:** **Capacity:** **Re ident Served:**

## Hospice

**Current Re ident :** 0

## Number of Residents Who:

**Receive Supplemental Security Income:** 1 **Are 60 Years of Age or Older:** 39  
**Diagnosed with Mental Illness:** 8 **Diagnosed with Intellectual Disability:** 15  
**Have Mobility Need:** 0 **Have Physical Disability:** 1

## Inspections / Reviews

11/22/2022 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/10/2022

Inspections / Reviews *(continued)*

12/05/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/07/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/15/2022

12/07/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/07/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 132e - Fire Drill Sleeping Hours

### 1. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

### Description of Violation

The last fire drill conducted during sleeping hours was on [REDACTED] 2022 at 5:45 am.

### Plan of Correction

Accept [REDACTED] - 12/05/2022)

The executive director reviewed the regulation with the maintenance director, on 11/24/2022, with specific attention given to the detail of "every six months" and educating [REDACTED] that the regulation does not support "twice in a calendar year".

The maintenance director and executive director has placed a reoccurring reminder on their computer calendars for the first day of the months of May and November to schedule the overnight fire drill by the end of the month. The maintenance director will communicate to the executive director which day and time the fire drill will be scheduled, and the executive director will be present for the drill. The fire drill log has been updated with sticker reminders that an overnight drill must be held on the months of May and November. An overnight drill was held on 11/29/2022 in keeping with the schedule. The fire drill log has been attached.

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented ([REDACTED] 12/07/2022)

## 185a - Implement Storage Procedures

### 2. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

### Description of Violation

The Following glucometer errors were observed for Resident 1 as follows:

11/12 - 4 pm, glucometer reading of [REDACTED] incorrectly entered as [REDACTED] on the medication administration record (MAR)

11/13 - 11 am, blood sugar reading of [REDACTED] on MAR was not found in resident's glucometer

11/14 - 4 pm, glucometer reading of [REDACTED] incorrectly entered as [REDACTED] on MAR

11/16 - 7 am, glucometer reading of [REDACTED] on MAR was not found in resident's glucometer

### Plan of Correction

Accept [REDACTED] - 12/05/2022)

An emergency PCA department meeting was held on 12/1/2022, by the Director of Wellness, to discuss the importance of accurate documentation and prevention of error, when documenting glucose readings. The five rights and four checks of medication administration were reviewed. The glucometer protocol (policy and procedure) was reviewed.

The director of wellness has delegated a specific PCA/MT (H. F.) to perform weekly glucometer audits beginning 12/05/22 (audits were previously done monthly). The DOW will double check the audit and sign off for that week. Med techs who make glucometer documentation errors, will go through remediation training with the medication technician trainer. A copy of the former, monthly, and new, weekly, glucometer audit sheet is attached. Also find the glucometer protocol document and PCA meeting minutes.

185a - Implement Storage Procedures (*continued*)

Licensee's Proposed Overall Completion Date: 12/05/2022

Implemented ( [REDACTED] 12/07/2022)