



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 24, 2014

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

RE: Helping Hand Rescue Mission
Main Building
300360

Dear Ms. Parsons:

As a result of the Department of Public Welfare's Human Services licensing inspection on January 24, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jaime Erb". The signature is written in a cursive, flowing style.

Jaime Erb
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PC# 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 12/21/2000 L&I		
Staffing Hours Resident Support: 0	Total Daily Staff: 43	Waking Staff: 32
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/24/2014: Rosenblat, Dale; Hoover, Douglas		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 42 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 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	Number of Residents who: Receive Supplemental Security Income: 30 Are 60 Years of Age or Older: 25 Have Mental Illness: 30 Have an Intellectual Disability: 15 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 30036 - 01/24/2014 - Rosenblat, Dale
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

- Residents #1 and #2 are diabetic and have been prescribed a no added sodium, low cholesterol, heart healthy and no concentrated sweets diet by the resident's physician. The home does not make this diet available to the residents.
- Resident #3 is diabetic and had been prescribed a low cholesterol and 1500 calorie diet. The home does not make this diet available to the resident.

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.

Diets Specified for Residents #1, #2 & #3, will be made available immediately. Kitchen Staff was already informed of these Diets.

To ensure violation does not recur Kitchen staff will have a list of all Residents names and Beside their name will state their diet. If a when a change takes place Administrator or Designer will update list.

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 C Parsons Admin.* Date *02-27-14*

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

The above plan of correction is approved as of 3/21/14 (Date)

Plan of correction implementation status as of 3/21/14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *CB* (Initials)

Violation Report: 30036 - 01/24/2014 - Rosenblat, Dale
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
2600.225(c) - 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.

2a. DESCRIPTION OF VIOLATION

- The most recent assessment for Resident # 1 was completed on 1/10/13. The home has not completed a new assessment for this resident.
- The most recent assessment for Resident #2 was completed on 8/15/12. The home has not completed a new assessment for this resident.
- The most recent assessment for resident #3 was completed on 4/13/12. The home has not completed a new assessment for this resident.

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.

Assessments for Residents #1, #2 & #3 were completed immediately on 01-24-14.

To ensure violation does not recur a Resident list has been posted in Main office. Dates are beside Residents name. List will be checked daily by the Administrator and Designer.

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 C Parsons Admin. Date 02-27-14

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The above plan of correction is approved as of 3/2/14 (Date) Plan of correction implementation status as of 3/2/14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 30036 - 01/24/2014 - Rosenplat, Dale
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
- A support plan was completed for Resident #1 on 1/10/13. The resident's support plan was not revised.
- A support plan was completed for Resident #2 on 8/15/12. The resident's support plan was not revised.
- A support plan was completed for Resident #3 on 4/13/12. The resident's support plan was not revised.

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.

Support Plans for Residents #1, #2 & #3 were completed immediately on 01-24-14 after Residents assessments were complete.

To ensure violation does not recur a Resident List has been posted in Main office. Dates are beside Residents name, list will be checked daily by the Administrator and Designer.

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 C Parsons Admin.* Date *02-27-14*

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

The above plan of correction is approved as of <u>3/2/14</u> (Date)	Plan of correction implementation status as of <u>3/2/14</u> (Date)
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