



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HELPING HAND RESCUE MISSION INC
LEGAL ENTITY

To operate HELPING HAND RESCUE MISSION - MAIN BUILDING
NAME OF FACILITY OR AGENCY

Located at 112 MISSION LANE, LILLY, PA 15938
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE (S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 47
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 24, 2019 until October 24, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **300361**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: APR 24 2019

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 #: 300361

Dear Ms. Parsons:

As a result of the Department’s Bureau of Human Services Licensing annual inspection on February 6, 2019, February 7, 2019, March 20, 2019, and March 21, 2019 of the above facility, the citations specified on the enclosed violation report were found.

Based on violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), your current license # 300360 dated April 12, 2019 to April 12, 2020 is REVOKED. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated April 12, 2019 to April 12, 2020 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
85a	II	43	\$5	\$215	5 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

Violation Report: 30036 - 02/06/2019 - 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 February 3, 2019 at 9:00 am, 1:00 pm, 5:00 pm and 9:00 pm, and on February 4, 2019 at 9:00 am and 1:00 pm, the prescribed Lorazepam .5 MG was not administered to Resident 1. The home did not report these medication errors 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.

To ensure violation does not reoccur a staff meeting will be held with all medication technicians on March 6, 2019 1:30pm. Reviewing the homes policy and procedures on reporting incidents to the Department's personal care home regional office.

The administrator, and /or designee, will complete weekly audits of all resident Medication Administration Records to identify times that medications were not administered. These medication errors shall be reported in accordance with regulations 2600.16(a), 2600.16(c), 2600.188(a), 2600.188(b), and 2600.188(c). These audits will be completed for a period of two months from the date of this plan. BAS 3/6/19

The home will review the incidents reported to the Department on a quarterly basis to identify any patterns of issues that may need to be addressed by the home.

BAS 3/6/19

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/Owner

Date 03/04/2019

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

The above plan of correction is approved as of 3/7/2019
 (Date)

Plan of correction implementation status as of 4/15/19
 (Date)

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

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

Violation Report: 30036 - 02/06/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.			
2a. DESCRIPTION OF VIOLATION There are no working carbon monoxide detectors near the boiler in the basement level of the home as required by the Carbon Monoxide Alarms Standards Act. The battery-operated carbon monoxide detector located in the 2nd boiler room in the basement level of the home contained three Duracell-brand batteries with the date "MAR 2011" imprinted on them. The batteries were covered in green corrosion and the detector was not operational.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
Immediately on 02/07/2019 a new Carbon Monoxide Detector was installed in living area outside of 2nd boiler room.			
To ensure violation does not reoccur Carbon Monoxide Detector's will be checked during monthly fire drill. A check list will be implemented and kept with the monthly fire drill log that will be initialed monthly confirming all detectors are working properly, and to ensure that battery's are changed yearly. Check list will be prepared and started with March 2019 conducted fire drill.			
Copies of the checklist will be maintained in the home's records for Department review. BAS 3/6/19			
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) Mary C. Parsons Administrator/Owner			Date 03/04/2019
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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 - 02/06/2019 - Heemer, Laura
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Residents 4,5,6,7,8 and 9 reside in the home and have personal care needs attended to by the staff of the home, but do not have personal care home contracts.

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.

A written resident-home contract for current Domiciliary Care Residents 4,5,6,7,8 and 9 will be completed by March 10, 2019.

To ensure violation does not reoccur Domiciliary Care and Personal Care residents that are being admitted into the home will have a written resident-home contract prior to or 24 hours after admission.

The administrator, and /or designee, will complete an audit all resident records to assure that each resident has a current contract in place. The audit will be completed within 15 days from the receipt of this plan. BAS 3/6/19

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/Owner

Date 03/04/2019

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 (Initials)

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

Violation Report: 30036 - 02/06/2019 - Heemer, Laura PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING	
1. REGULATION 55 Pa.Code §2600 2600.42(c) - A resident shall be treated with dignity and respect.	
2a. DESCRIPTION OF VIOLATION On 2/6/2019 at 7:20 pm, Resident 2 was observed being escorted by Staff Person A down a hallway attached of one of the home's public lounges en route to the shower room. At this time, Resident 2 was only dressed in an adult incontinence brief. On 2/6/2019 at 9:40 am, incontinence pads were observed covering the upholstered furniture in the lounge areas throughout the home on the first floor and basement level.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>On 02/06/2019 at 9:00pm Staff Person A was pulled into office and reprimand for the unacceptable actions and that there will be no tolerance for those actions going forward.</p> <p>On 02/06/2019 at 9:30pm all incontinence pads where removed from any upholstered furniture on the first floor and basement level lounge areas.</p> <p>To ensure violation does not reoccur an In-service will be held with [REDACTED] from Area on Aging with the topic of Dignity, Respect and the right to Privacy. On March 13, 2019 <input type="checkbox"/> 10am that is mandatory to all staff. (The sign in sheet from that class will be forward to the dept. after its completion.)</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) Mary C. Parsons Administrator/Owner	Date 03/04/2019
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.42(q) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.			
2a. DESCRIPTION OF VIOLATION On 2/6/2019, at approximately 10:30 am, Resident 10 was observed using a bottle of Windex window cleaner and a towel to clean the windows of the rear exit door. Resident 10 is not compensated for this work.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>On March 20, 2019 @ 1:15pm a residents meeting will be held to have a discussion about other activities that can be offered to prevent residents from performing labors that appear to be in behalf of the home.</p> <p>All residents will be educated that the cleaning duties of the home will be performed by the staff of the home. Residents may choose to perform cleaning in their own bedrooms, but it is a voluntary practice of each resident.</p> <p>All staff will be re-educated that residents are not permitted to perform any work for the home, including cleaning duties.</p> <p>On-going: If any resident performs labor on behalf of the home, such labor will be voluntary and the resident will be compensated in accordance with State and Federal labor laws.</p> <p>BAS 3/6/19</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) Mary C. Parsons Administrator/Owner			Date 03/04/2019
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.			
2a. DESCRIPTION OF VIOLATION On 2/6/2019 there was a wall mounted camera in the stairwell, a wall mounted camera in the Chapel, and a wall mounted camera in the dining hall in the home. These cameras monitor audio, as well as video, interactions of the residents.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
On 02/06/2019 wall mounted cameras in the stairwell, Chapel and dining hall where disconnected and removed.			
To ensure violation does not reoccur no cameras will be used/ mounted in the home unless they lack the capability of audio and recording surveillance. Also, an In-service will be held with [REDACTED] [REDACTED] from Area on Aging with the topic of Dignity, Respect and the right to Privacy. On March 13, 2019 @ 10am that is mandatory to all staff. (The sign in sheet from that class will be forward to the dept. after its completion.)			
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) Mary C. Parsons Administrator/Owner			Date 03/04/2019
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A did not receive training in Medication Self Administration during training year 2018.

