



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 5, 2014

Ms. Mary C. Parsons, Administrator/ Owner
Helping Hand Rescue Mission, Inc.
112 Mission Lane
Lilly, Pennsylvania 15938

RE: Helping Hand Rescue Mission
Main Building
30036

Dear Ms. Parsons:

As a result of the Department of Public Welfare's licensing inspection on August 28, 2014 of the above facility, a violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary was found.

The violation 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 cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 30036 - 08/28/2014 - Gansil, Lori
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.221(a) - The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

2a. DESCRIPTION OF VIOLATION
 The home does not have a program of activities designed to promote the active involvement of residents.

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.

09-05-14 - Resident Meeting was held with all Residents to discuss new ideas for activities. (Sign In sheet attached also the Sept + Oct Activity Calander.)

To ensure violation does not recur a Resident Meeting will be held every 6 Months was needed to keep activities fresh & exciting, also to obtain new ideas from the Residents. Administrator will keep Documentation. (Sign In Sheets, any notes)

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** Date **10/25/14**

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

The above plan of correction is approved as of	<u>11-5-14</u> (Date)	Plan of correction implementation status as of <u>11-5-14</u> (Date)
The above plan of correction was approved by	<u>Bz</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented