



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: OCT 05 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 licensing inspection on September 21, 2010 of the above personal care home, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report was found.

Correction of this violation in accordance with the specified plan of correction is required. Failure to correct this violation may result in further licensing enforcement action.

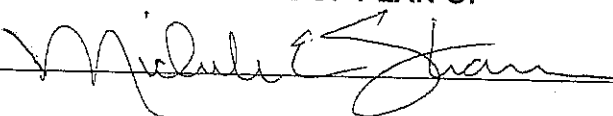
Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosure  
Violation Report

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Helping Hand Rescue Mission 112 Mission Lane; Lilly, PA 15938		<b>CURRENT LICENSE NUMBER</b> 300361 – nonrenewal	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 9/21/10		<b>REGIONAL REPRESENTATIVE</b> D. McConnell, D. Hoover	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
			
		9/26/10	

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																								
132f Alternate exit routes shall be used during fire drills.	<p>The home does not alternate the exit routes used during fire drills. For the past 6 months all exits were used for each fire drill with the exception of the drill held on 5/16/10.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Exit Used</th> </tr> </thead> <tbody> <tr> <td>8/23/10</td> <td>12pm</td> <td>All exits</td> </tr> <tr> <td>8/18/10</td> <td>6pm</td> <td>All exits</td> </tr> <tr> <td>7/16/10</td> <td>1:15pm</td> <td>All exits</td> </tr> <tr> <td>6/18/10</td> <td>6am</td> <td>All exits</td> </tr> <tr> <td>5/16/10</td> <td>4:15pm</td> <td>All except Dining</td> </tr> <tr> <td>4/15/10</td> <td>10:10am</td> <td>All exits</td> </tr> <tr> <td>3/18/10</td> <td>10am</td> <td>All exits</td> </tr> </tbody> </table>	Date	Time	Exit Used	8/23/10	12pm	All exits	8/18/10	6pm	All exits	7/16/10	1:15pm	All exits	6/18/10	6am	All exits	5/16/10	4:15pm	All except Dining	4/15/10	10:10am	All exits	3/18/10	10am	All exits	<p>10/10/10</p> <p>10/31/10 and monthly thereafter</p>	<p>The administrator or designee will develop a plan to alternate the location of the simulated fire in order to block a different exit route during each fire drill beginning with the October 2010 drill. This will allow the residents to practice evacuating through alternate egress routes.</p> <p>The administrator will monitor the fire drill log monthly to ensure alternate exit routes are used.</p>	
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