



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
1401 North 7th Street
Harrisburg, Pennsylvania 17102-1810

PHONE: (717) 772-4673
FAX: (717) 783-3956
Toll Free: 1-800-882-1885

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 10, 2011

Ms. Mary 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 inspection on June 18, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in black ink, appearing to read "Cybil Bomberger".

Cybil Bomberger
Regional Licensing Director

Enclosure
Violation Report

P.02/05

8147369099

NAME AND ADDRESS OF PERSONAL CARE HOME HELPING HAND RESCUE MISSION, 112 MISSION LANE LILLY, PA 15938		CURRENT LICENSE NUMBER 300360	
INSPECTION DATES (Include all dates of the inspection) 06/18/2011		REGIONAL REPRESENTATIVE Palermo, Michael	
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 Garrison</i>	DATE 07-12-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cyd B. Boring</i>	DATE 8/9/11

HelpingHand

NOV-22-2004 01:44

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
182c Medication administration includes the following activities, based on the needs of the resident: (1) Identify the correct resident. (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly. (3) Remove the medication from the original container. (4) Crush or split the medication as ordered by the prescriber. (5) Place the medication in a	On 6/18/11, at 12:30 PM, direct care staff A was administering medications which had been removed from their original containers and placed in individual medication cups, labeled with residents' initials and lined up on a counter. Direct care staff A failed to follow the appropriate medication administration procedure for each resident prior to administering medications to every other resident.	Immediately NOT ACCEPTABLE	Review Medication Administration Procedures with Direct care staff Person A. Disciplinary Action Taken for Direct Care Staff Person A.	
	PCH Division Central Region Field Office JUL 12 2011	07/25/2011 Immediate & ONGOING	Direct Care Staff Person A will be Retrained in Medication Administration, Direct Care Staff Person A will not Administer Medications until TRAINING is completed. Staff who are uncomfortable administering Medications will Not administer Medications	Steps have been taken to correct violation; full compliance is not verifiable 8/9/11 Date Initials (DPWA)

RECEIVED TIME JUL. 12. 3:36PM

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and at no time will Medications Be pre-poured and set-up.
All Teamleaders were Notified by Administrator that Meds will NEVER be Pre-poured and/or set-up

NAME AND ADDRESS OF PERSONAL CARE HOME HELPING HAND RESCUE MISSION, 112 MISSION LANE LILLY, PA 15938		CURRENT LICENSE NUMBER 300360	
INSPECTION DATES (Include all dates of the inspection) 06/18/2011		REGIONAL REPRESENTATIVE Palermo, Michael	
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 Pearson</i>	DATE 07-12-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B... ..</i>	DATE 8/9/11

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
medication cup or other appropriate container, or in the resident's hand (for immediate administration). (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in 182b4. (7) Complete documentation in accordance with 187.			<i>Cont'd</i>	

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SIGNATURE OF LEGAL ENTITY <i>Mary C Garrison</i>	DATE 07-12-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE 8/9/11 07/12/2011

HelpingHand

NOV-22-2004 01:44

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
183a1 Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.	On 6/18/11, it was found that prescribed medications for all residents receiving doses at 12:30 pm had been pre-poured in advance.	Immediately Immediately NOT ACCEPTABLE	Review Medication Administration Procedures with Direct Care Staff Person A. Disciplinary Action Taken for Direct Care Staff Person A	
		07/25/2011	Direct Care Staff Person A will be Retrained in Medication Administration. Direct Care Staff Person A will not Administer Medication until Training is Completed. Staff who are uncomfortable administering medications will Not administer Medications	Steps have been taken to correct violation; full compliance is not verifiable 8/9/11 Date Initials (DPW)
		Immediate + ONGOING	and at no time will Medications be pre-poured and/or set-up. All Team leaders were notified by Administrator that meds will never be pre-poured and/or set-up.	

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