

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

March 10, 2025

[REDACTED], ADMINISTRATOR
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 02/20/2025, 02/21/2025 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* License #: 32172 License Expiration: 05/31/2025
 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>I-1</i> | Date: 10/31/2024 | Issued By: <i>Township of Salisbury</i> |
| Type: <i>I-1</i> | Date: 10/31/2024 | Issued By: <i>Township of Salisbury</i> |
| Type: <i>Other</i> | Date: 05/09/2023 | Issued By: <i>Township of Salisbury</i> |

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 32 Waking Staff: 24

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: 02/21/2025

Inspection Dates and Department Representative

02/20/2025 - On-Site: [REDACTED]
 02/21/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 52 Residents Served: 32

Secured Dementia Care Unit

| | | | |
|--------------------|-------|-----------|-------------------|
| In Home: <i>No</i> | Area: | Capacity: | Residents Served: |
|--------------------|-------|-----------|-------------------|

Hospice

Current Residents: 0

Number of Residents Who:

| | |
|---|---|
| Receive Supplemental Security Income: 9 | Are 60 Years of Age or Older: 26 |
| Diagnosed with Mental Illness: 2 | Diagnosed with Intellectual Disability: 1 |
| Have Mobility Need: 0 | Have Physical Disability: 1 |

Inspections / Reviews

02/20/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 03/16/2025

Inspections / Reviews (*continued*)

03/10/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/17/2025

03/10/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/10/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103g - Storing Food

1. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 2/20/25, at approximately 9:50 AM, multiple food items were observed in the dry food, refrigeration, and freezer storage which were not in sealed containers. These items included Cream of Wheat, Rice, Egg Noodles, frozen chicken pieces, frozen fish sticks, corn meal, butter, corn starch, and baking soda.

Plan of Correction

Accept (█ - 03/10/2025)

Immediately upon the surveyor's discovery, the PCHA directed dietary staff to audit all dry food, food in the refrigerator and food in the freezer to ensure all open items were in sealed containers. All food items that were not properly stored were discarded. Upon the chef's return from █ Feb 24th, an audit of all food items and basic kitchen safety was performed. The chef also ordered additional food storage containers on 02/27/2025. The chef scheduled an emergency staff meeting for all dietary staff on 02/28/2025 to review preliminary violations and held a training to address proper food storage and labeling protocols. The chef, or a designee in █ absence, will continue to perform weekly kitchen audits to ensure that all food is stored properly. The PCHA will review the weekly audits with the chef during their weekly one on one meeting as well as perform █ own monthly audit of the kitchen. The PCHA, or designee, will be perform the monthly audit, at random, starting April 1st, 2025. Please find the attached audit tools and training as outlined above.

Proposed Overall Completion Date: 04/01/2025

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented (█ - 03/10/2025)

103i - Outdated Food

2. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 2/20/25, at approximately 9:50 AM, multiple food items were observed in the dry food, refrigeration and freezer storage which were opened but were not labeled with the date that these items were opened. These items included Butter, Cream of Wheat, frozen chicken breast, refrigerated ham, a cut red onion, lettuce, cheese, pasta, rice, frozen peas, frozen green beans, frozen chicken pieces and frozen fish sticks. Additionally, the dry storage area of the home contained three Tupperware type containers holding flour, sugar, and brown sugar were stored without labels of dates of when these items were opened or transferred to these containers.

Plan of Correction

Accept (█ - 03/10/2025)

Immediately upon the surveyor's discovery, the PCHA directed dietary staff to audit all dry food, food in the refrigerator and food in the freezer to ensure all food items had proper labeling. Labeling must have included the name of the item, open/transfer date, use by, sell by, and/or expiration date. All food that was not properly labeled was discarded. Upon the chef's return from █ Feb 24th, an audit of all food items and basic kitchen safety was performed. The chef scheduled and emergency staff meeting for all dietary staff on 02/28/2025 to review preliminary violations and held a training to address proper food storage and labeling protocols. The chef, or designee in █ absence, will continue to perform weekly kitchen audits to ensure that all food is labeled properly. The PCHA will review the weekly audits with the chef during their weekly one on one meeting as well as perform

103i - Outdated Food (continued)

own monthly audit of the kitchen. The PCHA, or designee, will perform the monthly audit, at random, starting April 1st, 2025. Please find the attached audit tools and training as outlined above.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented (- 03/10/2025)