

Department of Human Services  
Bureau of Human Service Licensing

September 1, 2022

[REDACTED]

HELPING HAND RESCUE MISSION INC  
112 MISSION LANE  
LILLY, PA, 15938

RE: HELPING HAND RESCUE MISSION -  
MAIN BUILDING  
112 MISSION LANE  
LILLY, PA, 15938  
LICENSE/COC#: 30036

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/29/2021, 11/17/2021, 11/18/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *HELPING HAND RESCUE MISSION - MAIN BUILDING* License #: *30036* License Expiration: *10/23/2020*  
Address: *112 MISSION LANE, LILLY, PA 15938*  
County: *CAMBRIA* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *HELPING HAND RESCUE MISSION INC*  
Address: *112 MISSION LANE, LILLY, PA, 15938*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *12/21/2000* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *11/18/2021*

**Inspection Dates and Department Representative**

10/29/2021 - Off-Site: [REDACTED]  
11/17/2021 - On-Site: [REDACTED]  
11/18/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *47* Residents Served: *36*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *19* Are 60 Years of Age or Older: *17*  
Diagnosed with Mental Illness: *22* Diagnosed with Intellectual Disability: *10*  
Have Mobility Need: *0* Have Physical Disability: *2*

**Inspections / Reviews**

**10/29/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/19/2021*

Inspections / Reviews (*continued*)

08/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/29/2022*

08/31/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/08/2022*

09/01/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

*On 11/17/21, the home's current licensing inspection summary, dated 9/17/19, was not posted in a conspicuous and public place in the home.*

Plan of Correction

**Accept**

*On 11/17/2021 the licensing inspection summary dated for 09/17/2019 was posted in the main hallway by the shadow box by the administrator.*

*Effective 11/17/2021 to ensure violation does not reoccur a weekly check of the PCH license and inspection reports will occur every Monday by the Administrator to ensure license is current and all inspections reports are always accessible. A checklist flow sheet has been created that will be dated and initialed after each check by the administrator.*

**Completion Date:** 08/29/2022

Document Submission

**Implemented**

*On 11/17/2021 the licensing inspection summary dated for 09/17/2019 was posted in the main hallway by the shadow box by the administrator.*

*Effective 11/17/2021 to ensure violation does not reoccur a weekly check of the PCH license and inspection reports will occur every Monday by the Administrator to ensure license is current and all inspections reports are always accessible. A checklist flow sheet has been created that will be dated and initialed after each check by the administrator.*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

*The Pennsylvania Care Facility Carbon Monoxide Alarm Standards Act requires a carbon monoxide alarm to be placed at least 15 feet from the nearest fossil fuel burning device. There is no carbon monoxide alarm near the boiler in the home's storage room.*

*Pennsylvania Department of Labor and Industry Boiler And Unfired Pressure Vessel Regulations require that boilers be inspected on a regular basis. The certificate of operation for the home's Bosch-Buderus boiler unit expired 9/19/2021.*

Plan of Correction

**Accept**

*On 11/18/2021 a Carbon Monoxide Detector was placed 15 feet from our 2nd Boiler in homes storage room by the administrator. (Picture Attached)*

18 - Compliance With Laws (continued)

On 12/15/2021 the administrator left a voice message for the person that usually does our boiler inspections the administrator still have not heard back from him the administrator will continue to reach out to him until the administrator have the inspection scheduled and completed then forward you proof of its completion.

Effective 11/18/2021, to prevent violations from reoccurring monthly checks will occur to ensure Carbon Monoxide alarms are in place and that the boilers certificates of operation are current check will be completed by the Administrator. A checklist flow sheet has been created that will be dated and initialed after each check by the Administrator.

Completion Date: 08/29/2022

Document Submission

Implemented

On 11/18/2021 a Carbon Monoxide Detector was placed 15 feet from our 2nd Boiler in homes storage room by the administrator. (Picture Attached)

On 12/15/2021 the administrator left a voice message for the person that usually does our boiler inspections the administrator still have not heard back from him the administrator will continue to reach out to him until the administrator have the inspection scheduled and completed then forward you proof of its completion.

