



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 31, 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 June 29, 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.

The 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,

Brett Swanger
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 L & I		
Staffing Hours Resident Support: 0 Total Daily Staff: 28 Waking Staff: 21		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 06/29/2015: Swanger, Brett; Bomberger, Cybil		
Off-Site Inspection Dates and Inspectors, if Applicable 06/26/2015: Swanger, Brett		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 27 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: 15 Are 60 Years of Age or Older: 12 Have Mental Illness: 27 Have an Intellectual Disability: 6 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 30036 - 06/26/2015 - Swanger, Brett
PCH Name: Helping Hand Rescue Mission- Main Building

REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

The home was unable to provide verification of a High School Diploma, GED, or Active registry status on the Pennsylvania nurse aide registry for Direct Care Staff Member A. Interviews with staff and the Administrator found that the job duties of Direct Care Staff Member A include incontinence care for 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.

06/29/15 Immediately Staff Member A was instructed not to perform anymore Direct Care Staff duties.

06/29/15 To ensure violation does not reoccur all possible Direct Care staff persons will be required to present their High School diploma, GED diploma, or active registry status on PA nurse aide registry on the day of interview and/or before the first day of work.

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

07/16/15

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

The above plan of correction is approved as of

7/20/15
(Date)

Plan of correction implementation status as of

7/30/15
(Date)

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

The above plan of correction was approved by

BAS
(Initials)

Violation Report: 30036 - 06/26/2015 - Swanger, Brett
PCH Name: Helping Hand Rescue Mission- Main Building

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- 1) Training that includes a demonstration of job duties, followed by supervised practice.
- 2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- 3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

The home was unable to provide verification that Direct Care Staff Member A completed the Department approved direct care training course and passing of the competency test. Interviews with staff and the Administrator found that the job duties of Direct Care Staff Member A include incontinence care for 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.

06/29/15 Immediately, Staff Member A was instructed not to preform anymore Direct Care Staff duties.

06/29/15 To ensure violation does not reoccur all possible Direct Care Staff will be required to take and pass the Department-approved Direct Care Staff training course and competency test before doing any Direct Care Staff duties

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Marcy Parsons

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

Marcy C. Parsons

Date 07/16/15

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The above plan of correction was approved by

BRA
(Initials)

RECEIVED TIME JUL. 17. 6:06PM

Violation Report: 30036 - 06/26/2015 - Swanger, Brett
PCH Name: Helping Hand Rescue Mission- Main Building

1. REGULATION 55 Pa.Code §2600
2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION

A large accumulation of flies were seen congregating on a bare mattress located in the four male resident bedroom on the lower level of the home that provides an exit to the outside. An accumulation of flies were also observed in the lower level bathroom nearest to this four resident bedroom.

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.

06/29/15

Immdiently bedroom and bathroom where cleaned and sanitized. ^{Fly} Fly traps where placed near bedroom and bathroom and are being checked and changed daily to ensure the health and safety of the residents.

The home currently has a Pest Control Company that comes in monthly. On the next visit we will ask for any recommendations of the most efficient and appropriate treatment to rid the home of fly infestation and they will be followed.

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

07/16/15

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The above plan of correction was approved by

BRJ
(Initials)

Violation Report: 30036 - 06/26/2015 - Swanger, Brett
PCH Name: Helping Hand Rescue Mission- Main Building

1. REGULATION 55 Pa.Code §2600

2600.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

2a. DESCRIPTION OF VIOLATION

A large roll of raw hamburger was observed thawing in a dry pan located on top of a counter in the kitchen.

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.

06/29/15
Immediately, the roll of raw hamburger was removed from counter top, and placed into refrigerator

06/30/15
To ensure violations does not re occur a mandatory staff meeting was held on June 30, 2015 @ 2:15pm and proper food thawing and storage procedures where reviewed. (Sign in sheet from meeting 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)

Mary C. Parsons

Date

07/16/15

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