



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 13 2015

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

RE: Helping Hand Rescue Mission – Main Building
License #: 300360


Dear Ms. Parsons:

As a result of the Department of Human Services' licensing inspection on March 3, 2015 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.

Your regular license for the period June 20, 2015 to June 20, 2016 was issued on March 31, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director _{SH}

Enclosure
License 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 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	Total Daily Staff: 32	Waking Staff: 24
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/03/2015: McCloskey, Jason; Palermo, Michael		
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: 17 Are 60 Years of Age or Older: 14 Have Mental Illness: 27 Have an Intellectual Disability: 6 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 30038 - 03/03/2015 - McCloskey, Jason
FCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
2600.108 - Firearms, weapons and ammunition shall be permitted on the licensed premises of a home only when the following conditions are met:
(1) Firearms and weapons shall be contained in a locked cabinet located in a place other than the residents' room or in a common living area.
(2) Ammunition shall be contained in a locked area separate from firearms and weapons, and located in a place other than the residents' room or in a common living area.
(3) The key to the locked cabinet containing the firearms, weapons and ammunition shall be in the possession of the administrator or a designee.
(4) The administrator or a designee shall be the only individual permitted to open the locked cabinet containing the firearms and weapons and the locked area containing the ammunition.
(5) If a firearm, weapon or ammunition is the property of a resident, there shall be a written policy and procedures regarding the safety, access and use of firearms, weapons and ammunition. A resident may not take a firearm, weapon or ammunition out of the locked cabinet into living areas.

2a. DESCRIPTION OF VIOLATION
On 3-3-15, six air rifles were in a gun cabinet in the bedroom of Resident #1. The home did not have a key to the cabinet and the home does not have a written policy or procedures addressing safety, access and use of firearms, weapons and ammunition.

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.

On 03-05-2015 A New lock was put on Resident #1's Gun Cabinet. Administrator has possession of the key.
On 03-25-15 All Air Rifles and ammunition was transferred from Resident #1's Bedroom into a Gun Cabinet then locked. Ammunition locked up separate with a lock. Gun Cabinet is kept in a locked room that is not accessible to residents this was done by Administrator and Designee Policy/Procedures Made for unit

Repeat Violation: No Date(s) of Previous Violation(s): Resident's future admission this is not accepted.

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 03-25-15

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

The above plan of correction is approved as of 4/15/15 (Date) Plan of correction implementation status as of 4/15/15 (Date)

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

The above plan of correction was approved by [Signature] (Initials)

Violation Report: 30036 - 03/03/2015 - McCloskey, Jason
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
The home's designated evacuation time as determined by a fire safety expert is 2 minutes and 30 seconds. The fire drill on 9-8-14 took 2 minutes and 50 seconds.

2b. 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.

On 03/18/2015, Meeting was held with residents and staff regarding Fire Safety and the importance of the Fire Drills that take place monthly. Make sure they evacuated at the sound of the Alarm immediately, also using different Exits. Administrator and Designee gave examples.

All drills will be completed under 2 minutes 30 seconds. If a drill exceeds the time of 2 minutes 30 seconds it will be repeated. Residents who are unable to evacuate in under 2 minutes 30 seconds will be evaluated for mobility needs which will be addressed. 03/11/15

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 03-25-15

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

The above plan of correction is approved as of	<u>4/15/15</u> (Date)	Plan of correction implementation status as of <u>4/15/15</u> (Date)
The above plan of correction was approved by	<u>CB</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

Violation Report: 30036 - 03/03/2015 - McCloskey, Jason
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

REGULATION 55 Pa.Code §2600
2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

There is no exit sign over the basement exit door inside the personal care / dom care exit stairwell. The home currently serves 31 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.

Exit sign was posted immediately over Basement Exit Door.

On March 3, 2015, Administrator and Designee checked all exits on each floor to be sure Exit signs were at each Exit.

To ensure violation doesn't recur all Exits will be checked Monthly.

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 03-25-15

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The above plan of correction is approved as of

4/15/15 (Date)

Plan of correction implementation status as of

4/15/15 (Date)

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

The above plan of correction was approved by

MS (Initials)

Violation Report: 30036 - 03/03/2015 - McCloskey, Jason
FCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
Resident #2 participated in the development of their support plan on 6-26-14. The resident did not sign the support plan.

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 Plan for Resident #2 was signed immediately that day.

To ensure violation doesn't recur Support plans will be checked twice for completion by Administrator and Designee.

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 *03-25-15*

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

The above plan of correction is approved as of 4/15/15 (Date)
The above plan of correction was approved by CB (Initials)
Plan of correction implementation status as of 4/15/15 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented