

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HELPING HAND RESCUE MISSION, INC.

To operate HELPING HAND RESCUE MISSION - MAIN BUILDING

Located at 112 MISSION LANE, LILLY, PA 15938

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 47
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 19, 2011 until April 19, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 300360

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

APR 25 2011

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

Ms. Marcy C. Parsons, Administrator/Owner
Helping Hand Rescue Mission, Inc.
112 Mission Lane
Lilly, Pennsylvania 19538

RE: Helping Hand Rescue Mission – Main Building
112 Mission Lane
Lilly, Pennsylvania 19538

Dear Ms. Parsons:

As a result of the Department of Public Welfare's licensing inspections on March 23, 2011 and March 31, 2011, and the corrections you have made after our inspections, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Ronald Melusky / KRB

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME HELPING HAND RESCUE MISSION MAIN BUILDING, 112 MISSION LANE LILLY, PA 15938		CURRENT LICENSE NUMBER 300361
INSPECTION DATES (Include all dates of the inspection) 03/23/2011	REGIONAL REPRESENTATIVE Denny Granahan, Tom 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 <i>Mary Parsons</i>	DATE 4/12/11	REGIONAL LICENSING APPROVAL/OF PLAN OF CORRECTION <i>Cybil Bomberg</i>
		DATE 9/1/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	There was water running in from the top of the window frame, down the window and onto the window sill, a table next to the window and the floor. Repeated Violations: 03/25/2010 05/12/2010	03/23/2011 04/04/2011	A NEW WINDOW WAS INSTALLED. TO ASSURE VIOLATION DOES NOT RECUR ADMINISTRATOR WILL ASSIGN STAFF TO CONDUCT CHECK DAILY ADMINISTRATOR WILL CHECK STAFF DOCUMENTATION	3/31/11 <i>CB</i>

RECEIVED TIME APR. 1. 4:03PM

AUG-12-2004 02:10

HePringHand

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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 MAIN BUILDING, 112 MISSION LANE LILLY, PA 15938		CURRENT LICENSE NUMBER 300361	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE Denny Granahan, Tom 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 <i>Mary C. Parsons</i>	DATE 4, 1, 2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bambery</i>	DATE 4/6/11

REGULATION	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
55 Pa.Code §2600				
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.	There is no soap available at the sink of the lower level resident bathroom closest to the stairs. Repeated Violations: 05/12/2010	IMMEDIATELY ONGOING 04/04/2011	SOAP DISPENSER FILLED. TO ASSURE VIOLATION DOES NOT RECUR, ADMINISTRATOR WILL ASSIGN STAFF TO CONDUCT CHECKS ON EACH SHIFT, THEN SIGN OFF THAT ALL SOAP DISPENSERS ARE FILLED SOAP AND ARE IN WORKING CONDITIONS. ADMINISTRATOR WILL ALSO CONDUCT A CHECK DAILY AND CHECK STAFF DOCUMENTATION	 3/31/11 <i>CB</i>

RECEIVED TIME APR. 1. 4:03PM

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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 MAIN BUILDING, 112 MISSION LANE LILLY, PA 15938		CURRENT LICENSE NUMBER 300361	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE Denny Granahan, Tom 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 <i>Mary C. Parsons</i>	DATE 4/1/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberger</i>	DATE 4/1/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
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 last observed fire drill by a fire safety expert, conducted on 4/21/2010, was conducted by a person who did not meet the requirements of a fire safety. Repeated Violations: 05/12/2010	03-30-2011 ONGOING	FIRE DRELL WAS CONDUCTED BY PORTAGE AREA FIRE DEPARTMENT. TO ASSURE VIOLATION DOES NOT RECUR ADMINISTRATOR WILL HAVE FIRE DRELL DONE WITH THE ANNUALLY FIRE SAFETY INSPECTION.	3/31/11 <i>OB</i>

