



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 19, 2016

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' licensing inspection on December 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.

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,

A handwritten signature in black ink, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

VIOLATION REPORT

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: Helping Hand Rescue Mission		License Number: 30031
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 and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 28 Waking Staff: 21		
Type of Inspection: Interim - Provisional		BHA Docket Number: Notice: Announced
Reason(s) for Inspection(s) Provisional, Interim, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/03/2015: McCloskey, Jason; Gillespie, Denise		
Off-Site Inspection Dates and Inspectors, if Applicable 12/04/2015: McCloskey, Jason		
Other Details Partial or Full Triggers: N/A Random Indicators: N/A		
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: 1 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: 30031 - 12/03/2015 - McCloskey, Jason

PCH Name: Helping Hand Rescue Mission

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 12/2/15, an allegation of abuse against Resident 1 was reported to Staff Person A. The home did not report the allegation to the local area agency on aging.

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 12/04/15 Cambria County Area Agency on Aging Adult Protective Services where notified about the above allegation.

To prevent violation from reoccurring a mandatory staff meeting was held on 12/09/15 @ 1:30pm (sign in sheet attached) reviewing the OAPSA and the homes policy and procedures for Verbal complaints

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 / Administrator

Date 01/12/16

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The above plan of correction is approved as of

1/19/16 (Date)

Plan of correction implementation status as of

1/19/16 (Date)

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

The above plan of correction was approved by

MCS (Initials)

Violation Report: 30031 - 12/03/2015 - McCloskey, Jason
PCH Name: Helping Hand Rescue Mission

1. REGULATION 55 Pa.Code §2600
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
On 12/3/15 the home's provisional license was not posted in a conspicuous and public place in the home.

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.

12/03/15
Immediately Current license where posted in shadow box by Med Room.

To prevent violations from reoccurring license will be posted immediately upon receiving them.

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 / Administrator* Date *01/12/16*

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(Date)

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(Date)

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

Violation Report: 30031 - 12/03/2015 - McCloskey, Jason
PCH Name: Helping Hand Rescue Mission

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 12/2/15, a Peer Star companion made a threatening comment to Resident 1 that if the Peer Star Companion had a gun, the companion would shoot the resident. The home did submit an incident report to the Department.

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 on 12/03/15 an incident report was faxed to the departments regional office. (Incident Report attached)

To prevent violation from reoccurring a mandatory staff meeting was held on 12/10/15 @ 1:30pm (sign in sheet attached) reviewing Appendix A and B from the RCG 55 Pa. 2600 along with the homes reportable incident policy.

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 / Administrator

Date 01/12/16

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(Date)

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The above plan of correction was approved by

MCS
(Initials)

Violation Report: 30031 - 12/03/2015 - McCloskey, Jason
PCH Name: Helping Hand Rescue Mission

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Staff Member B has been intimidating and emotionally abusive to residents. On 11/27/15, Staff Member B yelled at Resident 1, Resident 3, and Resident 4 "Get your asses upstairs and get your pills." Upon interview, Staff Member B admitted to making this comment. During an interview, Resident 6 stated Staff Member B yells at the resident and made the comment, "I'm totally afraid of [Staff Member B]." Resident 6 stated that the resident has tried to avoid Staff Member B out of this fear. On 12/2/15, a Peer Star companion made a threatening comment to Resident 1 that if the Peer Star Companion had a gun, the companion would shoot the resident.

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 on 12/03/15 Staff Member B was suspended until 12/09/15 @ 1:30pm. Residents 1, 3, 4, and 6 have had no more problems or complaints.

The Peer Star management was immediately contacted regarding the incident and Resident 1 is no longer being served by the Peer Star companion who made the statement. *BAS 1/12/16*

To prevent violation from reoccurring a mandatory staff meeting was held on 12/11/15 @ 1:30pm reviewing Residents Rights and different types of Abuse from the RCG SSPa 2600.42(a) - 42(y) (sign in sheet 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 / Administrator* Date *01/12/16*

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

Violation Report: 30031 - 12/03/2015 - McCloskey, Jason
PCH Name: Helping Hand Rescue Mission

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
Resident 1 reported witnessing Staff Member B taking a cigarette out of the mouth of Resident 5 and then refusing to allow Resident 1 access to cigarettes for a 30 day period due to Resident 1 giving the cigarette to Resident 5.
Resident 3 reported that Staff Member B has refused to allow Resident 3 access to cigarettes for a 30 day period due to Resident 3 giving a cigarette to Resident 5.

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 on 12/03/15 Staff Member B was suspended until 12/09/15 @ 1:30pm. Residents 1, 3, and 5 have had no more complaints or problems.

To prevent violations from reoccurring a mandatory staff Meeting was held on 12/11/15 @ 1:30pm (sign in sheet attached) reviewing Residents Rights and different types of Abuse from the RCG SSA. 2600.42(a) - 42(y)

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nancy C. Parsons / Administrator* Date *01/12/16*

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The above plan of correction is approved as of <u>1/19/16</u> (Date)	Plan of correction implementation status as of <u>1/19/16</u> (Date)
The above plan of correction was approved by <u>BNS</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: 30031 - 12/03/2015 - McCloskey, Jason
PCH Name: Helping Hand Rescue Mission

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
22 Fl. Oz Spic and Span multi-surface cleaner, with a manufacture's label indicating "If swallowed do not induce vomiting. Drink 1-2 glasses of water and contact a doctor or poison control center immediately", was unlocked and accessible to residents. Residents of the home, including Resident 2, 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.

Immediately the Spic and Span was removed from the unlocked area and placed in proper locked area.

To prevent violation from reoccurring a central location will be established ^{before 01/20/16} on both the Main Floor and Basement level of the home where all poisonous materials must be stored

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 / Administrator* Date *01/12/16*

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