



Mailing Date: July 18, 2018

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's Bureau of Human Services Licensing inspection on June 28, 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.

Sincerely,

A handwritten signature in black ink that reads "Brett Swanger". The signature is written in a cursive style.

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 30036 - 06/28/2018 - Bomberger, Cybil
PCH Name: HELPING HAND RESCUE MISSION - MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1 was not signed by the administrator or designee.

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 06/28/2018 contract was signed by Administrator and Designee. (Copy of page 6 of contract is attached)

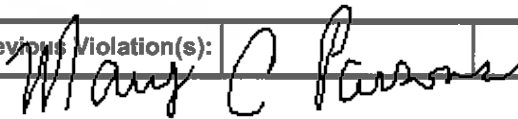
To prevent violation from reoccurring contract will be signed by Administrator or Designee immediately after signed by resident or residents designated person.

Also, and audit of all contracts will be conducted by Administrator and Designee to ensure they are signed by all party's. Audit will be completed by 07/30/2018.

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)

Mary C Parsons / Administrator

Date

07/16/2018

The above plan of correction is approved as of **DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!** Plan of correction implementation status as of

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

Fully Implemented 7/18/18
 (Date)

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 30036 - 06/28/2018 - Bomberger, Cybil
PCH Name: HELPING HAND RESCUE MISSION - MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The most recent RASP for resident #1, finalized on 7/10/17, was not updated to reflect the following: In September 2017 the personal care home became representative payee for resident #1. The RASP dated 7/10/17 indicates that this resident level A, independent for managing finances and is their own payee. This resident has limited of use of their left arm and leg and therefore uses a quad cane or a wheelchair to assist with mobility. The RASP dated 7/10/17 does not indicate the need or use of any mobility aids.

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 06/28/2018 the RASP for Resident #1 was updated to reflect that the personal care home as of Sept. 2017 is now their representative payee. Also, under Independent (Mobile) on page 5 of RASP "Uses quad cane/wheelchair independently" was added.

(Copy of page 4 and 5 of the RASP are attached)

To prevent violation from reoccurring an audit of all RASP will be conducted by Administrator and Designee to insure these items on page 4 and 5 of the RASP are correct for each Resident's individual situations. Audit will be completed by 07/30/2018.

* Staff will receive re-education to immediately notify administration of changes that occur in the residents. Administration shall perform an evaluation of the resident to assure that all necessary information is updated in the RASP. This re-education shall occur within 15 days from receipt of the plan. BAS 7/18/18

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 07/16/2018

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The above plan of correction is approved as of 7/18/18
 (Date)

Plan of correction implementation status as of 7/18/18
 (Date)

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

The above plan of correction was approved by BAS
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