



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

CERTIFIED MAIL - RETURN RECEIPT

MAILING DATE: AUG 09 2010

Ms. Mary C. Parsons, Administrator/Owner
Helping Hand Rescue Mission, Inc.
Helping Hand Rescue Mission – Main Building
112 Mission Lane
Lilly, Pennsylvania 15938

Dear Ms. Parsons:

As a result of the Department of Public Welfare's (Department) licensing inspections on March 25, 2010, May 12, 2010, and July 6, 2010 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

As a result of repeated violations and current violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), the Department is not renewing your PROVISIONAL license to operate the above personal care home. The decision to NON-RENEW your license is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation).

In accordance with 55 Pa.Code § 2600.269 (a)(3) and (b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

Ms. Mary C. Parsons

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55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
132d	II	43	\$5	\$215	5 calendar days from mailing date of this letter
227d	II	43	\$5	\$215	5 calendar days from mailing date of this letter
93a	III	43	\$3	\$129	15 calendar days from mailing date of this letter
95	III	43	\$3	\$129	15 calendar days from mailing date of this letter
100a	III	43	\$3	\$129	15 calendar days from mailing date of this letter
101o	III	43	\$3	\$129	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

Ms. Mary C. Parsons

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If you disagree with the decision to NON-RENEW your license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
Room 423, Health and Welfare Building
7th and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

The enclosed Violation Report specifies plans of correction and dates by which corrections must be made. If you choose to appeal, this plan of correction must be followed during your operation pending your appeal.

Sincerely,



Kevin T. Casey
Deputy Secretary

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938	CURRENT LICENSE NUMBER 300361
INSPECTION DATE(S) (Include all dates of the inspection) 3/25/10	REGIONAL REPRESENTATIVE Thomas Roth, Neil Cody

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Parsons</i>	DATE 05-19-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michael E. Fran...</i>	DATE 6/30/10
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
14c If a building is structurally renovated or altered after the initial fire safety approval is issued, the home shall submit the new fire safety approval, or written certification that a new fire safety approval is not required, from the appropriate fire safety authority. This documentation shall be submitted to the Department within 15 days of the completion of the renovation or alteration.	The home had changed the egress pathway that leads from the second floor exit by the dryers, by installing a small wooden deck with stairs. The home did not have this change in the exit pathway approved by a building codes authority. PCH Division Central Region Field Office MAY 20 2010	07-01-2010 Ongoing 7/15/10	The administrator will be in contact with the Building Codes Authority concerning the issue at hand for approval. To ensure the violation does not occur again the Building Code Authority shall be contacted before any additions or changes are made to the building.	Steps have been taken to correct violation; full compliance is not verifiable 7/20/10 Date Initials (DPW)

RECEIVED

When written approval is received it will be sent to the department.
MEO 6/30/10

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938		CURRENT LICENSE NUMBER 300361	
INSPECTION DATE(S) (Include all dates of the inspection) 3/25/10		REGIONAL REPRESENTATIVE Thomas Roth, Neil Cody	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Parsons</i>		DATE 05-19-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MCS</i>
			DATE 6/30/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	The home did not obtain residents' signatures for cash transactions for February or March 2010, for residents # 1, 2 and 3. REPEAT VIOLATION – 8/20/09	Immediately Ongoing	The home shall obtain signatures for residents # 1, 2, + 3. for Feb + March 2010 To ensure this violation does not occur again. Everytime a transaction is made the resident will sign for the transaction.	<i>MCS</i> 7/6/10

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938		300361	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
3/25/10		Thomas Roth, Neil Cody	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
<i>Mary Carson</i>		05-19-10	<i>MES</i>
			DATE
			6/30/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	There was a large pile of items stacked on a burn pile behind the home. This pile included pieces of wood, carpeting, cardboard and a sofa. This area was accessible to residents, since a section of the barrier fencing was missing. The home said that the section of fence has been taken down in order to push snow into the area during the recent snowstorms. REPEAT VIOLATION – 8/20/09.	Immediately Immediately Ongoing Ongoing	The large pile of items stacked on the burn pile was burnt. The section of fence missing will be assembled. Therefore it will not be accessible to the residents. To ensure violation does not occur against the burn pile will be burnt daily and as needed. The fence will be checked daily to make sure that the lock is on.	Steps have been taken to correct violation; full compliance is not verifiable 7/20/10 <i>MES</i> Date / Initials (DPW)