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.

A Medication Self Administration class was added to our 2019 DCS training schedule for March 27, 2019 @ 1:30pm.

To ensure violation does not reoccur Medication Self Administration training topic was added to my master copy of required annual DCS training.

The administrator will review each staff members training on a quarterly basis to identify any missed trainings and assure that the staff member has received the requisite number of annual training hours.

BAS 3/9/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura	
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING	
1. REGULATION 55 Pa.Code §2600 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.	
2a. DESCRIPTION OF VIOLATION A plastic tub labeled "Teddie" brand Peanut Butter containing laundry detergent was located In an unlocked floor-level cabinet in the laundry room. The laundry detergent was not in its original container and was not labeled with an original product label.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Immediately the Teddie's bucket with the laundry detergent in the laundry room was removed. On 02/08/2019 the entire facility was checked and anything not in original manufactured containers where relabeled with its proper label.</p> <p>To ensure violation does not reoccur a mandatory staff meeting will be held on March 13, 2019 @ 1:30pm instructing all staff to leave products in original containers and/or to be sure if it is removed from original container it is properly labeled with the protects manufactured label.</p> <p>The administrator, and /or designee, will perform weekly inspection of the home's supplies to ensure there is proper labeling and storage. This weekly inspection shall occur for a period of two months from the date of this plan and then ongoing during regular walkthroughs of the facility. BAS 3/6/19</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.			
2a. DESCRIPTION OF VIOLATION There were twenty-one 12-packs and eighteen 2-liter bottles of Faygo soda stored on a shelf with various poisonous materials, including a jug of Ortho Home Defense insecticide and a box of Raid Small Roach Baits.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
On 02/11/19 all the Faygo soda was removed from area where poisonous materials are kept and relocated.			
To ensure violation does not reoccur no food/soda will be kept in an area without poisonous materials or cleaning products.			
On-going: The home will store all poisonous materials away from food items. The administrator, and /or designee, will perform weekly inspection of the home's supplies and food items to ensure there is proper storage. This weekly inspection shall occur for a period of two months from the date of this plan and then ongoing during regular walkthroughs of the facility. BAS 3/6/19			
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) Mary C. Parsons Administrator/Owner			Date 03/04/2019
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Violation Report: 30036 - 02/06/2019 - 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

On 2/6/2019 at approximately 10:00 am, the downstairs basement level bathroom had an overpowering, pungent smell of urine. The area under the bathroom sink was filthy with a black substance which appeared to be mold and there was a McDonald's beverage cup stored under the sink that contained urine.

On 2/6/2019 at approximately 1 pm, the stainless steel range hood in the kitchen was extremely dirty. The exhaust chute was caked with a thick coating of black grease such that no bare metal could be seen and there were stove tools (scrapers and brushes) on the shelf just above cook surface that were covered with a coating of shiny grease.

On 2/6/2019 at approximately 3 pm, in Bedroom 104 the bed nearest the door had a comforter on it with 3 large dark brown stains. Upon close inspection, the stains smell like feces.

On 2/6/2019 at approximately 11:30 am, in Bedroom #2 – a bedroom shared by two Residents in the back-left corner of the home, Resident 3's bed linens were filthy as evidenced by staining of the unattached fitted sheet and stained pillow cases. The entire room was filthy as evidenced by a layer of dirt, body hair, lint, dead insects along the baseboard underneath and next to Resident 3's bed. There were 3 snack bags, including 2 pork rind bags, sitting on the floor; there were crawling insects in and around the bags. There was at least one fried egg sandwich partially covered in a paper towel sitting on a chair next to Resident 3's bed; it had several insects crawling in and around the sandwich and paper towel.

Several dead insects of various sizes as well as multiple live insects which appear to be roaches were observed crawling on the walls and floor of bedroom #2.

Underneath both beds in bedroom 2 was a very heavy layer of dust, dirt, body hair, lint and debris as if the floor hasn't been swept or mopped in months.

At approximately 3:45 pm on 2/6/2019 the downstairs bathroom (next to the steps) had no means of hand drying as there was no air dryer and the paper towel dispenser had no paper towels.

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.

Over the past few weeks the above areas have undergone a complete thorough cleaning.

To ensure violation does not reoccur a cleaning schedule will be implemented to ensure bedrooms are being cleaned weekly or twice weekly or daily if needed to maintain sanitary conditions at all time. Check list will be prepared and started by March 15, 2019.

