



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: August 3, 2017

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 29, 2017 and July 26, 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.

Sincerely,

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 MAIN BUILDING		License Number: 30036
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	Total Daily Staff: 34	Waking Staff: 26
Resident Support: 0	BNA Docket Number:	Notice: Unannounced
Type of Inspection: Partial		
Reason(s) for Inspection(s): Incident		

On-Site Inspections Dates and Department Representatives On-Site
 03/29/2017: Heemer, Laura; Palermo, Michael

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details	Random Indicators:
Partial or Full Triggers:	
Resident Demographic Data as of Inspection Dates	

Licensed Capacity: 47
Number of Residents Served: 33
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: 1

Number of Residents who:
 Receive Supplemental Security Income: 26
 Are 60 Years of Age or Older: 13
 Have Mental Illness: 22
 Have an Intellectual Disability: 8
 Have a Mobility Need: 1
 Have a Physical Disability: 0

Violation Report: 30036 - 03/29/2017 - Heemer, Laura
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

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 2/27/2017 Resident 2 was in need of the Triacinelone 0.1% cream prescribed for a rash, but there was none present in the home to administer to Resident 2. The home failed to report this incident 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.

On 06/22/17 the treatment cart was cleaned out and checked against MAR & Wound Care Record to ensure all current treatment medications were available.

To prevent violation from reoccurring the home will report incident to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours.

See 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 07/01/17

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

The above plan of correction is approved as of

7/7/17
(Date)

Plan of correction implementation status as of

8/2/17
(Date)

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

The above plan of correction was approved by

BAS
(Initials)

JUL-03-2017 16:30 From: Helping Hand Rescue 8147369099 4:48PM 3. RECEIVED TIME 1981

2600.16(c)

All staff will be re-educated on the home's process for reporting Reportable Incidents and the types of incidents that are required to be reported, as outlined in regulations 2600.16(a) and 2600.188(a). This re-education shall be completed within two weeks from the receipt of this plan. *BAS 7/7/17*

The administrator, or designee, will complete weekly audits of the Medication Administration Records for eight (8) current residents to identify times that medications were not administered. These audits shall be completed for different residents each week for a period of four weeks from the receipt of this plan. All medication errors will be reported in accordance with regulations 2600.16(a), 2600.16(c), 2600.188(a), 2600.188(b), and 2600.188(c). *BAS 7/7/17*

Violation Report: 30036 - 03/29/2017 - Heemer, Laura
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

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

2a. DESCRIPTION OF VIOLATION

During a joint investigation between the Department and the Pennsylvania Department of Health regarding two diagnosed cases of Group A Streptococcus for Resident 1 and Resident 2, Inspectors found that the home's staff reused single use syringes multiple times to irrigate the wound of Resident 2.

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 03/29/17 used syringe was removed from treatment cart and disposed.

To prevent violation from reoccurring all wound care syringes will be used once then disposed. Also, mandatory staff meeting was held on 04/07/17 @ 1:30pm by Dr. [redacted] personal nurse [redacted] RN when we reviewed Infection Control/Universal Precautions/Information on Streptococcus. (Sign in sheet attached)

See Page 3A

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 *07/01/17*

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

The above plan of correction is approved as of 7/7/17 (Date)

Plan of correction implementation status as of 8/2/17 (Date)

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

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

2600. 85(a)

The home's Certified Medication Administration Trainer shall observe each staff responsible for medication administration perform a medication pass (including wound care as applicable). Each staff will be observed once per week for a period of three (3) months from the receipt of this plan. Any identified problems found during the administration, including concerns regarding infection control and universal precautions, will be addressed immediately. Documentation of the observations, identified problems, and corrective actions shall be maintained by the home for Department review.

BAS 7/7/17

Violation Report: 30036 - 03/29/2017 - Heemer, Laura
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The home performed the medication administration of medihoney and related wound care to Resident 1 and Resident 2 in January 2017 and February 2017. The home did not maintain medication administration record of the wound care treatments performed on Resident 1 or Resident 2, including documentation of the name of the medication, dosage form, dose, route of administration, frequency of administration, diagnosis or purpose for the medication, the date and time of the medication administration, and the names and initials of the staff who administered the medication

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.