05/24/2010 01:39 8147369099 HELPING HAND RESCUE PAGE 15/19

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938	CURRENT LICENSE NUMBER 300361
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INSPECTION DATE(S) (Include all dates of the inspection) 3/25/10	REGIONAL REPRESENTATIVE Thomas Roth, Neil Cody
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Johnson</i>	DATE 05-19-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 7/2/10
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
101e Ceiling height in each bedroom shall be an average of at least 7 feet.	<ul style="list-style-type: none"> The ceiling height in resident room #19, on the lowest level (1st) floor, was 6' 8.5". The ceiling height in adjoining resident rooms #10, 11, and 12, on the middle (2nd) floor, was 6' 10" in each room. 	<p>05-27-10</p> <p>7/30/10</p>	<p>The administrator will fill out waivers for ceilings in Room # 19 # 10, # 11, # 12.</p> <p>The residents in rooms 10, 11, 12 and 19 will be relocated to other rooms in the home, if rooms are available. If no rooms are available the residents will be relocated to another home.</p>	

Rooms 10, 11, 12 and 19 will not be used as resident rooms unless a waiver is approved for their use. *MES 7/2/10*

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 HELPING HAND RESCUE
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938	300361
INSPECTION DATE(S) (Include all dates of the inspection)	REGIONAL REPRESENTATIVE
3/25/10	Thomas Roth, Neil Cody

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Mary Parsons</i>	05-19-10	<i>MES</i>	6/30/10

1 REGULATION- 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Former resident #4, who was discharged from the home on 3/14/10, had been receiving treatments from the Resta Home Health nurse for a diabetic condition, and there was no information addressing this service in his/her support plan. REPEAT VIOLATION - 8/20/09	Immediately Ongoing	The Home will add onto Resident # 4's support plan that Resta Home Health was treating Resident # 4 for the Diabetic Condition. To ensure the violation does not occur again any and all conditions and/or treatments being treated by a Nursing Agency will be added to the support plan when admitted into a Nursing Agency.	Steps have been taken to correct violation; full compliance is not verifiable <i>7/15/10</i> <i>MES</i> Date Initials (DPW)
		7/15/10	The administrator will review all support plans to ensure all services are addressed. <i>MES</i>	6/30/10

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME **CURRENT LICENSE NUMBER**

Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938

300361

INSPECTION DATE(S) (include all dates of the inspection)

REGIONAL REPRESENTATIVE

5/12/10

Denny Granahan and Thomas Roth

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE

DATE

REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION

DATE

Mary Parsons

6/18/2010

MES

7/2/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.</p>	<p>The door to bedroom #5 had an approximately 3 to 4-inch diameter hole drilled through the center of it. There was nothing in place to cover the hole to protect the privacy of the resident that resides in this room.</p> <p>The bathroom next to bedroom #14 has a radiator in the wall that is shared between the bathroom and the laundry room. There is a metal screen on both sides of the radiator to prevent burns, but a person can see through the screen into the bathroom from the laundry room. This does not allow for total privacy for residents that use this bathroom.</p>	<p>07-06-10</p> <p>07-06-10</p> <p>Ongoing</p>	<p>The door on Bedroom #5 will be covered up on both sides to provide privacy.</p> <p>The bathroom next to room #14 that has a radiator in the wall will be covered up inside the Bathroom this will create privacy.</p> <p>The administrator will check the building monthly to make sure there is privacy for the residents.</p>	<p><i>MES 7/6/10</i></p>