Effective 11/18/2021, to prevent violations from reoccurring monthly checks will occur to ensure Carbon Monoxide alarms are in place and that the boilers certificates of operation are current check will be completed by the Administrator. A checklist flow sheet has been created that will be dated and initialed after each check by the Administrator.

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, [redacted] for Resident 1 was not signed by the resident.

Plan of Correction

Accept

On [redacted] the resident-home contract was signed by Resident 1. (Page 6 of contract attached for review)

To ensure violation does not reoccur an audit of all current resident-home contracts will be conducted and completed by 01/17/2022.

Completion Date: 01/17/2022

Document Submission

Implemented

On 11/17/2021 the resident-home contract was signed by Resident 1. (Page 6 of contract attached for review)

To ensure violation does not reoccur an audit of all current resident-home contracts will be conducted and completed by 01/17/2022.

85d - Trash Receptacles

1. Requirements

2600.

**85d - Trash Receptacles (continued)**

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

*On 11/17/2021 at 3:55 pm, there was a partially-full, uncovered, unattended trash can in the kitchen.*

**Plan of Correction**

**Accept**

*On 11/17/2021 the unattended trash can in the kitchen was covered with its proper lid by the administrator.*

*Effective 11/17/2021, to ensure the violation does not reoccur a staff meeting/training will be held on 12/29/2021 at 10am by the administrator addressing the importance of the kitchen garbage cans having a lid on them when unattended. As well as educating them on all the other areas in the home that require cans to be properly covered when unattended. (Signature sheet will be forward after staff training.)*

*Effective 11/17/2021, in addition a check will be done once every shift daily ensuring all unattended trash cans in kitchens and bathrooms have their proper lids in place. Check will be completed by Team leader on each shift. A checklist flow sheet has been created that will be dated and initialed after each check, by the administrator.*

**Completion Date:** 08/29/2022

**Document Submission**

**Implemented**

*On 11/17/2021 the unattended trash can in the kitchen was covered with its proper lid by the administrator.*

*Effective 11/17/2021, to ensure the violation does not reoccur a staff meeting/training will be held on 12/29/2021 at 10am by the administrator addressing the importance of the kitchen garbage cans having a lid on them when unattended. As well as educating them on all the other areas in the home that require cans to be properly covered when unattended. (Signature sheet will be forward after staff training.)*

*Effective 11/17/2021, in addition a check will be done once every shift daily ensuring all unattended trash cans in kitchens and bathrooms have their proper lids in place. Check will be completed by Team leader on each shift. A checklist flow sheet has been created that will be dated and initialed after each check, by the administrator.*

**87 - Lighting**

**1. Requirements**

2600.

87. Lighting - The home's 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.

**Description of Violation**

*The emergency lights over the exit near Bedroom 101 are not operable.*

**Plan of Correction**

**Accept**

*On 11/18/2021 the emergency light over the exit near bedroom 101 was repaired. (Picture Attached)*

87 - Lighting (continued)

To ensure violation does not reoccur all emergency lights and exit signs will be checked during monthly fire drills to ensure all are working and in good repair.

Completion Date: 11/18/2021

Document Submission

Implemented

On 11/18/2021 the emergency light over the exit near bedroom 101 was repaired. (Picture Attached)

To ensure violation does not reoccur all emergency lights and exit signs will be checked during monthly fire drills to ensure all are working and in good repair.

88a - Surfaces

1. Requirements

2600.

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

Description of Violation

- The box fan in [redacted] is covered in a thick layer of dust.
- The ceiling fan in [redacted] has a thick layer of dust along the blades.
- The ceiling by the skylight at the entrance door to the dining room has a water spot with peeling paint and multiple spots which appear to be either mold or mildew.

