



**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

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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  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 April 12, 2016 until April 12, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 300360

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.



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DEPARTMENT OF HUMAN SERVICES

APR 12 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 #: 300360

Dear Ms. Parsons:

As a result of the Department of Human Services' licensing inspection on March 9, 2016 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones  
Director<sub>LSH</sub>

Enclosures  
License  
License Inspection Summary

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

PCHName: Helping Hand Rescue Mission		Licenses Number: 30038	
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			
<b>Certificate(s) of Occupancy</b> C-2 LP 12/21/2000 Labor and Industry			
<b>Staffing Hours</b> Resident Support: 0		Total Daily Staff: 32	Waking Staff: 24
Type of inspection: Full		BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for inspection(s)</b> Renewal, Provisional			
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 03/09/2016: Gillespie, Denise; Bomberger, Cybil; Palermo, Michael			
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>			
<b>Other Details</b> Partial or Full Triggers:			
Random Indicators:			
<b>Resident Demographic Data as of Inspection Dates</b>			
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		<b>Number of Residents who:</b> Receive Supplemental Security Income: 21 Are 80 Years of Age or Older: 15 Have Mental Illness: 23 Have an Intellectual Disability: 6 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 30036 - 03/09/2016 - Gillespie, Denise  
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 3/6/16, an altercation occurred between Resident #1 and Resident #4. State Police responded to the incident. The home has not submitted 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 03/09/16 an incident report was sent to the departments regional office. (Report attached)

To ensure violation does not reoccur on 03/10/16 Appendix A and B from the RCG were laminated and posted to the Med Room wall as a reminder and reference for all employees daily. And in service will be held with our local Adult Protective Service Agency, reviewing Reportable Incidents, and instructions on filling out the departments Incident Report form. Date for in service is pending we are awaiting call back from Ed Sedlock for date and time. Sign in sheets from in service will be faxed.

Repeat Violation: Yes      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 *04/04/16*

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

The above plan of correction is approved as of 4-5-16  
(Date)

Plan of correction implementation status as of 4-5-16  
(Date)

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

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

Violation Report: 30036 - 03/09/2016 - Gillespie, Denise

PCH Name: Helping Hand Rescue Mission

1. REGULATION 55 Pa.Code §2600  
2600.104(b)(3) - Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.

2a. DESCRIPTION OF VIOLATION

On 3/9/16, the home served breakfast at 9:00 am and lunch at 12:30 pm using paper plates for all 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.

Immediately on 03/09/16 the supply of paper plates in the Kitchen where removed, and Kitchen staff where notified that Paper products are not permitted to be used on a regular basis.

To ensure violation does not reoccur all Paper products will remain in main storage area, Making them unavailable to staff daily.

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

04/04/16

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Violation Report: 30038 - 03/09/2016 - Gillespie, Denise  
PCH Name: Helping Hand Rescue Mission

1. REGULATION 55 Pa.Code §2600  
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION  
On 3/9/16, there was an accumulation of lint in the lint trap of the Maytag Dependable dryer in the basement.

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 03/09/16 the lint trap was cleaned of all accumulated lint.

To ensure violation does not reoccur a staff meeting was held on Mar. 14, 2016 @ 2:15pm about the importance of lint traps being emptied after each use to prevent the risk of fire hazards. (Sign in sheet attached)  
Administrator or designee will monitor dryers daily to ensure lint traps are clean. - SE

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 04/04/16

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(Initials)

Violation Report: 30036 - 03/09/2016 - Gillespie, Denise  
PCH Name: Helping Hand Rescue Mission

1. REGULATION 55 Pa. Code §2600  
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION  
On 3/9/16, the first aid kit in the Subaru used to transport residents to medical appointments did not contain tweezers.

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 03/09/16 the first aid kit in the Subaru was replenished with a pair of tweezers.

To prevent violation from reoccurring on 03/14/16 the box that holds the first kit items in the Subaru will be shut with a zip tie that can only be opened if zip tie is broken, and a reminder tag will be placed on the Subaru Keychain instructing driver's to check first aid kit box to ensure zip tie is still secure. Administrator will monitor monthly. - BE

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

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(Required on EVERY Page) *Mary C. Parsons*

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

Date *04/04/16*

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Violation Report: 30036 - 03/09/2016 - Gillespie, Denise  
PCH Name: Helping Hand Rescue Mission

1. REGULATION 55 Pa.Code §2600  
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
The records for Resident #1, Resident #2 and Resident #3 do not include eye color, hair color, and identifying marks.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Includes 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 03/09/16 a resident information sheet was filled out for Residents # 1, 2, 3, containing all required information, and then placed into each individual's files. (Copy of information sheets attached) by Administration. *ee*

To ensure violation does not reoccur as of 03/14/16 a Resident information sheet containing all required information will be attached to the homes master copy of the person's lease home contract and will be completed upon admission, by Administration. *- ee*

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 *04/04/16*

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