



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HELPING HAND RESCUE MISSION INC
LEGAL ENTITY

To operate HELPING HAND RESCUE MISSION - MAIN BUILDING
NAME OF FACILITY OR AGENCY

Located at 112 MISSION LANE, LILLY, PA 15938
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 47
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 15, 2015 until April 15, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 300361

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: OCT 15 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 #: 300361

Dear Ms. Parsons:

As a result of the Department of Human Services' (Department) licensing inspection on July 29, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #300360 dated June 20, 2015 to June 20, 2016 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated June 20, 2015 to June 20, 2016 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

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

If you disagree with the decision to issue a **PROVISIONAL** license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your **PROVISIONAL** license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Ms. Mary C. Parsons

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosures
License
Licensing Inspection Summary

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: HELPING HAND RESCUE MISSION		License Number: 30036	
Address: 112 MISSION LANE, LILLY, PA 15938		County: Cambria	
Administrater: 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 and Industry			
Staffing Hours Resident Support: 0		Total Daily Staff: 28	
Type of Inspection: Partial		BHA Docket Number:	
Reason(s) for Inspection(s) Complaint		Notice: Unannounced	
On-Site Inspections Dates and Department Representatives On-Site 07/29/2015 Swanger, Brett, Bomberger, Cybil			
Off-Site Inspection Dates and Inspectors, if Applicable 07/27/2015: Swanger, Brett 07/29/: Swanger, Brett			
Other Details Partial or Full Triggers: Random Indicators:			
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 47		Number of Residents who:	
Number of Residents Served: 27		Receive Supplemental Security Income: 15	
Secured Demantia Care Unit In Home: No		Are 60 Years of Age or Older: 12	
Area:		Have Mental Illness: 27	
Secured Dementia Unit Capacity, if Applicable:		Have an Intellectual Disability: 6	
Number of Residents Served in Secured Dementia Care Unit, if applicable:		Have a Mobility Need: 1	
Number of Current Hospice Residents: 0		Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0			

Violation Report: 30036 - 07/27/2015 - Swanger, Brett
PCH Name: HELPING HAND RESCUE MISSION

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

2a. DESCRIPTION OF VIOLATION

Resident #1's Medication Administration Record (MAR) had 169 documented for the ACCU Check completed 9:00am on 7/29/15, however Resident #1's glucometer device did not have the corresponding date, time, and blood sugar level for this check recorded on it. Staff Member A stated that Resident #2's glucometer was used for Resident #1's 9:00am ACCU check on 7/29/15 and that the use of other residents' glucometers when performing ACCU checks for the residents was common practice. Resident #1's glucometer readings for the date, time, and blood sugar level as listed on the device for the time period of 7/28/15 through 7/28/15 do not correspond to the readings documented on this resident's MAR and are as follows:

Date	On Glucometer Device		On MAR	
	Time	Reading	Time	Reading
7/28/15	7:32 am	125	9:00 am	155
7/28/15	6:45 am	290		
7/27/15	8:04 pm	240	9:00 pm	212
7/27/15	7:12 pm	220		
7/27/15	7:07 pm	345		
7/27/15	4:10 pm	205	5:00 pm	136
7/27/15	3:20 pm	165		
7/27/15	11:53 am	269	1:00 pm	99
7/27/15	11:36 am	321		
7/27/15	7:25 am	125	9:00 am	233
7/27/15	6:47 am	283		
7/28/15	7:51 pm	216	9:00 pm	276
7/28/15	7:21 pm	458		
7/28/15	3:20 pm	351	5:00 pm	257
7/28/15	2:12 pm	99	1:00 pm	150
7/28/15	8:17 am	223	9:00 am	198
7/28/15	7:28 am	180		

The home is not using the glucometer dedicated to each resident when performing that resident's ACCU check.

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 that day the glucometers were disinfected and relabeled. Staff members were instructed immediately that they should only use glucometers for a resident if their individual name is labeled on it. A staff meeting was held on 07/30/15 @ 1:00pm for staff trained to pass medications to review and stress the importance of preventing cross contamination. (Sign in sheet attached)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Macy Parsons*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Macy Parsons* Date *08/13/15*

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

The above plan of correction is approved as of 9/11/15 (Date)

Plan of correction implementation status as of _____ (Date)

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

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

Plan of Correction Continued

2600.85(a) Sanitary conditions shall be maintained.

The cart containing the resident's glucometers was immediately removed from the hallway outside of the Medication Office and moved into the Medication Office. Staff will monitor glucometer use to assure that the residents who perform their own testing are using the proper glucometer.

A log sheet will be developed and implemented by September 30, 2015 to track the use of each resident's glucometer with that specific resident. The Med Tech completing the glucometer testing will sign off on the sheet to assure that each resident only used the glucometer assigned to him or her. The administrator shall be responsible for monitoring the log sheets weekly to assure that glucometers are not being shared.

The administrator shall assure that non-expired antiseptic hand gel and alcohol wipes are available at all times in the Medication Room. Staff will use these items, after assisting each resident, to disinfect their hands and any surfaces that come in contact with bodily fluids during medication administration to control the possible spread of infectious diseases.

The administrator shall utilize an agency that can dispose of hazardous waste materials to safely discard items placed in the home's Sharp's containers. All full Sharp's containers in the home shall be properly disposed of by October 15, 2015 and the proper disposal for future hazardous waste materials shall be on-going.

The staff members responsible for blood glucose testing and insulin administration received retraining in the care of diabetes by a Certified Diabetes Educator on August 3, 2015.

BAS 9/11/15

Violation Report: 30036 - 07/27/2015 - Swanger, Brett
PCH Name: HELPING HAND RESCUE MISSION

1. REGULATION 55 Pa. Code §2600
2600 162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
The menus posted on the door outside of the dining room were for the month of July 2015. There were no posted menus for the time period after 7/31/2015, and thus did not show the menu scheduled for the next week.

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.

The first week of the next month was posted immediately. To insure this does not ~~recur~~ Reoccur the first week of the next month will be attached to each menu when hung at the beginning of the each month.

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

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

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

Date *08/13/15*

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

The above plan of correction is approved as of 9/11/15
(Date)

Plan of correction implementation status as of _____
(Date)

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

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