(Continued on Page 11 A)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/13/2018	
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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/Owner

Date 03/04/2019

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

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 (Date)

Plan of correction implementation status as of 4/15/19
 (Date)

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 (Initials)

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

2600.85a

The area under the downstairs sink will be thoroughly cleaned to remove all black mold like substances. This area will be inspected twice per day to ensure that no urine is being stored in this area. Within five days from the receipt of this plan, all residents who are known to use this bathroom will be reeducated on proper sanitation practices in the bathroom. BAS 3/6/19

Within five days from the receipt of this plan, the stainless steel hood and the area surrounding it will be thoroughly cleaned to remove the excess build-up of grease. Within five days from the receipt of this plan, staff members responsible for cleaning and cooking duties will receive re-education on maintaining a sanitary cooking environment. BAS 3/6/19

Within 10 days from the receipt of this plan, staff of the home will assess the condition of all bedding in the home. Those items found to contain heavy staining or be in disrepair will be discarded immediately to ensure that all residents have clean and sanitary bedding. BAS 3/6/19

Within 30 days from the receipt of this plan, the home will contract a licensed exterminator to come to the home and provide services to address all issues regarding insect infestation. The home will perform daily inspections of all resident rooms to ensure that food and food trash is properly stored or disposed of. BAS 3/6/19

Immediately: Paper towels, or another approved hand-drying option, will be provided in each bathroom. Within 15 days from the receipt of this plan, all staff will be re-educated that appropriate hand-drying items are required in all bathrooms at all times. On-going: The home will perform daily checks of the bathrooms in the home to ensure that all bathrooms have appropriate hand-drying items available. BAS 3/6/19

The administrator, and or designee, will perform weekly inspections of the condition and cleanliness of the home. The administrator will review the implemented checklist and ensure that all identified duties have been thoroughly completed and sanitary conditions are being maintained. BAS 3/6/19

Violation Report: 30036 - 02/06/2019 - Heemer, Laura
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.86(a) - All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

2a. DESCRIPTION OF VIOLATION

The upstairs bathroom, adjacent to Bedroom #103, does not have an operable ventilation fan nor a window.

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 02/09/2019 the ventilation fan in the bathroom next to bedroom #103 was repaired.

To ensure violation does not reoccur a check list will be implemented that is initialed weekly after each ventilation fan is checked to ensure that each one is working and in good repair. Check list will be prepared and started by March 15, 2019.

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/Owner	Date 03/04/2019
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/7/2019</u> (Date)	Plan of correction implementation status as of <u>4/15/19</u> (Date)
The above plan of correction was approved by <u>BAS</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: 30036 - 02/06/2019 - Heemer, Laura
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION
 The side exit of the basement, leading from the left side of the home to the main parking area and the smoking hut, has an inoperable exterior light which poses a fall risk to anyone using the exit at night.

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 02/11/2019 an exterior light was installed at the side exit of the basement with a light switch installed inside that operates the light.

To ensure violation does not reoccur any exits installed will be equipped with a exterior light to provide safe evacuation.

The administrator, and /or designee, will perform weekly inspection of the home's lights to ensure each one is operating properly. This weekly inspection shall occur for a period of two months from the date of this plan and then ongoing during regular walkthroughs of the facility.
 BAS 3/6/19

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/Owner
 Date 03/04/2019

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Violation Report: 30036 - 02/06/2019 - Heemer, Laura
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There were stained ceiling tiles in the basement level bathroom. One tile has a dark stain that is approximately three inches by two inches, and another tile has an approximate six inch circular dark stain.

In bedroom #8 there is a large thirteen inch circular stain on a ceiling tile.

In bedroom #9 there is a stain on the ceiling measuring approximately twenty three inches by six inches.

In bedroom #15 there is a stain on the ceiling measuring approximately two feet by two feet directly above the bed by the door. The center of the stain is very dark brown and green in color.

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 02/07/2019 all new ceiling tiles were installed. And on 02/08/19 the entire facility was gone through and any dirty or damaged ceiling tile were replaced

To ensure violation does not reoccur a check list will be implemented and initialed weekly after each room/living area is checked, and ceiling tiles are found to be clean and in good repair. Check list will be prepared and started by March 15, 2019.

If new stains appear on the ceiling tiles during the weekly inspections, the home will immediately investigate as to the cause of the damage and implement a plan to repair the problem.

BAS 3/6/19

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/Owner

Date 03/04/2019

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Violation Report: 30036 - 02/06/2019 - Heemer, Laura
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

[The lower exterior pane of the double paned window in the home's smoking hut has a large crack that runs from the middle of the pane to the right side of the window frame.

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 the broken double paned window in the smoking hut was removed to prevent injury.

To ensure violation does not reoccur all windows will be removed from smoking hut.

