



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 02 2017

Ms. Mary C. Parsons,
Administrator/President
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' annual licensing inspection on March 7, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 35036 - 03/07/2017 - Comstock, Kelly PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING	
1. REGULATION 55 Pa.Code §2600 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.	
2a. DESCRIPTION OF VIOLATION The exit from Room #14, leading outside, has two steps but does not have a hand rail for safety.	
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.	
<p>On 03/08/17 a well secured handrail was added to the exit in Room #14 leading outside. The railing is big enough to accommodate both steps. (Picture Attached)</p> <p>To ensure violation does not reoccur administrator/designee will inspected all areas after repairs or renovations have occurred to ensure all items are returned to the formal compliant state.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Marcy C. Parsons</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marcy C. Parsons</i>	Date <i>05/08/17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5-3-17</u> (Date)	Plan of correction implementation status as of <u>5-3-17</u> (Date)
The above plan of correction was approved by <u>be</u> (Initials)	<input checked="" 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: 30038 - 03/07/2017 - Comstock, Kelly
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
The bed located in Room #8 does not have a source of light that can be turned on/off from bedside.

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 03/08/17 a lamp was fastened to the wall in Room #6 next to bed B (Picture Attached) Resident demonstrated [redacted] was able to reach the lamp and turn it on and off with little effort.

To ensure violation does not reoccur when residents are admitted or are relocated to a new room. Administrator/Designee will ensure resident can effectively reach and use lamp from their bed.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Macy C Parsons* Date *05/08/17*

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

The above plan of correction is approved as of *5-31-17* (Date) Plan of correction implementation status as of *5-31-17* (Date)

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

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

Violation Report: 30036 - 03/07/2017 - Comelock, Kelly	
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING	
<p>1. REGULATION 55 Pa.Code §2600 2600.101 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.</p>	
<p>2a. DESCRIPTION OF VIOLATION Resident's #1 and #3 do not have signature forms on file indicating that they have been educated on the right to refuse medication if either believes that there may be a medication error.</p>	
<p>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.</p> <p style="text-align: center;">On 03/08/17 all current residents files where reviewed, and a right to refuse medication education form was signed and added to any resident file when needed.</p> <p style="text-align: center;">To ensure violation does not reoccur a copy of the right to refuse medication education form was placed in our master copy new admission packet. To ensure it is signed and explained during admission.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Mary C Parsons</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary C Parsons</i>	Date <i>05/08/17</i>
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The above plan of correction is approved as of <u>5-31-17</u> (Date)	Plan of correction implementation status as of <u>5-31-17</u> (Date)
The above plan of correction was approved by <u>BE</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: 30036 - 03/07/2017 - Comstock, Kelly PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING	
1. REGULATION 65 Pa. Code §2600 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	
2a. DESCRIPTION OF VIOLATION Resident #2's support plan does not address how the home will assist the resident in meeting his/her behavioral/cognitive needs.	
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.	
<p>Immediately that day and information missing from resident #2's support plan was entered, reviewed and finalized.</p> <p>The Administrator or designee will conduct an audit of RASP's for current residents to ensure that all medical and behavioral care needs are addressed in each resident's support plan. The audit will be completed by 7/14/2017. - <i>BE</i></p> <p>To ensure violation does not reoccur starting 05/08/17 all initial & annual RASP being completed will be reviewed and signed by our administrator or designee to ensure completion.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Macy C Parsons</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Macy C Parsons</i>	Date <i>05/08/17</i>
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