

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HELPING HAND RESCUE MISSION INC

LEGAL ENTITY

To operate HELPING HAND RESCUE MISSION - MAIN BUILDING

NAME OF FACILITY OR AGENCY

Located at 112 MISSION LANE, LILLY, PA 15938

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

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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 June 20, 2013 until June 20, 2014,  
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



JUN 20 2013

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 inspection on March 26, 2013 and March 27, 2013, 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 Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

FCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING		License Number: 30036
Address: 112 MISSION LANE, LILLY, PA 15938		County: Cambria
Administrator: Mary Parsons		Region: CENTRAL
Legal Entity Name: HELPING HAND RESCUE MISSION INC		
Legal Entity Address: 112 MISSION LANE, LILLY, PA 15938		
Certificate(s) of Occupancy C-2 LP 2/21/2000 L & I		
Staffing Hours Resident Support: 0		Total Daily Staff: 42 Waking Staff: 32
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/26/2013: McCloskey, Jason; Rouse, McKinley 03/27/2013: McCloskey, Jason; Rouse, McKinley		
On-Site Inspection Dates and Inspectors, if Applicable		
<b>RECEIVED</b>		
Other Details Partial or Full Triggers:		MAY 06 2013 Random Indicators:
<b>CENTRAL REGION FIELD OFFICE</b> Human Services Licensing		
Resident Demographic Data as of Inspection Dates		Number of Residents who:
Licensed Capacity: 47	Number of Residents Served: 41	Receive Supplemental Security Income: 25
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 16	Have Mental Illness: 36
Are:	Have an Intellectual Disability: 20	Have a Mobility Need: 1
Secured Dementia Unit Capacity, if Applicable:	Have a Physical Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:		
Number of Current Hospice Residents: 0		
Number of Hospice Residents In past year: 0		

RECEIVED TIME MAY. 6. 2:59PM

Violation Report: 30036 - 03/26/2013 - McCloskey, Jason  
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600  
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2. DESCRIPTION OF VIOLATION  
 On 3/26/13, the home's current violation report was not posted in a conspicuous and public place in the home.

PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Violation Report reposted immediately.*

*To assure violation does not recur Administrator & Designee will check daily to make sure (violation report Binder) is hanging on wall By Med-Room*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mary C Parsons*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary Parsons Administrator*      Date *04-30-13*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5-7-13  
 (Date)

The above plan of correction was approved by BZ  
 (Initials)

- Plan of correction implementation status as of 5-7-13 (Date)
- Fully implemented
  - Partially Implemented - Adequate Progress
  - Partially Implemented - Inadequate Progress
  - Not Implemented

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Violation Report: 30036 - 03/26/2013 - McCloskey, Jason  
FCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 102 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Staff Person A was hired on 4/4/12. The home did not complete a background check for this staff person until 5/14/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

To assure violation does not recur  
Criminal Background checks  
will be completed before the  
first day of work.  
The checklist in the "hire packet"  
will be completed to include obtaining  
criminal background checks  
for new hires. -BE

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Mary Parsons*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Mary Parsons Administrator* Date *04-30-13*

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Violation Report: 30036 - 03/26/2013 - McCloskey, Jason  
FCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2. DESCRIPTION OF VIOLATION

On 3/14/13, a total of 31.5 hours of direct care was required. However, only 29 of the required hours, or 69 percent, were provided during waking hours.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Schedule was changed immediately and recalculated to meet the needs of all residents.

To assure violation does not recur Staff person creating schedule will refer back to the P.C.G. 2600.57(b)(c) to get exact calculations to ensure 75% of Direct Care Staff hours are performed during waking hours.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
Required on EVERY Page)

*Mary C. Parsons*

Printed Name and Title of Legal Entity Representative  
Required on EVERY Page)

Mary Parsons Administrator

Date 04-30-13

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Violation Report: 30036 - 03/26/2013 - McCloskey, Jason  
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
The bed next to the window in room 101 does not have a source of light that can be turned on and off from bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A lamp was placed immediately in room 101.