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/Owner

Date 03/04/2019

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Violation Report: 30036 - 02/06/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.			
2a. DESCRIPTION OF VIOLATION The outside ramp located at the front chapel side of the home is approximately seven feet long. This ramp exits the home and ends at the main road in front of the home named Dulancey Drive. There is a railing that extends five feet down the ramp from the building leaving a two foot section without a railing. The lack of railing at the lower portion of the ramp creates a fall risk for anyone using the ramp and the fact that the ramp ends at Dulancey Drive creates a hazard for anyone using the ramp.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>The home will contact a local contractor to establish a plan to address the needed changes in the ramp so that it does not terminate in close proximity of the road and has proper railings. The plan for modification to the existing ramp will be submitted to the local code enforcement agency or the PA Dept. of Labor and Industry for review and approval. The approved plan for modification of the ramp will be provided to the Department and will include the date of anticipated completion of the modification.</p> <p>Upon completion of the ramp modification, the home will obtain a new Certificate of Occupancy from the local code enforcement agency or the PA Dept. of Labor and Industry. The home will provide a copy of the new Certificate of Occupancy to the Department</p> <p>Until the modifications to the ramp have been completed: Within 30 days, all residents will be assessed as to each person's ability to safely use the ramp in its current form. The assessment of the resident's ability to safely use the ramp and the service(s) required for the resident to safely use the ramp (if applicable) will be documented in the "Mobility" section of each resident's Resident Assessment and Support Plan (RASP) and include the date that the assessment was performed. If a resident is assessed to be unable to safely use the ramp in its current form, the home will establish a written safe evacuation plan for this resident to identify what evacuation routes will be used for the resident, and if the ramp will be used for evacuating the resident, what steps the home will initiate to provide increased supervision to ensure that the resident can evacuate safely. A copy of the resident evacuation plan will be provided to the Department and attached to the resident's RASP. Each resident's ability to safely use the ramp will be specifically reassessed in accordance with regulation 2600.225(c).</p>			
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mary C. Parsons Administrator/Owner			Date 03/04/2019
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.101(e) - Ceiling height in each bedroom must be an average of at least 7 feet.			
2a. DESCRIPTION OF VIOLATION The ceiling in bedroom #14 measures eighty-two inches on one side of the room and slopes to measure eighty-three inches on the other side of the room.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>A Request for a wavier of a regulation for the ceiling height in bedroom #14 will be completed and sent into the department by March 6, 2019.</p> <p>In the case a waiver is not granted by the Department, the resident/residents in this room will immediately be relocated to another appropriate bedroom and this room will not be used as a bedroom, unless modifications occur and the ceiling height measures seven feet.</p> <p>BAS 3/6/19</p> <p>* Waiver granted by the Department on 3/20/19. BAS 4/15/19</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) Mary C. Parsons Administrator/Owner			Date 03/04/2019
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.			
2a. DESCRIPTION OF VIOLATION The bed linens on the bed of Resident #3 includes a stained pillow case and a stained unattached fitted sheet. The bed linens on the bed of Resident #12 are dirty with stains and an easily detectable foul odor.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
Immediately all bed linens on Residents #3 & #12 beds where removed and cleaned.			
To ensure violation does not reoccur a cleaning schedule will be implemented to ensure bed linens are cleaned weekly or twice weekly or daily if needed to maintain sanitary conditions at all time. Check list will be prepared and started by March 15, 2019.			
Within 10 days from the receipt of this plan, staff of the home will assess the condition of all bedding in the home. Those items found to contain heavy staining or be in disrepair will be discarded immediately to ensure that all residents have clean and sanitary bedding. BAS 3/6/19			
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) Mary C. Parsons Administrator/Owner		Date 03/04/2019	
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.101(p) - There must be doors on the bedrooms.			
2a. DESCRIPTION OF VIOLATION The home is using a bi-fold door that does not fit the door frame as the bedroom door for bedroom # 14. The bi-fold door has a two inch horizontal gap along the top of the door and a verticle gap of approximately two inches that runs the heighth of the door where the two panels meet. This verticle gap permits anyone outside the room with a view into the bedroom. In addition, the door does not have a handle to operate it and has no latch or catch to keep it shut.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
By the end of March 2019 the bi-fold door will replaced with a regular door that provides complete privacy in bedroom, and will also be equipped with a handle and a latch so it can shut properly.			
To ensure violation does not reoccur the entire facility was checked for any similar privacy violation issues and if any found they where corrected.			
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) Mary C. Parsons Administrator/Owner			Date 03/04/2019
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.			
2a. DESCRIPTION OF VIOLATION On 2/6/2019, the refrigerator located in the second floor kitchen did not contain a thermometer.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
On 02/06/2019 a working thermometer was placed in second floor kitchen refrigerator.			
To ensure violation does not reoccur a check list will be implemented and initialed weekly indicating the thermometer is in refrigerator and working properly. Check list will be prepared and started by March 15, 2019.			
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) Mary C. Parsons Administrator/Owner			Date 03/04/2019
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura	
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING	
1. REGULATION 55 Pa.Code §2600 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	
2a. DESCRIPTION OF VIOLATION On 2/6/2019 at 10:30 am and again at 3:30 pm (after the dryer had been immediately cleaned by a staff member in response to the first observation), there was an accumulation of lint in the lint trap of the dryer located in the left most side of the laundry room. Both times the dryer was empty of clothing and not in use.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
Immediately the lint was removed from lint trap.	
To ensure violation do not reoccur a mandatory staff meeting will be held on March 13, 2019 @ 1:30pm. As well as are annually fire safety class held on March 20, 2019 @ 2:00pm with [REDACTED] at Johnstown Safety Services.	
The administrator, or designee, will perform daily inspections of the home's dryers to ensure lint has been properly removed. This daily inspection shall occur for a period of two months from the date of this plan and then ongoing during regular walkthroughs of the facility. BAS 3/6/19	
Repeat Violation: No	Date(s) of Previous Violation(s):
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura	
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING	
1. REGULATION 55 Pa.Code §2600 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.	
2a. DESCRIPTION OF VIOLATION On 2/6/2019 the following blocked egresses were observed: The exit door located in the laundry area of the home was blocked by laundry baskets, a green barrel Christmas decoration and electric candles. This exit door opens into a small covered porch. The exit from the small covered porch was blocked by a three stacked 18 gallon plastic totes and two stacked 30 gallon plastic totes. The exit route through the kitchen was obstructed by a homemade, waist-level swinging door that is being used to prevent dogs from entering the kitchen area. The second floor exit door located at the end of the hallway that leads to the first floor was screwed shut and unable to be opened. The exit route through a room labeled "food storage room" in the basement level of the home is locked and unable to be opened by the residents.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
Immediately exits where unblocked and freed from hazards. To ensure violation does not reoccur [REDACTED] from Johnstown Safety Service came to the facility on March 1, 2019 @ 9:00am and took a look at the above exits and his recommendations are on the letter attached. [REDACTED] will be here for a fire safety class for all employees on March 20, 2019 @ 2:00pm where he will talk in depth about the importance of keeping exits free from hazards at all times. The administrator, or designee, will perform daily inspections of the home's exits to ensure each exit is unobstructed and able to be opened. BAS 3/6/19	
Repeat Violation: No	Date(s) of Previous Violation(s):
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.			
2a. DESCRIPTION OF VIOLATION The emergency evacuation diagrams located at posted at the following locations are not oriented to show the line of travel to the exits: The exit diagram posted in the hallway of the second floor. The exit diagram posted by the bulletin boards across from the Medication room.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>On March 1, 2019 @ 12:00pm the exit diagrams posted on the second floor and basement floor where oriented to show the line of travel to the exits the one closed and one going the opposite way. Also, exits that where recommended to be removed where removed from the exit diagrams.</p> <p>To ensure violation does not reoccur any new exit being deemed necessary in the future will be added to the exit diagrams and if needed a new line of travel to that exit.</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) Mary C. Parsons Administrator/Owner			Date 03/04/2019
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