Plan of Correction

Accept

On 11/18/2021 the box fan from [redacted] was removed and cleaned by the administrator.

On 11/18/2021 the ceiling fan in [redacted] is cleaned by the administrator. (Picture attached)

Before 12/24/2021 the skylight at the entrance door of the dining room will be sealed up to prevent anymore leaking and the drywall will be replaced that has the peeled paint and spotting. (Will forward pictures when job is completed)

Effective 11/18/2021, to ensure violation does not reoccur a staff meeting/training will be held on 12/29/2021 at 10am addressing the reporting/cleaning of any floors, walls, ceilings, windows, doors and any other surfaces being found unclean; or if unable to handle themselves reporting to the administrator so administrator can appoint the appropriate department to handle the issue. (Signature sheet will be forward after staff training.)

In addition to a monthly check to ensure all ceiling fans and portable fans in the home are free of dirt and dust. If there are findings during monthly check the area/item will be cleaned immediately to ensure cleanliness as all times. Checks will be completed by Administrator monthly. A checklist flow sheet has been created that will be dated and initialed after each check by the administrator.

Completion Date: 08/29/2022

Document Submission

Implemented

On 11/18/2021 the box fan from Bedroom [redacted] was removed and cleaned by the administrator.

On 11/18/2021 the ceiling fan in Bedro [redacted] as cleaned by the administrator. (Picture attached)

Before 12/24/2021 the skylight at the entrance door of the dining room will be sealed up to prevent anymore leaking and the drywall will be replaced that has the peeled paint and spotting. (Will forward pictures when job is completed)

88a - Surfaces (continued)

Effective 11/18/2021, to ensure violation does not reoccur a staff meeting/training will be held on 12/29/2021 at 10am addressing the reporting/cleaning of any floors, walls, ceilings, windows, doors and any other surfaces being found unclean; or if unable to handle themselves reporting to the administrator so administrator can appoint the appropriate department to handle the issue. (Signature sheet will be forward after staff training.)

In addition to a monthly check to ensure all ceiling fans and portable fans in the home are free of dirt and dust. If there are findings during monthly check the area/item will be cleaned immediately to ensure cleanliness as all times. Checks will be completed by Administrator monthly. A checklist flow sheet has been created that will be dated and initialed after each check by the administrator.

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

- The toilet on the lower level bedroom near [REDACTED] has rusty bolts and a layer of rust around the base creating a surface that cannot be cleaned.
- 3 dining room chairs have ripped seat cushions

Plan of Correction

Accept

By 12/22/2021 the rusty bolts and layer of rust around the base of bathroom near Bedroom 4 will be fixed, and followed up on by the administrator.

On 11/19/2021 the 3 chairs from dining hall with the ripped seat cushions were removed by the administrator and will not be used in home until repaired.

To ensure violation does not reoccur a staff meeting/training will be held on 12/29/2021 at 10am by the administrator addressing the reporting of any furniture/equipment found that is not in good repair, clean and free of hazards to the administrator. The administrator will appoint the appropriate department to handle the issue. (Signature sheet will be forward after staff training.)

Effective 12/22/2021, a monthly check will be conducted to ensure the base of all toilets are free of rust and kept in good repair, and to ensure all dining hall chairs with cushions are free of rips and tears. Checks will be completed by the Administrator monthly.

A checklist flow sheet has been created that will be dated and initialed after each check by the administrator.

Completion Date: 08/29/2022

Document Submission

Implemented

By 12/22/2021 the rusty bolts and layer of rust around the base of bathroom near Bedroo [REDACTED] will be fixed, and followed up on by the administrator.

On 11/19/2021 the 3 chairs from dining hall with the ripped seat cushions were removed by the administrator and will not be used in home until repaired.

95 - Furniture and Equipment (continued)

To ensure violation does not reoccur a staff meeting/training will be held on 12/29/2021 at 10am by the administrator addressing the reporting of any furniture/equipment found that is not in good repair, clean and free of hazards to the administrator. The administrator will appoint the appropriate department to handle the issue. (Signature sheet will be forward after staff training.)