See page 4A

On 04/01/17 a new policy/procedure was implemented regarding the documentation of wound care treatments.

Starting 04/01/17 all wound care treatment medication and instructions will be documented on a paper wound care record. Unlike all other medication done electronically with QuickMar program. (Attached is revised policy/procedure for wound care documentation.)

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative <i>Mary C Parsons</i>		
Printed Name and Title of Legal Entity Representative <i>Mary C Parsons</i>		
		Date <i>07/04/17</i>

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

The above plan of correction is approved as of 7/7/17
(Date)

Plan of correction implementation status as of 8/2/17
(Date)

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

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

2600. 187(a)

The administrator, or designee, will complete weekly audits of the home's "Wound Care Records" for all residents that receive wound care to assure that the treatments are being administered per directives and proper documentation is occurring. These audits shall be completed for a period of four weeks from the receipt of this plan. The home shall immediately address any problems found.

BAS 7/2/17

Violation Report: 30036 - 03/29/2017 - Heemer, Laura
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident 2 was prescribed Triamcinolone 0.1% cream to be applied two times daily as needed for a rash. Cresson Rests Home Health nurses notes record that on 2/27/2017 the home health aide was unable to administer this medication to Resident 2's rash because the Triamcinolone was not present and available 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.

On 06/22/17 the treatment cart was cleaned out and checked against MAR & Wound Care Record to ensure all current treatment medications where available.

To prevent violation from reoccurring treatment cart will be checked weekly to ensure all treatment medications are present.

See Page 5A

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Macy C Parsons			07/01/17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Plan of correction implementation status as of	
7/7/17 (Date)		8/2/17 (Date)	
The above plan of correction was approved by		<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	
BAS (Initials)			

2600.187(d)

The home shall review its procedures for ordering medications. Changes shall be made to assure that prescriptions are ordered/reordered in a timely manner so that residents do not go without their medications. All staff who provide medication administration shall be reeducated on the ordering procedures. This re-training shall be completed within two weeks from the receipt of this plan.

BAS
7/7/17

The administrator, or designee, will complete weekly audits of the Medication Administration Records and "Wound Care Record" (if applicable) for eight (8) current residents to identify times that medications were not administered due to the medication not being available in the home. These audits shall be completed for different residents each week for a period of four weeks from the receipt of this plan. All identified problems will be addressed immediately.

BAS
7/7/17

Violation Report: 30038 - 03/29/2017 - Heemer, Laura
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Per interview with Staff member A, Staff members B, C, D, and E were used by the home to perform the wound care treatments for Resident 1 and Resident 2. Staff members B, C, D, and E have not completed the Department approved medications administration course that includes the passing of the Department's performance based competency test. Records obtained from Cresson Rest Home Health document that Staff Member B performed wound care treatment for Resident 2 on 03/20/2017.

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.

As of 03/29/17 no unlicensed staff have performed wound care treatments to any residents. Each staff member was notified individually about this change and notified of a mandatory staff meeting on 04/07/17 @ 1:30pm.

To prevent violation from reoccurring a mandatory staff meeting was held on 04/07/17 @ 1:30pm discussing new wound care treatment policy/procedure, and the importance of only the licensed staff performing wound care treatments. (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* Date *07/01/17*

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

The above plan of correction is approved as of 7/1/17 (Date)

Plan of correction implementation status as of 8/2/17 (Date)

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

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

Violation Report: 30036 - 03/29/2017 - Heemer, Laura
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

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

2a. DESCRIPTION OF VIOLATION

Home health services for wound care to be provided by Cresson Resta Home Health were ordered for Resident 1. The home had no documentation of these orders in the record for Resident 1.
Home health services for wound care to be provided by Cresson Resta Home Health were ordered for Resident 2. The home had no documentation of these orders in the record for Resident 2.

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 06/23/17 doctors' orders for Resident 1 and Resident 2 where added to their individual files. (Orders attached)

To prevent violation from reoccurring all other residents opened with a Home Health Agency files where reviewed to ensure doctors' orders for home health are present. In the future a doctor's order for a resident being opened with a Home Health Agency will be placed in residents file.

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 07/01/17

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

The above plan of correction is approved as of 7/6/17 (Date)

Plan of correction implementation status as of 8/2/17 (Date)

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

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