



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 9, 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
Certificate #: 300360

Dear Ms. Parsons:

As a result of the Department of Human Services' licensing inspection on November 20, 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 cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING		License Number: 30036
Address: 112 MISSION LANE, LILLY, PA 15938		County: Cambria
Administrator: Mary C. 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 Labor & Industry		
Staffing Hours Resident Support: NM Total Daily Staff: 32 Waking Staff: 24		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/20/2014: McCloskey, Jason		
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: 31 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: 27 Are 60 Years of Age or Older: 20 Have Mental Illness: 18 Have an Intellectual Disability: 11 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 30036 - 11/20/2014 - McCloskey, Jason
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
On 11/20/14 at 9:14 am, the licensing representative requested access to the home's medication administration records (MARs). Staff person A stated the MARs were not present in the home and would have to be retrieved from an adjacent building on the property. The MARs were provided to the licensing representative at 9:39 am.

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.

MARs have not been removed from building since returned on 11/20/14 at 9:39am

To ensure violation does not recur the homes Certified Medication Administration Trainer will do documented daily checks starting 11/21/14 to ensure MARs are present in the home. Documentation attached

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary C Johnson

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

Date 12,13,14

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

The above plan of correction is approved as of 1-2-15
(Date)

Plan of correction implementation status as of 1-2-15
(Date)

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

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

Violation Report: 30036 - 11/20/2014 - McCloskey, Jason
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
-Two bottles of furniture polish, one orange scented and one lemon scented, with manufacturer's labels indicating, "If swallowed, drink a glass of water and contact a doctor or poison control center for treatment," were unlocked and accessible to residents in a cabinet in the laundry room.
-A 128-ounce bottle of "Pinalen Max" multi-cleaner with a manufacturer's label indicating, "If swallowed, drink a glassful of water. If in eyes, rinse thoroughly with water. Call a physician or poison control center," was unlocked and accessible to residents in the same laundry room cabinet.
Staff person B stated that all residents of the home have not been assessed capable of recognizing and using poisons safely.

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.

Lock was immediately locked on cabinet to ensure residents safety.

To ensure violations does not recur a mandatory staff meeting was held on Nov. 21, 2014 @ 2:00pm
Staff was explained the importance of all poisonous materials being locked up away from all residents for their protection.
Sign in sheet from meeting attached

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/11/2014

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

Printed Name and Title of Legal Entity Representative Date 12/13/14
(Required on EVERY Page)

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The above plan of correction is approved as of 1-8-14 Plan of correction implementation status as of 1-8-14
(Date) (Date)

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

The above plan of correction was approved by
(Initials)

Violation Report: 30036 - 11/20/2014 - McCloskey, Jason
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
On 11/20/14 at 9:05 am, a strong odor of feces was detected near the bathroom across from bedroom #10 on the main floor. The rim of the toilet in the bathroom had feces inside and outside of the toilet bowl. The bathroom sink contained several inches of standing water as a result of being clogged with feces. The gray non-slip throw rug on the floor of the bathroom was also smeared with feces.

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.

Immediately bathroom was cleaned and disinfected, and rug was removed to be washed.

To ensure violations does not recur a mandatory staff meeting was held on Nov. 21, 2004 @ 2:00pm for all staff. Staff was instructed to check all areas for unsanitary conditions constantly, and the importance of getting it cleaned up as fast as possible. Sign in sheet attached.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date *12/13/14*

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

The above plan of correction is approved as of 1-8-15 (Date)
The above plan of correction was approved by bc (Initials)
Plan of correction implementation status as of 1-8-15 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

1. 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.

2a. DESCRIPTION OF VIOLATION

On 11/20/14, the following medications were found loose in the home:

- a round orange pill found in the 2nd drawer from the top of the 1st shift medication cart
- an orange capsule underneath the 1st shift medication cart
- two small round white pills in the 3rd drawer from the top of the 2nd shift medication cart
- a round peach pill on the floor in the hallway across from the medication room

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.

Immediately all medications found were removed and disposed.

To ensure violation does not recur a log has be developed that must be signed by each shift Team leader confirming the carts where checked for lose pills starting Nov. 25, 2014
Log Attached

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)

Date 12, 13, 14

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

The above plan of correction is approved as of

1-8-15
(Date)

Plan of correction implementation status as of

1-8-15
(Date)

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

The above plan of correction was approved by

BE
(Initials)

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The home uses a shift-change count system to account for narcotic medications. Staff person B stated that the narcotic count sheets could not be located.

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.

Immediately narc's where re counted and new Count sheets where started 9pm 11/20/14 and have continued daily at every Shift change.

The home will develop & implement procedures for the safe storage and distribution of all medications. - BZ

To ensure violation does not recur the homes Certified Medication Administration Trainer will do documented daily Checks starting 11-21-14 to ensure Count sheets ^{are} completed every shift. Documentation Attached

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary C. P...out*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date *12, 13, 14*

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

The above plan of correction is approved as of <u>1-8-15</u> (Date)	Plan of correction implementation status as of <u>1-8-15</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

1. REGULATION 55 Pa.Code §2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 -On 11/20/14 at 9:00 am, Staff person A administered medications to Residents #1 - #9. Staff person A did not initial or record the date and time of administration because the medication administration records (MARs) were not present in the home at the time of administration.
 -The MARs for Resident #3 have not been marked to indicate administration of medications since 11/12/14.
 -The MARs for Resident #4 have not been marked to indicate administration of medications since 11/13/14.

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.

Immediately a new copy of MAR's were ordered for each resident from the pharmacy and started at next med pass on 11-20-14 at 9pm

To ensure violations does not recur the homes Certified Medication Administration Trainer will do documented daily checks on 11-20-14 ensuring documentation is being done at the time of administration. Also, a mandatory staff meeting was held on 11-24-14 @ 2:00pm for staff trained to pass medications. The homes Medication Policy & Procedures were reviewed, and staff was counseled on the importance of correct medication administration and documentation. Sign in sheet attached.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date 12/3/14	

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

The above plan of correction is approved as of	1-8-15 (Date)	Plan of correction implementation status as of	1-8-15 (Date)
The above plan of correction was approved by	<i>JE</i> (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	