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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 MAIN BUILDING, 112 MISSION LANE LILLY, PA 15938		CURRENT LICENSE NUMBER 300361	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE Denny Granahan, Tom 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 <i>Mary Ann</i>	DATE 4/1/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil</i>	DATE 4/1/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
163a Staff persons, volunteers and residents involved in the storage, preparation, serving and distributing of food shall wash their hands with hot water and soap prior to working in the kitchen areas and after using the bathroom.	There was no soap next to the handwashing sink nor the dishwashing sink in the resident dining room area.	IMMEDIATELY 04-08-2011	HAND SOAP WAS PLACED NEXT TO THE SINK. TO ASSURE VIOLATION DOES NOT RECUR SOAP DISPENSER WILL BE HUNG ON THE WALL BESIDE THE HANDWASHING SINK AND THE DISHWASHING SINK	3/31/11 <i>EB</i>

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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 MAIN BUILDING, 112 MISSION LANE LILLY, PA 15938		CURRENT LICENSE NUMBER 300361	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE Denny Granaban, Tom 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 <i>Marge Gustus</i>	DATE 4/1/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B...</i>	DATE 4/1/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident #4 does not include the dosage of insulin given or the blood sugar reading for the sliding scale Novolin R administered on March 17, 2011 at 9:00 pm.	IMMEDIATELY 03/23/2011 04/06/2011 04/19/2011	MEDICATION POLICY AND PROCEDURES WERE REVIEWED WITH ALL TEAMLEADER. CONTACT DR. PAUL DONROVICH TO CLARIFY NOVOLIN ORDER TO ASSURE VIOLATION DOES NOT RECUR. 1) TRAINING WILL BE HELD ON MEDICATION ADMINISTRATION AND ON PROPER DOCUMENTATION ON THE MAR & THE P.O. 2) MED CARTS AND THE MARS & THE P.O.'S WILL BE CHECKED EVERY MONTH FOR ANY ERRORS. DOCUMENTATION WILL BE KEPT OF THESE CHECKS	4/11/11 CB

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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 MAIN BUILDING, 112 MISSION LANE LILLY, PA 15938		CURRENT LICENSE NUMBER 300361	
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SIGNATURE OF LEGAL ENTITY <i>Marye Parsons</i>	DATE 4/1/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomber</i>	DATE 4/1/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.		04/01/2011	3) ALL INSULIN SLIDING SCALE INSULIN AND ADOYS WILL BE KEPT ON ONE TRAY AND CHECKED FOR ERRORS, MESSED BOXES ETC. EVERY WEEK FOR 6 WEEKS DOCUMENTATION WILL BE KEPT OF THESE CHECKS.	4/11/11 CB

