



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Mailing Date: October 25, 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 October 5, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett Swanger", written over a white background.

Brett Swanger  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 30036 - 10/04/2016 - Heemer, Laura  
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

- 1. REGULATION 55 Pa.Code §2600**  
 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
  - (2) If the condition of the resident significantly changes prior to the annual assessment.
  - (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**  
 An assessment was completed for Resident 1 on 7/10/16. An new assessment was not completed after the resident was diagnosed with Cirrhosis on 8/8/16.  
 The assessment was also not revised to include the added diagnosis of Ascites and instructions to weigh daily, notify the physician if 3 to 5 pounds are gained in one week, avoid eating salty foods, and elevate feet and legs when sitting in a chair. The home received this information for Resident 1 on 8/23/16.

**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 10/05/16 the assessment was revised to add the two new diagnostics and the plan to meet the needs where filled out. (Revision attached)

To prevent violation from reoccurring all hospital discharge paperwork will be reviewed by Designee and Administrator to determine any and all assessment changes and revisions.

*Refer to Page 2A*

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 *10/22/16*

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

The above plan of correction is approved as of 10/25/16  
 (Date)

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

- Plan of correction implementation status as of 10/25/16  
 (Date)
- Fully Implemented
  - Partially Implemented - Adequate Progress
  - Partially Implemented - Inadequate Progress
  - Not Implemented

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The home will develop a tracking document to record that the Administrator and designee have reviewed hospital discharge information and new information received from medical appointments.

The home will conduct an audit of the most recently completed assessments and support plans for all current residents of the home to assure that the care needs for each resident has been addressed. This audit shall be completed by January 1<sup>st</sup>, 2017.

BAS  
10/25/16