Effective 12/22/2021, a monthly check will be conducted to ensure the base of all toilets are free of rust and kept in good repair, and to ensure all dining hall chairs with cushions are free of rips and tears. Checks will be completed by the Administrator monthly.

A checklist flow sheet has been created that will be dated and initialed after each check by the administrator.

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

- Resident [redacted] pillow is stained.
- Resident [redacted] pillow has a sealed bedbug cover, however, there is no pillowcase.
- The mattresses in Bedroom [redacted] ve been covered with tarps which were duct-taped to stay on the mattresses. The tarps are shredded and falling apart. The mattress for Resident [redacted] bed is dirty and the formerly white fabric is gray in appearance.

Plan of Correction

Accept

On 11/18/2021 Resident 2's pillow was replaced, and Resident 3's was covered with pillowcase by the Administrator. On 11/17/2021 the mattress cover and tarp with duct-tape were removed from the current mattress that was found to still be in good repair and a new zippered mattress protector was added by the Administrator.

To ensure violation does not reoccur a staff meeting/training will be held on 12/29/2021 at 10am by the administrator, addressing the constant auditing of all residents' pillows, bed linens and blankets to ensure they are clean and in good repair. (Signature sheet will be forward after staff training.)

Effective 11/18/2021, in addition to a monthly check, the Administrator will be contacted to ensure all bedclothes, mattress and mattress covers are free of stains and in good repair. Any issues found during check will be dealt with immediately and replaced. Checks will be completed by the Administrator monthly. A checklist flow sheet has been created that will be dated and initialed after each check by the Administrator.

Completion Date: 08/29/2022

Document Submission

Implemented

On 11/18/2021 Resident 2's pillow was replaced, and Resident 3's was covered with pillowcase by the Administrator. On 11/17/2021 the mattress cover and tarp with duct-tape were removed from the current mattress that was

101j3 - Bed/Linens/Pillows/Blankets (continued)

*found to still be in good repair and a new zippered mattress protector was added by the Administrator.*

*To ensure violation does not reoccur a staff meeting/training will be held on 12/29/2021 at 10am by the administrator, addressing the constant auditing of all residents' pillows, bed linens and blankets to ensure they are clean and in good repair. (Signature sheet will be forward after staff training.)*

*Effective 11/18/2021, in addition to a monthly check, the Administrator will be contacted to ensure all bedclothes, mattress and mattress covers are free of stains and in good repair. Any issues found during check will be dealt with immediately and replaced. Checks will be completed by the Administrator monthly. A checklist flow sheet has been created that will be dated and initialed after each check by the Administrator.*

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

*The following items were stored in the upright Midea refrigerator in the kitchen and were not labeled or dated:*

- a large bowl covered in plastic wrap that appeared to be broth*
- a large bowl of salad mix covered in plastic wrap*
- a plastic ice cream container full of kidney beans*
- large blocks of chipped ham and cheese*

Plan of Correction

**Accept**

*On 11/17/2021 all unlabeled or undated food was removed from Midea refrigerator by the administrator.*

*To ensure violation does not reoccur a staff meeting/training will be held on 12/29/2021 @ 10am by the administrator addressing the issue and the proper procedure for labeling and dating all open and leftover food. (Signature sheet will be forward after staff training.)*

*Effective 11/17/21, a daily check will be conducted to ensure all undated or unlabeled food is disposed from refrigerators. Checks will occur daily by the Administrator.*

*A checklist flow sheet has been created that will be dated and initialed after each check by the administrator.*

**Completion Date: 08/29/2022**

Document Submission

**Implemented**

*On 11/17/2021 all unlabeled or undated food was removed from Midea refrigerator by the administrator.*

*To ensure violation does not reoccur a staff meeting/training will be held on 12/29/2021 @ 10am by the administrator addressing the issue and the proper procedure for labeling and dating all open and leftover food. (Signature sheet will be forward after staff training.)*

103e - Left Overs (continued)

Effective 11/17/21, a daily check will be conducted to ensure all undated or unlabeled food is disposed from refrigerators. Checks will occur daily by the Administrator.