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

2a. DESCRIPTION OF VIOLATION
 The boiler room contains an electric water heater. There was a cardboard "Petco" cat carrier box stored against the water heater and paper instructions for the boiler and water heater lying on top of the water heater.

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 02/06/2019 all combustible and flammable materials were removed from against and from on top of the water heater.

To ensure violation does not reoccur a check list will be implemented that will be initialed weekly after water heater is checked to be free of combustible and flammable materials against or on top of the water heater. Check list will be prepared and started by March 15, 2019. Also, a fire safety class held on March 20, 2019 @ 2:00pm with [REDACTED] at Johnstown Safety Services.

Documentation of the weekly checks will be maintained by the home for Department review. BAS 3/6/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/13/2018	
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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/Owner	Date 03/04/2019
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura	
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING	
1. REGULATION 55 Pa.Code §2600 2600.125(b) - Combustible materials shall be inaccessible to residents.	
2a. DESCRIPTION OF VIOLATION On 2/6/2019, an aerosol bottle of "Power House" bathroom cleaner labeled "Extremely flammable" and "Keep away from flame" was located inside an unlocked cupboard in the corner of the laundry area and accessible to residents. On 2/6/2019, a truck was parked by staff near an exit of the home in the parking lot between the home and the smoking hut. The truck tailgate door was missing and a 5 gallon gas can was located on the bed of the truck and was accessible to residents.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
Immediately the "Power House" cleaner was removed from the unlocked area and the 5 gallon gas can was removed from truck.	
To ensure violation do not reoccur a mandatory staff meeting will be held on March 13, 2019 @ 1:30pm. As well as are annually fire safety class held on March 20, 2019 @ 2:00pm with [REDACTED] at Johnstown Safety Services.	
The administrator, or designee, will perform inspections of the interior and exterior areas of the home to ensure all combustible materials are properly stored and not accessible to the residents. BAS 3/6/19	

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) Mary C. Parsons Administrator/Owner			Date 03/04/2019
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>3/7/2019</u> (Date)		Plan of correction implementation status as of <u>4/15/19</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 - 02/06/2019 - Heemer, Laura
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION
 On 2/6/2019 4 space heaters were observed in the home. These were located in the following areas:
 - In the private living area located by the kitchen of the home an electric fire place space heater was observed to be plugged in.
 - In a staff living area located on the second floor of the home an electric fire place space heater was on, producing heat and unattended.
 - In a locked office storage room of bedroom #103, there was an unplugged "Micro" brand space heater.
 - In the attic was an unplugged electric space heater.

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 that day the space heaters where removed from the facility.

On-going: No resident or staff member will be permitted to use a space heater in the home.
 BAS 3/6/19

To ensure violation do not reoccur a mandatory staff meeting will be held on March 13, 2019 @ 1:30pm. As well as are annually fire safety class held on March 20, 2019 @ 2:00pm with [REDACTED] at Johnstown Safety Services.

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/Owner	Date 03/04/2019
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Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 30036 - 02/06/2019 - Heemer, Laura
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.130(a) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

2a. DESCRIPTION OF VIOLATION

The nearest operable smoke detector to resident bedroom #102 is 15 feet and 7 inches away. The home has installed a battery operated smoke detector within 15 feet from this bedroom. However, this smoke detector did not contain a battery and thus did not function.

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 that day a battery was installed into smoke detector near room #102 and was found to be working properly.

To ensure violation does not reoccur Smoke Detector's will be checked during monthly fire drill. A check list will be kept with the monthly fire drill log that will be initialed monthly confirming all detectors are working properly, and to ensure that battery's are present in each detector. Check list will be prepared and started with March 2019 conducted fire drill.

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/Owner

Date 03/04/2019

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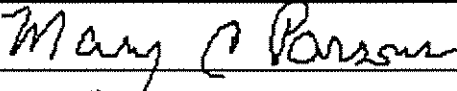
The above plan of correction is approved as of 3/7/2019
 (Date)

Plan of correction implementation status as of 4/15/19
 (Date)