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HELPING HAND RESCUE

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938		CURRENT LICENSE NUMBER 300361
INSPECTION DATE(S) (Include all dates of the inspection) 5/12/10		REGIONAL REPRESENTATIVE Denny Granahan and Thomas Roth
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Marye Johnson</i>	DATE 6/8/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MJS</i>	DATE 7/2/10
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HELPING HAND RESCUE

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	There was a bottle of Betco Deep Blue cleaner stored unlocked and without a lid or cap, under the sink in the bathroom across from bedroom #7. The bottle was labeled call physician immediately if swallowed. Not all of the residents in the home have been assessed as being able to safely use or avoid poisonous materials.	Immediately Ongoing	The bottle of Betco Deep Blue was moved to a locked area that is inaccessible to Residents. Staff will do checks in all areas of the home for Poisonous materials once a shift. If any are found they will be locked up immediately. Documentation will be kept by the Administrator.	Steps have been taken to correct violation; full compliance is not verifiable 7/6/10 <i>MJS</i> Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938		CURRENT LICENSE NUMBER 300361
INSPECTION DATE(S) (Include all dates of the inspection) 5/12/10	REGIONAL REPRESENTATIVE Denny Granahan and Thomas Roth	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Parsons</i>	DATE 6/18/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 7/2/10
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	<p>There were several areas in and around the home that had small ramps, step downs and/or other changes in grade with no hand rail. These areas include:</p> <ul style="list-style-type: none"> • A small slope at the doors to bedrooms 5, 6 and 7 • A step down from the emergency exit door at the back of the kitchen • A step down at the entrance and exit to the dining room from the main hallway. <p>Repeated Violation - 8/20/2009</p>	<p>07-20-10</p> <p>Ongoing</p> <p>7/10/10</p>	<p>Handrails will be installed in the 3 areas cited.</p> <p>The administrator will assign maintenance staff to check all the hand-rails monthly to ensure they are secure and monitor for areas that are in need of handrails.</p> <p>The administrator will keep documentation of the monthly checks.</p> <p><i>MES</i> 7/2/10</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>7/6/10</i> <i>MES</i> Date Initials (DPW) <i>7/20/10</i></p>

HELPING HAND RESCUE

55 Pa.Code 2600

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938		CURRENT LICENSE NUMBER 300361
INSPECTION DATE(S) (Include all dates of the inspection) 5/12/10	REGIONAL REPRESENTATIVE Denny Granahan and Thomas Roth	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Marye Salsout</i>	DATE 6/18/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 7/2/10
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
95 Furniture and equipment shall be in good repair, clean and free of hazards.	<ul style="list-style-type: none"> The interior of the black microwave in the back of the dining room was splattered with a large amount of dried food particulates. The white microwave in the kitchen was equally as dirty. The overhead light and the light next to the bed on the right, in bedroom #15, did not light up when tested. <p>Repeated Violation - 7/30/2009</p>	<p>Immediately</p> <p>06-18-10</p> <p>Ongoing</p>	<p>The Black and white Microwave's were cleaned;</p> <p>The overhead light and the light next to the bed was repaired.</p> <p>The administrator will assign staff to do checks every shift that furniture and equipment shall be in good repair, clean and free of hazards</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>7/10/10 <i>MES</i> Date Initials (DPW)</p>

7/10/10
 She administrator will keep documentation of the monthly checks. *MES* 7/2/10

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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HELPING HAND RESCUE

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NAME AND ADDRESS OF PERSONAL CARE HOME Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938	CURRENT LICENSE NUMBER 300361
INSPECTION DATE(S) (Include all dates of the inspection) 5/12/10	REGIONAL REPRESENTATIVE Denny Granahan and Thomas Roth