A checklist flow sheet has been created that will be dated and initialed after each check by the administrator.

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The following items were stored in the upright Midea refrigerator in the kitchen and were expired:

- a partially consumed rotisserie chicken in the store container with a "sell by" date of 11/10/21.
- an opened bottle of thousand island dressing in the refrigerator expired 4/22/21.
- a partially used package of sliced bologna had a packaged date of 10/30/21.

The upright Crosley refrigerator had a pint of milk that was outdated from 11/11/21.

In dry storage, there were multiple gallon cans of pumpkin which expired April 2019.

Plan of Correction

Accept

On 11/17/2021 all outdated food was removed and disposed of from both upright refrigerators and dry storage, by the administrator.

To ensure violation does not reoccur a staff meeting/training will be held on 12/29/2021 @ 10am by the administrator addressing the issue of outdated food in any refrigerator, freezer and dry storage, and educating them in the proper disposal procedure. (Signature sheet will be forward after staff training.)

Effective 11/17/2021, daily checks will be conducted to ensure all out dated food is disposed from refrigerators and dry storage. Checks will occur daily by the Administrator.

A checklist flow sheet has been created that will be dated and initialed after each check by the Administrator.

Completion Date: 08/29/2022

Document Submission

Implemented

On 11/17/2021 all outdated food was removed and disposed of from both upright refrigerators and dry storage, by the administrator.

103i - Outdated Food (continued)

To ensure violation does not reoccur a staff meeting/training will be held on 12/29/2021 @ 10am by the administrator addressing the issue of outdated food in any refrigerator, freezer and dry storage, and educating them in the proper disposal procedure. (Signature sheet will be forward after staff training.)

Effective 11/17/2021, daily checks will be conducted to ensure all out dated food is disposed from refrigerators and dry storage. Checks will occur daily by the Administrator.

A checklist flow sheet has been created that will be dated and initialed after each check by the Administrator.

131f - Fire Extinguisher Inspection

1. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The home's fire extinguishers were last inspected in August 2020.

Plan of Correction

Accept

On 11/26/2021 the administrator contacted Kaza Fire Equipment who will be coming out on 12/22/2021 at 9:30am to service all Fire Extinguishers. (Receipt for service will be forward after service.)

Effective 11/26/2021. to ensure violation does not reoccur Kaza will be contacted by the administrator 2 months before fire extinguishers are due to be inspected/expire. A monthly check will occur to ensure Fire Extinguishers are inspected/refilled yearly.

Check will be completed by the Administrator.

A checklist flow sheet has been created that will be dated and initialed after each check by the Administrator..

Completion Date: 08/29/2022

Document Submission

Implemented

On 11/26/2021 the administrator contacted Kaza Fire Equipment who will be coming out on 12/22/2021 at 9:30am to service all Fire Extinguishers. (Receipt for service will be forward after service.)

Effective 11/26/2021. to ensure violation does not reoccur Kaza will be contacted by the administrator 2 months before fire extinguishers are due to be inspected/expire. A monthly check will occur to ensure Fire Extinguishers are inspected/refilled yearly.

Check will be completed by the Administrator.

A checklist flow sheet has been created that will be dated and initialed after each check by the Administrator..

161a - Meals

**1. Requirements**

2600.

161.a. Meals shall be offered that meet the recommended dietary allowances established by the United States Department of Agriculture.