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

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

Violation Report: 30036 - 02/06/2019 - Heemer, Laura	
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING	
1. REGULATION 55 Pa.Code §2600 2600.130(f) - Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.	
2a. DESCRIPTION OF VIOLATION The home does not test the battery operated smoke detector close to bedroom #102 on a monthly basis.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>On 02/08/2019 the entire facility was checked and a list of all battery operated smoke detectors was compiled.</p> <p>To ensure violation does not reoccur Smoke Detector's will be checked during monthly fire drill. A check list will be kept with the monthly fire drill log that will be initialed monthly confirming all detectors are working properly, and to ensure that battery's are present in each detector. Check list will be prepared and started with March 2019 conducted fire drill.</p>	
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.			
2a. DESCRIPTION OF VIOLATION On 2/6/2019, the exit from the basement at the back of the home and adjacent "rental area" had a small plastic trash can that was filled with water and contained cigarette butts too numerous to count. In addition, a large quantity of cigarette butts were located on the ground at the side of the home beside the parking lot. These locations are not the home's designated smoking area.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>Immediately cigarette butts were cleaned up and the trash can being used as a "butt can" was removed from the area. And check through out the day to ensure no one is smoking there.</p>			
<p>On March 20, 2019 @ 1:45pm [REDACTED] will be here to conduct a residents fire safety class.</p>			
<p>Within 15 days from the receipt of this plan, all staff will receive education regarding the designated smoking area and to immediately notify the administration of anyone found to be smoking outside of the designated area so that corrective measures can be implemented. BAS 3/6/19</p>			
<p>The administrator, or designee, will perform daily inspections of the home's exterior and designated smoking area to ensure that residents and staff are only smoking in the designated area and that the smoking area is being regularly maintained.</p> <p>BAS 3/6/19</p>			
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura	
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING	
1. REGULATION 55 Pa.Code §2600 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	
2a. DESCRIPTION OF VIOLATION On 2/6/2019 the home had menus posted only through February 10th. There was no menu posted for the subsequent week.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Immediately the menu was posted for the week ending Feb. 17, 2019.</p> <p>To ensure violation does not reoccur a month of menus are posted at a time a reminder is set on the home's main laptop reminding you a week before the last week of the month that a menu will be due to be posted within a week.</p>	
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura	
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING	
1. REGULATION 55 Pa.Code §2600 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	
2a. DESCRIPTION OF VIOLATION On 2/6/2019, the following medications were unlocked and accessible to residents: - A bottle of "Swan" brand calamine lotion was located in a kitchen cabinet on the second floor. - A 32-count bottle of "Immublast Citrus" OTC supplement, a bottle of Omega 3 fish oil capsules, a bottle of Vitamin C, 500 mg, a bottle of B12 500mcg, a bottle of vitamin B-6 100mg capsules, a 100 count bottle of Apple Cider Vinegar caplets were located in the second floor unlocked and unattended bedroom # 103, . - Bedroom #2 contained 5 large white oval tablets imprinted with 81 (identified as ibuprofen by staff) setting on a chair, a half of a small white oval tablet imprinted with LCI (identified by staff as being Baclophen) in a small plastic medicine cup setting on a chair, and a small white oval tablet (identified by staff as Buspirone) setting on a chair. On 2/7/2019 at 11:10 am, a bottle of Nystatin powder prescribed to Staff Person B was unlocked and accessible to residents on a shelf in the bathroom located on the first floor under the stairwell.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> Immediately all medications where removed from unlocked areas in residents room and bathroom. OTC medications found in the residents room are in the process of being ordered by their PCP if recommended by him to be administrated. A residents meeting is being held March 20, 2019 @ 1:15pm to remind the residents to turn all OTC medications in to staff so the proper procedure can be followed by calling the PCP to ensure they can be taken and that they are added to MAR and properly labeled to be put into the medication cart. To ensure violation do not reoccur a mandatory staff meeting will be held on March 13, 2019 @ 1:30pm. The home will perform daily inspections of all resident rooms and bathrooms to ensure medications are properly stored. BAS 3/6/19	
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600			
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.			
2a. DESCRIPTION OF VIOLATION			
The home did not follow its procedure for the safe storage, access, security, distribution and use of medication when the narcotic count for the Lorazepam 1 mg prescribed for Resident #6 indicated there were 48 tablets on hand when the actual count was 47 tablets on hand.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)			
<i>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.</i>			
<p>To ensure violation does not reoccur a staff meeting will be held all medication technicians on March 6, 2019 1:30pm. Reviewing the homes Medication Policy and Procedures.</p> <p>During each shift change, the medication technician coming on duty and the medication technician going off duty will jointly complete a count of the narcotics. The count will be initialled by both staff members and the documentation will be retained for Department review. BAS 3/6/19</p> <p>The administrator, and/or designee, will audit the narcotics records on a weekly basis to ensure that counts are being provided by the two staff members and all narcotics are accounted for. The administration will immediately investigate any errors in the counts. BAS 3/6/19</p>			
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600			
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.			
2a. DESCRIPTION OF VIOLATION			
Staff Person 3 did not document the 2/1/2019; 1 pm administration of Lorazepam .5 mg and OXYCOD/APAP 5-325mg in the Medication Administration Record for Resident #1.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)			
<i>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.</i>			
<p>To ensure violation does not reoccur a staff meeting will be held all medication technicians on March 6, 2019 1:30pm. Reviewing the homes Medication Policy and Procedures.</p> <p>Staff responsible for medication administration will be instructed to review the Medication Administration Record (MAR) during each period of administration to identify any missing documentation from the previous administration period. Any problems will immediately be reported to administration. BAS 3/6/19</p> <p>The administrator, and/or designee, will audit a sample of ten Medication Administration Records on a weekly basis for a period of four weeks, where each week a different set of records will be reviewed. Thereafter, a review of ten MARs will be completed on a monthly basis.</p> <p>BAS 3/6/19</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Mary C. Parsons</i>			
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Violation Report: 30036 - 02/06/2019 - 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 The home did not follow the orders of the prescriber when Lorazepam .5mg was not administered to Resident 1 on 2/3/2019 at 9am, 1pm, 5pm, and 9pm and on 2/4/2019 at 9am and 1pm. The home did not follow the orders of the prescriber on 1/31/2019 when the blood sugar reading for Resident 13 measured 131 and 2 units of Humalog were administered. No units should have been administered based upon this measurement.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>To ensure violation does not reoccur a staff meeting will be held all medication technicians on March 6, 2019 1:30pm. Reviewing the homes Medication Policy and Procedures.</p> <p>Staff responsible for medication administration will be instructed to review the Medication Administration Record (MAR) during each period of administration to ensure that medications were provided correctly in the previous administration period. Any problems will immediately be reported to administration. BAS 3/6/19</p> <p>The administrator, and/or designee, will audit a sample of ten Medication Administration Records on a weekly basis for a period of four weeks, where each week a different set of records will be reviewed. Thereafter, a review of ten MARs will be completed on a monthly basis. BAS 3/6/19</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.			
2a. DESCRIPTION OF VIOLATION There have been no pre-admission screening forms completed for Residents: 4, 5, 6, 7, 8 and 9. All of these identified residents were admitted to the home more than 30 days prior to 2/6/2019.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
A preadmission screening for current Domiciliary Care Residents 4,5,6,7,8 and 9 will be completed by March 10, 2019.			
To ensure violation does not reoccur Domiciliary Care and Personal Care residents that are being admitted into the home will have a preadmission screening form completed within 30 days prior to admission.			
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) Mary C. Parsons Administrator/Owner			Date 03/04/2019
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Violation Report: 30036 - 02/06/2019 - Heemer, Laura
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The home has not completed an assessment for Residents 4, 5, 6, 7, 8 and 9. All of these identified residents were admitted to the home more than 15 days prior to 2/6/2019.

