



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 04 2018

Ms. Mary C. Parsons,  
Administrator  
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' Adult Residential Licensing's annual licensing inspection on March 13, 2018 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](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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License 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
Adminlstrator: Mary C. 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 Dally Staff: 33                      Waking Staff: 25		
Type of Inspection: Full		BHA Docket Number:                      Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/13/2018: Showers, Michael; Hoover, Douglas		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
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: 3 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 29 Are 60 Years of Age or Older: 18 Have Mental Illness: 28 Have an Intellectual Disability: 9 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 30096 - 03/13/2018 - Showers, Michael  
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

On 03/13/18, at 9:30am a yellow sticky fly strip (Raid Fly Ribbon) was observed in the downstairs bathroom above the toilet. The fly strip had dead fly carcasses stuck to it and was at head height of residents utilizing the commode. Another yellow fly strip (Raid Fly Ribbon) was observed next to Room 17 downstairs and at a height capable of getting stuck to a resident's head upon entering or exiting Room 17.

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 03/13/18 both fly strips were taken down and properly disposed of all staff members were notified not to use fly strips. Until staff in service on March 21, 2018 when proper placement will be established. (Pictures attached of downstairs bathroom and living area outside Room 17 showing the absence of fly strips)

✚ The administrator shall perform checks of these areas of the home during daily walkthroughs to assure that the fly strips have been placed in a manner that does not cause a likelihood of contact with a person in the home and to monitor the condition of the strips. Fly strips containing a large amount of dead flies shall be replaced immediately.

*BAS 4/4/18*

On 03/21/2018, a mandatory staff meeting was held establishing proper use and placement of fly strips and other insecticides in effort to constantly maintain sanitary conditions. (See attached sign in sheet)

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 *04/01/18*

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

The above plan of correction is approved as of 4/4/18  
(Date)

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

Plan of correction implementation status as of 4/4/18  
(Date)

- Fully implemented
- Partially implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not implemented

Violation Report 30036 - 03/13/2018 - Showers, Michael  
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Codes §2600  
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

Numerous paper products, including cardboard boxes, plywood, plastic bags and paper receipts, were observed in the home's office stacked on top of an active operating hot water radiator used to heat 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.

Immediately on 03/13/18 all combustible and flammable materials were removed from active hot water heater in office. (See picture attached of home office radiator)

On 04/11/18 we will be holding our annual fire safety training mandatory to all staff. The instructor was made aware of this violation and will be making it a main talking point in his lecture. (Sign in sheet will be sent after class.)

\* The administrator shall perform checks of the home's hot water heater during daily walkthroughs to assure that combustible and/or flammable materials are not being stored on or in proximity of the heater.

BAS 4/4/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Mary C Parsons</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Mary C Parsons Administrator</i>	Date	<i>04/01/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4/4/18</u> (Date)	Plan of correction implementation status as of <u>4/4/18</u> (Date)
The above plan of correction was approved by <u>BAS</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 - 03/13/2018 - Showers, Michael  
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2)-The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 The medical evaluation for Resident 1, dated 7/26/17, does not include information in Section 3, Medical information pertinent to diagnosis and treatment; Section 4, Special Health or Dietary Needs; Section 5, Allergies; Section 6, Immunizations History; Section 7, Ability or lack thereof, to self-administer medications; Section 8, Body Positioning, movement; Section 9, Health Status Cognitive Functioning; Section 10, Mobility Needs Assessment. All the aforementioned sections were left blank with no information. In addition, there was no license number or printed name for the medical professional who performed the evaluation.

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 03/13/18 the doctors nurse was notified about the incomplete sections of the medical evaluation. She came on 03/14/18 and picked it up and dropped it back off on 03/27/18 completed. (See attached completed medical evaluation form.)

To prevent violation from reoccurring all medical evaluation forms will be double checked to make sure all sections are completed each time a new one is received.

\* The administrator will audit all resident records to ensure that each resident has a current medical evaluation and that the DME form is completed in full. Any DME found to be in need of required information shall be turned to the physician for completion. This audit shall be completed within 20 days from the receipt of this plan.

BAS  
 4/4/18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *04/01/18*

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

The above plan of correction is approved as of <u>4/4/18</u> (Date)  The above plan of correction was approved by <u>BAS</u> (Initials)	Plan of correction implementation status as of <u>4/4/18</u> (Date) <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
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