**Description of Violation**

*On 11/15/21, 11/16/21 and 11/17/21, the meals served by the home included ham pot soup and crackers; chicken roll or peanut butter and jelly sandwiches and sour cream and onion chips; ham and cheese or peanut butter and jelly sandwiches and cheese curls. These meals do not meet the recommended dietary allowances established by the United States Department of Agriculture (USDA) as they include little to no fruits or vegetables and are high in salt, fat, and carbohydrate content.*

**Plan of Correction**

**Accept**

*Attached is two-week menu that was completed after reviewing USDA guidelines,*

*To ensure violation does not reoccur when doing the monthly menu, the USDA guidelines will be reviewed.*

**Completion Date:** 12/19/2021

**Document Submission**

**Implemented**

*Attached is two-week menu that was completed after reviewing USDA guidelines,*

*To ensure violation does not reoccur when doing the monthly menu, the USDA guidelines will be reviewed.*

162c - Menus Posted

**1. Requirements**

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.

**Description of Violation**

*The home did not have current menus posted. The menus posted were from October 13th through October 30th.*

**Plan of Correction**

**Accept**

*On 11/18/2021 a two-week menu was posted in main hallway by med room by the Administrator.*

*Effective 11/18/2021, to ensure violation does not reoccur a new monthly menu will be posted by the Administrator during the last week of the previous month.*

**Completion Date:** 08/29/2022

**Document Submission**

**Implemented**

*On 11/18/2021 a two-week menu was posted in main hallway by med room by the Administrator.*

*Effective 11/18/2021, to ensure violation does not reoccur a new monthly menu will be posted by the Administrator during the last week of the previous month.*

183b - Meds and Syringes Locked

**1. Requirements**

183b - Meds and Syringes Locked (continued)

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.

Description of Violation

O [redacted] longing to Resident 4 was unlocked and accessible in the resident's bedroom.  
Re [redacted]

Plan of Correction

Accept

On [redacted] resident 4's [redacted] was locked up in his/her personal locked box by the Administrator. Attached is a copy of Resident 4's Medication list as well as page 6 of his/her RASP indicating he/her has been assisted with self-administration.

On [redacted] Resident 4 was educated by the Administrator on the importance of keeping all self-administering medication under lock and key for his/her protection and others.

Effective [redacted] the Team leader on 1st shift will check daily to ensure inhaler is secure in Resident 4 bedroom lock box

A checklist flow sheet has been created that will be dated and initialed after each check by the administrator.

Completion Date: 08/29/2022

Document Submission

Implemented

On [redacted] resident [redacted] was locked up in his/her personal locked box by the Administrator. Attached is a copy of Resident 4's Medication list as well as page 6 of his/her RASP indicating he/her has been assisted with self-administration.

On [redacted] Resident 4 was educated by the Administrator on the importance of keeping all self-administering medication under lock and key for his/her protection and others.

Effective [redacted] the Team leader on 1st shift will check daily to ensure inhaler is secure in Resident 4 bedroom lock box.

A checklist flow sheet has been created that will be dated and initialed after each check by the administrator.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
- 13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
- 14. A support plan.

Description of Violation

Resident 1's record does not contain the resident's eye color or religious affiliation, the initial intake assessment or a current support plan.

Plan of Correction

Accept

On [redacted] Resident 1's eye color and religious affiliation was added to his/her record (Information sheet added from Resident 1's record for review)

**252 - Record Content (continued)**

*On 11/20/2021 Resident 1's initial intake assessment and support plan was completed. (See Attached)*

*To ensure violation does not reoccur an audit of all current resident's information sheet will be reviewed to ensure all information is present. Also, that all assessment and support plan are completed and up to date. Aduit will be completed by 01/17/2022.*

**Completion Date:** 01/17/2022

**Document Submission****Implemented**

*On [REDACTED] Resident 1's eye color and religious affiliation was added to his/her record (Information sheet added from Resident 1's record for review)*

*On [REDACTED] resident 1's initial intake assessment and support plan was completed. (See Attached)*

*To ensure violation does not reoccur an audit of all current resident's information sheet will be reviewed to ensure all information is present. Also, that all assessment and support plan are completed and up to date. Aduit will be completed by 01/17/2022.*