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.

An assessment for current Domiciliary Care Residents 4,5,6,7,8 and 9 will be completed by March 10, 2019.

To ensure violation does not reoccur Domiciliary Care and Personal Care residents that are being admitted into the home will have a initial assessment form completed within 15 days of admission.

The administrator, and/or designee, will complete an audit of all resident files to ensure that an accurate assessment of the current needs and abilities of each resident, and a description of how the needs of each resident will addressed by the home, has been documented. The audit and completion of any new resident assessments and support plans will be completed within 30 days from the receipt of this plan.

BAS 3/6/19

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/Owner Date 03/04/2019

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Violation Report: 30036 - 02/06/2019 - 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 The most recent assessment for Resident 1 was completed on 6/29/2017. The most recent assessment for Resident 14, completed on 12/28/2018, does not document and assess the needs regarding the resident's diagnosis of suicidal thoughts.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>The assessment for Resident 1 was completed on 02/09/2019</p> <p>Immediately on 02/07/2019 suicidal thoughts was added to Resident 14 recent assessment.</p> <p>The administrator, and/or designee, will complete an audit of all resident files to ensure that an accurate assessment of the current needs and abilities of each resident, and a description of how the needs of each resident will addressed by the home, has been documented. The audit and completion of any new resident assessments and support plans will be completed within 30 days from the receipt of this plan. BAS 3/6/19</p>			
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Violation Report: 30036 - 03/20/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.42(c) - A resident shall be treated with dignity and respect.			
2a. DESCRIPTION OF VIOLATION On 3/20/2019 at 9:30 am, incontinence pads were observed covering the upholstered furniture in the "Pink" lounge located on the second floor of the home.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
Immediately, all incontinence pads were removed from the upholstered furniture in the lounge area on the second floor of the home.			
To ensure violation does not reoccur a check list was implemented that is initialed twice daily after all lounge area are checked and found to have no incontinence pads on the upholstered furniture. Check list was started March 22, 2019.			
* An In-service will be held with [REDACTED] from Area on Aging with the topic of Dignity, Respect and the right to Privacy. This training will be mandatory for all staff. (The sign in sheet from that class will be forward to the dept. after its completion.) BAS 4/15/19			
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) Mary C. Parsons/Administrator			Date 04/14/2019
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4/15/19</u> (Date)		Plan of correction implementation status as of <u>4/15/19</u> (Date)	
The above plan of correction was approved by <u>BAS</u> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented	

Violation Report: 30036 - 03/20/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.			
2a. DESCRIPTION OF VIOLATION On 3/30/2019, a two cup sized unlabeled glass jar was located in a locked cabinet in the laundry room. The jar was full of powdered laundry detergent identified by staff as "Sun Triple Clean Tropical Breeze". The original product labeling for the detergent has a poison label stating "If swallowed, drink a glass of water to dilute, contact a physician or poison control center. Keep out of reach of children."			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
Immediately, the unlabeled glass jar of Sun laundry detergent was removed and dumped back into its original manufactured labeled container.			
To ensure violation does not reoccur a check list was implemented that is initialed twice daily after inspection of home's supplies to ensure they are properly labeled and storage. Check list was started March 22, 2019.			
*The administrator, and /or designee, will perform weekly inspection of the home's supplies to ensure there is proper labeling and storage. This weekly inspection shall occur for a period of two months from the date of this plan and then ongoing during regular walkthroughs of the facility. BAS 4/15/19			
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) Mary C. Parsons/Administrator			Date 04/14/2019
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Violation Report: 30036 - 03/20/2019 - 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 Bedroom 100 is a shared bedroom. The bed located by the door has an accumulation of hair, cat food, and dust underneath. The other bed in room 100 has a large accumulation of dust and hair, a cough drop wrapper, a cigarette butt, and other loose debris underneath			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
Immediately, bedroom 100 was cleaned thoroughly.			
* The home will perform a thorough cleaning of all resident bedrooms. This cleaning will be completed within 30 days from the receipt of this plan. BAS 4/15/19			
To ensure violation does not reoccur a daily check list will implemented that is initialed daily after bedroom 100 is inspected and found clean. Check list was started April 20, 2019.			
*To ensure violation does not reoccur a cleaning schedule will be implemented to ensure bedrooms are being cleaned weekly or as needed to maintain sanitary conditions at all time. The check list will be prepared and started immediately. BAS 4/15/19			
* The administrator, and/or designee, will perform weekly inspections of the condition and cleanliness of the home. On a daily basis, the administrator, and/or designee, will review the implemented cleaning schedule and ensure that all identified duties have been completed. BAS 4/15/19			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/13/2018	
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) Mary C. Parsons/Administrator			Date 04/14/2019
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Violation Report: 30036 - 03/20/2019 - Heemer, Laura
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 In Bedroom #2, Resident # 1's bed sheets have holes and Resident 1's bed pillow is heavily stained and has a four inch rip in the seam.

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, the torn and stained items were removed and disposed of and clean ones put on to replace them.