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE 6/18/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 7/2/10
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	There was an electrical cord lying across the front porch of the home. This poses a tripping hazard for residents. Repeated Violation - 7/30/2009, 8/20/09	Immediately Ongoing 7/10/10	The electrical cord has been removed. The administrators will check the grounds daily and make sure it is in good repair and free of hazards. The administrator will keep documentation of the monthly checks. <i>[Signature]</i> 7/2/10	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date: 7/10/10 Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938		300361	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
5/12/10		Denny Granahan and Thomas Roth	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
<i>Marge Burdett</i>		6/19/2010	<i>MES</i>
			DATE
			7/2/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
101f Each bedroom shall have a window with direct exposure to natural light.	The window in bedroom #16, in the lower level of the home does not have direct exposure to natural light. The window opens into an ally way that is covered by a roof and partially blocked on the right by corrugated metal sheeting. This creates a gap of only a few inches for natural light to enter the ally and through the window.	07-05-10 Ongoing	The roof will be removed and the metal sheeting will be removed down. Then there will be natural light to enter. The administrator will conduct monthly checks making sure natural light is being exposed.	<i>MES 7/20/10</i>

VIOLATION REPORT
PERSONAL CARE HOMES—55 Pa.Code Chapter 2600

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HELPING HAND, RESCUE

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NAME AND ADDRESS OF PERSONAL CARE HOME Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938		CURRENT LICENSE NUMBER 300361
INSPECTION DATE(S) (Include all dates of the inspection) 5/12/10	REGIONAL REPRESENTATIVE Denny Granahan and Thomas Roth	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Jo Parsons</i>	DATE 6/18/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 7/2/10
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101o Bedrooms shall have walls, floors and ceilings, which are finished, clean and in good repair.	The wall shared between bedroom #14 and #15 does not extend all the way to the ceiling. The gap between the wall and ceiling is approximately 4 inches. Repeated Violation - 8/20/2009	08-01-10 Ongoing 7/10/10	A full wall will be built for the residents Bedrooms cited. The administrator will assign staff to check the Bedrooms monthly to ensure each has walls, floors and ceilings which are finished, clean and in good repair at all times. Documentation of these checks will be kept by the administrator. <i>MES 7/2/10</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>7/6/10 MES</i> Date Initials (DPW)

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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NAME AND ADDRESS OF PERSONAL CARE HOME Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938		CURRENT LICENSE NUMBER 300361
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102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	<ul style="list-style-type: none"> There was a bar of soap next to the hot water side of the faucet in the shared bathroom next to bedroom #15. In addition, there was no soap dispenser for residents to use. There was no soap dispenser in the bathroom across from bedroom #7. 	<p>Immediately</p> <p>Ongoing</p>	<p>The bar of soap was disposed. A soap dispenser has been placed in the 2 Bathrooms cited.</p> <p>The administrator will assign staff to check the soap dispensers daily.</p>	<i>MES 7/20/10</i>

HELPING HAND RESCUE

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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HELPING HAND RESCUE

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NAME AND ADDRESS OF PERSONAL CARE HOME Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938	CURRENT LICENSE NUMBER 390361
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INSPECTION DATE(S) (Include all dates of the inspection) 5/12/10	REGIONAL REPRESENTATIVE Denny Granahan and Thomas Roth
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Jo Sanson</i>	DATE 6/18/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 7/2/10
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103j Eating, drinking and cooking utensils shall be washed, rinsed and sanitized after each use by a method specified in 7 Pa. Code Chapter 46 Subchapter D (relating to equipment, utensils and linen).	A volunteer was observed washing utensils without soap and then hand drying them with a dish towel.	Immediately Immediately	The utensils were rewashed with soap and they were air dried. The administrator will hold training on proper dish washing and explain the importance of the training. Documentation will be kept.		Steps have been taken to correct violation; full compliance is not verifiable <i>7/6/10</i> Date <i>MES</i> Initials (DPW)

VIOLATION REPORT
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NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER
Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938		300361
INSPECTION DATE(S) (Include all dates of the inspection)	REGIONAL REPRESENTATIVE	
5/12/10	Denny Granahan and Thomas Roth	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Mary C. Jansons</i>	6/18/2010	<i>MES</i>	7/2/10