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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 MAIN BUILDING, 112 MISSION LANE LILLY, PA 15938		CURRENT LICENSE NUMBER 300361	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE Denny Granahan, Tom Roth	
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SIGNATURE OF LEGAL ENTITY <i>Mary Parsons</i>	DATE 4/1/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamberg</i>	DATE 4/1/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY																		
187d The home shall follow the directions of the prescriber.	<p>Resident #3 has an order for Blood Glucose/Sugar (BS) readings two times per day, at 9:00 am and 9:00 pm, with sliding scale insulin coverage if the reading falls within certain levels. On the following dates, the resident should have received 2 units of Novolog insulin based on the blood sugar reading, but the medication administration record (MAR) was not initialed to document whether the resident received it.</p> <table border="1"> <tr><td>Date</td><td>Time</td><td>Blood Sugar level</td></tr> <tr><td>3/1/2011</td><td>9:00 am</td><td>144</td></tr> <tr><td>3/3/2011</td><td>9:00 pm</td><td>101</td></tr> <tr><td>3/5/2011</td><td>9:00 am</td><td>111</td></tr> <tr><td>3/8/2011</td><td>9:00 pm</td><td>107</td></tr> <tr><td>3/22/2011</td><td>9:00 am</td><td>108</td></tr> </table> <p>Resident #4 has a physician's order for Novolin N, 12 units in the morning and 12 units before supper for diabetes. According to the March 2011 MAR, the home has only been giving the insulin at 9:00 am.</p> <p>Resident #4 has sliding scale insulin instructions to provide Novolin R, 2 - 20 units of insulin</p>	Date	Time	Blood Sugar level	3/1/2011	9:00 am	144	3/3/2011	9:00 pm	101	3/5/2011	9:00 am	111	3/8/2011	9:00 pm	107	3/22/2011	9:00 am	108	<p>IMMEDIATELY</p> <p>03/23/2011</p> <p>04/06/2011</p>	<p>MEDICATION POLICY AND PROCEDURE WERE REVIEWED WITH ALL TEAM LEADER.</p> <p>CONTACT DR. DOUBNEICH TO CLARIFY RESIDENT #3 & #4'S INSULIN ORDERS AND ACCUV'S.</p> <p>TO ASSURE VIOLATION DOES NOT RECUR,</p> <p>TRAINING WILL BE HELD ON MEDICATION ADMINISTRATION AND ON PROPER DOCUMENTATION ON THE MAR & P.O.</p> <p>NEXT PAGE TO CONTINUE</p>	<p>4/11/11 CB</p>
Date	Time	Blood Sugar level																				
3/1/2011	9:00 am	144																				
3/3/2011	9:00 pm	101																				
3/5/2011	9:00 am	111																				
3/8/2011	9:00 pm	107																				
3/22/2011	9:00 am	108																				

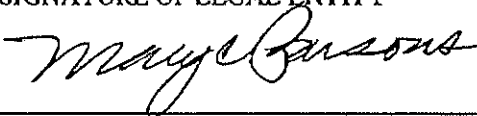
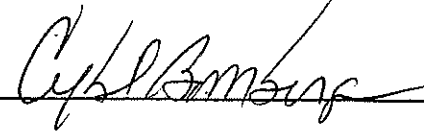
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME HELPING HAND RESCUE MISSION MAIN BUILDING, 112 MISSION LANE LILLY, PA 15938		CURRENT LICENSE NUMBER 300361	
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
	coverage if the resident's BS reading goes above 141. On March 15, 2011 at 9:00 pm the resident's BS reading was listed as 139 but the home still gave the resident a Novolin R insulin injection.	04/19/2011 04/01/2011	2) MED CARTS AND THE MAR & THE P.O.'S WILL BE CHECKED EVERY MONTH FOR ANY ERRORS. DOCUMENTATION WILL BE KEPT OF THESE CHECKS. 3) ALL INSULIN SLIDING SCALE INSULIN AND ALL MAR'S WILL BE KEPT ON ONE MAR AND CHECKED FOR ERRORS, MESSED BOXES ect. EVERY WEEK FOR 6 WEEKS. DOCUMENTATION WILL BE KEPT OF THESE CHECKS.	<u>Cont'd</u>

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

NAME AND ADDRESS OF PERSONAL CARE HOME HELPING HAND RESCUE MISSION MAIN BUILDING, 112 MISSION LANE LILLY, PA 15938		CURRENT LICENSE NUMBER 300361	
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SIGNATURE OF LEGAL ENTITY <i>Mary Parsons</i>	DATE 4.1.2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE 4/1/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The most recent assessment for resident #1 was completed on 1/20/2010. The most recent assessment for resident #2 was completed on 1/21/2010.	03/23/2011 04/15/2011	ANNUAL ASSESSMENTS COMPLETED FOR RESIDENT #1 & #2. TO ASSURE VIOLATION DOES NOT RECUR. REMINDERS WILL BE ADDED TO THE CALENDAR ON THE COMPUTER. ALSO WILL BE KEPT A LIST IN A BINDER FOR DUE DATES.	3/21/11 CB

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