



**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

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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 Public Welfare 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 October 23, 2019 until October 23, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **300360**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
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.



October 23, 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 #: 300360

Dear Ms. Parsons:

As a result of the Department's Bureau of Human Services Licensing inspection on September 17, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

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. 2600 must be maintained.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a horizontal line.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License  
Violation Report

# Violation Report

## Facility Information

**Name:** *HELPING HAND RESCUE MISSION - MAIN BUILDING*

**License Number:** *30036*

**Address:** *112 MISSION LANE,, LILLY, PA 15938*

**County:** *CAMBRIA*

**Region:** *CENTRAL*

## Administrator

**Name:** *Mary Parsons*

**Phone:** *8147369286*

**Email:**

## Legal Entity

**Name:** *HELPING HAND RESCUE MISSION INC*

**Address:** *112 MISSION LANE, LILLY, PA, 15938*

## Certificate(s) of Occupancy

**Type:** *C-2 LP*

**Date:** *12/21/2000*

**Issued By:** *L&I*

## Staffing Hours

**Resident Support Staff:** *0*

**Total Daily Staff:** *37*

**Waking Staff:** *28*

## Inspection

**Type:** *Full*

**BHA Docket #:**

**Notice:** *Unannounced*

**Reason:** *Renewal*

## Inspection Dates and Department Representative

*09/17/2019 - On-Site: Israel Springs, Michael Palermo*

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** *47*

**Residents Served:** *37*

### Secured Dementia Care Unit

**In Home:** *No*

**Area:**

**Capacity:**

**Residents Served:**

### Hospice

**Current Residents:** *1*

### Number of Residents Who:

**Receive Supplemental Security Income:** *33*

**Are 60 Years of Age or Older:** *20*

**Diagnosed with Mental Illness:** *29*

**Diagnosed with Intellectual Disability:** *9*

**Have Mobility Need:** *0*

**Have Physical Disability:** *3*

171b5 - First Aid Kit

**Regulations**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

**Description of Violation**

There was no first aid kit located in the 2006 Chevrolet Suburban that is used by the home to transport residents.

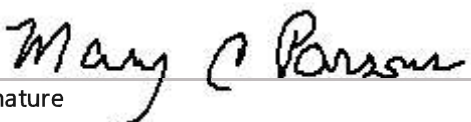
**Plan of Correction (POC)**

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Immediately, on 09/17/2019 a First Aid Kit equip with all the item required was placed in the back hatch area of the 2006 Chevrolet Suburban.

To prevent violation from reoccurring a check list shall be implied to ensure First Aid Kit is present in vehicle and stocked with all required items. Administrator/Designee will initial check list starting on 10/03/2019 and continue daily for 1 month then weekly for 1 month, then after that it will be checked periodically to ensure continued compliance. Documentation from first week checklist will be forwarded to the department after completion.

**Legal Entity Representative**

  
Signature

Mary C. Parsons  
Printed Name and Title

10/02/2019  
Date

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!**

The above plan of correction is approved as of 10/3/19  
(Date)

Plan of correction implementation status as of 10/15/2019  
(Date)

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

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

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

The Medication Administration Record for Resident #1 documented a blood sugar measurement of 132 on 9/2/19. This measurement was not stored in the resident's glucometer.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Immediately, on 09/17/2019 all current diabetic residents glucometers where reviewed and compared to each individuals vital records to ensure glucometers where not used incorrectly between residents. All glucometers and vital records matched except for the above reading. The Staff person was questioned and instructed to pay closer attention when documenting blood sugars and all vitals.

To prevent violation from reoccurring starting on 10/03/2019 weekly audits will be preformed by Administrator/Designee comparing each residents glucometer and vital record to ensure proper documentation. Audits will continue weekly for a span of 2 months any issues found will be reported to the department. First week audit will be forward to the department after completion.

Legal Entity Representative

*Mary C Parsons*  
Signature

Mary C. Parsons  
Printed Name and Title

10/02/2019  
Date

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