1 REGULATION 55 Pa.Code § 2800.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	There was a large trash bag full of hay on the landing of the exit closest to bedroom #15. The bag obstructed the egress from this exit door.	Immediately Ongoing	The Trash bag of Hay was removed from the exit. The administrator will conduct checks throughout the day making sure all exits are free from Hazards.	<i>MES 7/6/10</i>

VIOLATION REPORT
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NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER
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<i>Mary C. Sansone</i>	6/18/2010	<i>MES</i>	7/2/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
131f Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.	The fire extinguisher in the exterior smoking hut directly in front of the entrance to the dining room was last inspected in March of 2008. More than one year has passed since this last inspection.	Immediately 07-03-10 Ongoing	The Fire Extinguisher has been replaced. An Appointment has been made with Kaza to come out for the Annual Inspection. The Administrator will check All Fire extinguishers monthly.	<i>MES</i> 7/6/10

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NAME AND ADDRESS OF PERSONAL CARE HOME Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938	CURRENT LICENSE NUMBER 300361
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Marye Dawson</i>	DATE 6/18/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 7/2/10
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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home's letter dated 10/12/09 from Frank Kusher indicates that a recent fire drill was performed under his guidance. The letter does not state the date of the drill nor does it indicate whether or not a fire safety inspection was conducted.	07-25-10 Ongoing 7/25/10	The Administrator will contact [redacted] a get a letter with the date and stating that there was a fire safety inspection. The Administrator will get a letter everytime there is a fire safety inspection completed and make sure all information is provided on the letter The administrator will send a copy of the letter to the Department. <i>MES 7/2/10</i>	

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NAME AND ADDRESS OF PERSONAL CARE HOME Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938		CURRENT LICENSE NUMBER 300361
INSPECTION DATE(S) (Include all dates of the inspection) 5/12/10	REGIONAL REPRESENTATIVE Denny Granahan and Thomas Roth	
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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home's letter dated 10/12/09 from [redacted] indicates that a recent fire drill was performed under his guidance. The letter does not state the date of the drill nor does it indicate whether or not a fire safety inspection was conducted.	07-25-10 Ongoing 7/25/10	The Administrator will contact [redacted] a get a letter with the date and stating that there was a fire safety inspection. The Administrator will get a letter everytime there is a fire safety inspection completed and make sure all information is provided on the letter The administrator will send a copy of the letter to the Department. <i>MES 7/2/10</i>	

VIOLATION REPORT
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NAME AND ADDRESS OF PERSONAL CARE HOME

Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938

CURRENT LICENSE NUMBER

300361

INSPECTION DATE(S) (Include all dates of the inspection)