To ensure violation does not reoccur a weekly inspections will be preformed on all bed sheets, pillows and blankets to ensure they are clean and in good repair. Check list will implemented and started by April 20, 2019.

*Within 10 days from the receipt of this plan, staff of the home will assess the condition of all bedding in the home. Those items found to contain heavy staining or be in disrepair will be discarded immediately to ensure that all residents have clean and sanitary bedding.
 BAS 4/15/19

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 04/14/2019
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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Violation Report: 30036 - 03/20/2019 - Heemer, Laura
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

An accumulation of multiple cigarette butts and ashes were observed on the ground at the small porch at a door on the right side of the home facing the side yard. This is not the home's designated smoking area.

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, the accumulation of cigarette butts and ashes were cleaned up from the small porch on the right side of the home.

To ensure violation does not reoccur a twice daily check list will be implemented to ensure that no one is smoking on that small porch and also the area is free of cigarette butts and ashes. Check list will be started by April 20, 2019.

* Within 15 days from the receipt of this plan, all staff will receive education regarding the designated smoking area and to immediately notify the administration of anyone found to be smoking outside of the designated area so that corrective measures can be implemented. BAS 4/15/19

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 04/14/2019

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The above plan of correction is approved as of 4/15/19
(Date)

Plan of correction implementation status as of 4/15/19
(Date)

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

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

Violation Report: 30036 - 03/20/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.			
2a. DESCRIPTION OF VIOLATION On 3/20/2019 at 11:00 am, two bottles of nystatin powered prescribed to Staff Person D were located in an unlocked cabinet in the bathroom located under the stair well. Resident bedroom # 1 contained seven vials of ipratropium bromide that were unlocked and accessible to residents. Resident bedroom # 5 contained a .5 oz tube of Neosporin and a 4 oz bottle of Tussin long lasting cough suppressant in an unlocked dresser.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
Immediately, each item was removed from each area and disposed.			
To ensure violation does not reoccur a twice daily check list will be implemented to ensure that all medications are stored proper through out the home. Check list will be started by April 20, 2019.			
*OTC medications found in the residents room are in the process of being ordered by their PCP, if recommended by the physician to be administrated. BAS 4/15/19 The home will perform daily inspections of all resident rooms and bathrooms to ensure medications are properly stored. BAS 4/15/19			
Repeat Violation: No	Date(s) of Previous Violation(s):	02/06/2019	
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) Mary C. Parsons/Administrator			Date 04/14/2019
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Violation Report: 30036 - 03/20/2019 - Heemer, Laura
 PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 3/21/19, a box of Humulin Inj 70/30 KWP 12 units Sub-Q, prescribed for Resident #3, was observed in the medication cart. The box was labeled by the home with a date of opening and initial use of 1/14/2019. The manufacturer's instructions are to discard the medication 10 days after first use.

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, the Humulin Inj 70/30 was removed from cart and disposed.

*All staff responsible for medication administration will be instructed to review each medication's container prior to administration to ensure that the medication being provided is not outdated. Any problems will immediately be reported to administration. This staff retraining will be completed within 10 days from the receipt of this plan. BAS 4/15/19

To ensure violation does not reoccur a weekly check list will be implemented to check all injections to ensure they are disposed of in the proper time frame before expiration. Check list will be started by April 20, 2019.

*The administrator, and/or designee, will audit the medication cart, and all other medication storage areas, on a weekly basis for a period of four weeks and monthly thereafter. BAS 4/15/19

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)	Date
Mary C. Parsons/Administrator	04/14/2019

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The above plan of correction was approved by <u>BAS</u> (Initials)	

Violation Report: 30036 - 03/20/2019 - Heemer, Laura			
PCH Name: HELPING HAND RESCUE MISSION MAIN BUILDING			
1. REGULATION 55 Pa.Code §2600 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.			
2a. DESCRIPTION OF VIOLATION several loose pills were located in the bottom drawer between the narcotics drawers of the medication cart. These included one large yellow tablet, two small round white tablets, one small half white tablet, one large white tablet, one large blue tablet, and one very large pink oval tablet.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>Immediately, all loose pills were removed from between the narcotic drawers, and disposed.</p> <p>The narcotic drawers were moved together as close as they would go to prevent anything from falling in between them.</p> <p>To ensure violation does not reoccur a twice daily check list will be implemented to ensure there are no loose pills anywhere in the med-cart. Check list will be started by April 20, 2019.</p> <p>*All staff responsible for medication administration will be instructed to review the medication cart during administration to ensure that all medications are properly stored. Any problems will immediately be reported to administration. This staff retraining will be completed within 10 days from the receipt of this plan. BAS 4/15/19</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) Mary C. Parsons/Administrator			Date 04/14/2019
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Violation Report: 30036 - 03/20/2019 - 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 At 9pm on 3/11/2019 and 3/16/2019, four units of Humalog were ordered to be administered to Resident #2 based ipn the silding scale regimen of administration ad blood glusoce readings of 209 and 181 respectively . However, on 3/11/2019 six units were administered and on 3/16/2019 two units were administered.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
From 03/20/2019 to 04/03/2019 all sliding scale injections where monitored by designee/administrator at each time of administration. To ensure they where being done properly and without error.			
To ensure violation does not reoccur a class will be scheduled with a certified diabetic trainer as soon as possible. The date will be send to department as soon as its scheduled.			
*Staff responsible for medication administration will be instructed to review the Medication Administration Record (MAR) during each period of administration to ensure that medications were provided correctly in the previous adminstraion period. Any problems will immediately be reported to administration. BAS 4/15/19			
The administrator, and/or designee, will audit a sample of ten Medication Administration Records on a weekly basis for a period of four weeks, where each week a different set of records will be reviewed. Thereafter, a review of ten MARs will be completed on a monthly basis. BAS 4/15/19			
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) Mary C. Parsons/Administrator			Date 04/14/2019
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