To assure violation does not recur Administrator will check residents rooms daily to be sure everyone has a lamp and lamp is operable.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Parsons*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Parsons Administrator* Date *04-30-13*

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Violation Report: 30036 - 03/26/2013 - McCloskey, Jason  
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

a. DESCRIPTION OF VIOLATION

The home does not maintain an emergency drinking water supply sufficient to meet the needs of the residents but has a contract with a local bottled water supplier. The contract does not include:

- the amount of water to be delivered
- a guarantee of immediate delivery upon request, 24-hours-per-day
- a guarantee that the water will be delivered as a priority even in the event of a regional general emergency

3 PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Home will maintain a 24 Hour Supply of Drinking water

Contract will be drawn up with Portage Beverage that will guarantee within 24 hours of receiving notification of an emergency even in the event of a regional general emergency that the required amount be delivered immediately.

To assure violation does not recur Administrator will make sure contract states all the above every year.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Mary C Parsons*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Parsons Administrator*      Date *04-30-13*

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Violation Report: 30036 - 03/26/2013 - McCloskey, Jason  
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures are not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Home's Emergency Procedures were Posted Immediately in a Binder by Med Room in hallway.*

*To assure violation does not recur Administrators + Designees will check daily making sure binder is still intact with Home Emergency Procedures!*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mary Parsons*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*Mary Parsons Administrator*

Date *04-30-13*

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Violation Report: 30036 - 03/26/2013 - McCloskey, Jason  
FCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600  
2600.130(a) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

2a. DESCRIPTION OF VIOLATION  
The nearest operable smoke detector to resident bedroom #6 is 17 feet and 11 inches away.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Smoke Detector was installed immediately by resident bedroom #6.

05-08-13 All Smoke Detectors will be checked to make sure they are within 5 feet of each bedroom door.

Repeat Violation: No Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Parsons Administrator* Date *04-30-13*

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REGULATION 55 Pa.Code §2600

44(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

a. DESCRIPTION OF VIOLATION

Smoking shelter outside of the dining room area is immediately adjacent to a common walkway used by residents and visitors to the home.

PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Smoking shelter outside of the dining room area will be moved in 30 days.

All Residents will receive a 30 day written notice of this change with an updated Tobacco policy!

To assure violation does not recur there will only be one designated smoking area.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative:  
(Required on EVERY Page)

*Mary C. Parsons*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

Mary Parsons Administrator

Date

04-30-13

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REGULATION 55 Pa.Code §2600  
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**DESCRIPTION OF VIOLATION**

On 3/27/13, the following medications were found loose in the bottom of the medication cart furthest from the door, inside the medication room:

- \* large blue oval capsule marked "And x 560"
- \* medium yellow and green capsule marked "W 560"
- \* large white oval tablet marked "I G 225"
- \* medium white oval tablet marked "PATR R1"
- \* small red oval tablet marked "A 5884"

**PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Loose Medications were removed from the bottom of the ~~med carts~~ immediately. Med carts cleaned inside and outside also.

A Medication Review was held on 03-29-13 @ 200pm with staff who dispense Medications.

To assure violation does not recur Teamleaders will conduct Daily Checks. Going through the med carts checking for loose Medication for 6 weeks. Documentation will be kept on Med Carts Checks.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Mary C Parsons*  
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mary Parsons Administrator Date 04-30-2013

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Violation Report: 30036 - 03/26/2013 - McCloskey, Jason  
FACILITY Name: HELPING HAND RESCUE MISSION MAIN BUILDING

REGULATION 55 Pa.Code §2600  
2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

a. DESCRIPTION OF VIOLATION  
Staff Persons B and C do not have current train-the-trainer certifications. The certificates expired 12/31/11.

PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff Persons B + C will reach out to other Homes in the area for Medication Training.  
When classes become available in the fall come September 2013 Staff Persons B + C will then register for the Train-the-Trainer Medication Administration Course.

To assure violation does not recur a reminder will be set on the computer's calendar located in main office also will be recorded on calendar in the room.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Mary C Parsons*  
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Parsons Administrator* Date *04-30-13*

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