5/12/10

REGIONAL REPRESENTATIVE

Denny Granahan and Thomas Roth

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE

Mary Cass

DATE

07-19-10

REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION

MES

DATE

7/20/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW																					
<p>132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.</p>	<p>The home's fire drill times for the last six months are as follows:</p> <table border="1" data-bbox="478 906 907 1149"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac. Time</th> </tr> </thead> <tbody> <tr> <td>11/22/09</td> <td>11:00 am</td> <td>2:26 min.</td> </tr> <tr> <td>12/29/09</td> <td>6:00 pm</td> <td>2:27 min.</td> </tr> <tr> <td>1/28/10</td> <td>1:30 pm</td> <td>2:15 min.</td> </tr> <tr> <td>2/22/10</td> <td>3:15 pm</td> <td>2:17 min.</td> </tr> <tr> <td>3/18/10</td> <td>10:00 am</td> <td>2:10 min.</td> </tr> <tr> <td>4/14/10</td> <td>10:10 am</td> <td>2:58 min.</td> </tr> </tbody> </table> <p>The home's letter, dated 10/12/2009 from [redacted] does not specify a safe evacuation time based on the characteristics of the building. Instead it lists 3 minutes as an adequate time based on the actions of the staff and the capabilities of the residents.</p> <p>Repeated Violation - 7/30/2009</p>	Date	Time	Evac. Time	11/22/09	11:00 am	2:26 min.	12/29/09	6:00 pm	2:27 min.	1/28/10	1:30 pm	2:15 min.	2/22/10	3:15 pm	2:17 min.	3/18/10	10:00 am	2:10 min.	4/14/10	10:10 am	2:58 min.	<p>7/28/10</p> <p>7/28/10</p> <p>7/28/10</p> <p>7/31/10</p> <p>7/31/10 to be assessed monthly</p>	<p>The home will complete the following steps in order to evacuate all residents outside the building in 2 ½ minutes or less:</p> <ol style="list-style-type: none"> All residents will be educated on the importance of evacuating quickly when the fire alarm sounds and the home's evacuation procedures. All staff will receive additional training on the home's evacuation procedures. The home will complete mobility assessments on all residents to determine what assistance, if any, is needed in the event of an evacuation. Any residents who evacuate slowly will be relocated to a room close to an exit. Staff will be added to any shift when the evacuation time exceeds 2 ½ minutes. 	
Date	Time	Evac. Time																							
11/22/09	11:00 am	2:26 min.																							
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1/28/10	1:30 pm	2:15 min.																							
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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938		300361
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<i>Mary Fausch</i>	6/18/2010	<i>MES</i>	7/2/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132e A fire drill shall be held during sleeping hours once every 6 months.	The home's last sleeping hour fire drill was conducted on 10/20/2009 at 3:10 am. As of the date of this inspection, more than six months have passed since a sleeping hour drill was conducted.	06-18-10 Ongoing 7/30/10	The Home will conduct a sleeping hour fire drill. The administrator will assign a staff member to check the fire log monthly. The administrator will monitor the fire drill log monthly to ensure sleeping hour fire drills are conducted as scheduled every 6 months. MES 7/2/10	Steps have been taken to correct violation; full compliance is not verifiable 7/6/10 <i>MES</i> Date / Initials (DPW)

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Jackson</i>	DATE 6/18/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 7/2/10
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162c Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	The home's menus for the month of May listed sandwich and cookie for lunch several times in a given week. The menu did not specify what type of sandwich would be served. Repeated Violation - 8/20/2009	06-01-10 Ongoing	The home will specify the type of sandwich and cookies that will be served on the menu. The administrator will check the menu every month to be sure it is correct.	<i>MES 7/6/10</i>

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER
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5/12/10	Denny Granahan and Thomas Roth	
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<i>Marye Parsons</i>	6/18/2010	<i>MES</i>	7/2/10

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221c A current weekly activity calendar shall be posted in a conspicuous and public place in the home.	The home's activity calendar was not posted.	Immediately Ongoing	The activity calendar has been posted. The administrator will assign staff to check the Activity calendar daily.	<i>MES 7/6/10</i>

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Helping Hand Rescue Mission, 112 Mission Lane, Lilly, PA 15938		CURRENT LICENSE NUMBER 300361
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<p>252 Each resident's record shall include the following information:</p> <p>(1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name, address, telephone number and relationship of a designated person to be contacted in case</p>	<p>The home has 9 residents who they consider as "Domiciliary Care residents" and 3 residents who they consider as "independent residents." All of these 12 residents receive personal care services from the home as defined in chapter 2600.</p> <p>The home does not have complete records for these residents that include all the required documents as required by chapter 2600.</p>	<p>07-20-10</p> <p>Ongoing</p>	<p>The home will complete the records for the 9 Domiciliary Care Residents and the 3 Independent Residents which will include all the required documents.</p> <p>The Home will make sure that any new Residents will have all the required documents to complete the Residents Record.</p>	

7/20/10 All residents who are in need of or are receiving personal care services will have all the documents required by 2600.252 in their record.
MES 7/2/10

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<i>Mary C. Dawson</i>	6/18/2010		

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or				

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Mary Ann Quisenberry</i>	DATE 6/18/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
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home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any. (16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.				

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(19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				