

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

March 23, 2023

[REDACTED], OWNER  
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 02/28/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing



Inspections / Reviews (*continued*)

## 03/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/22/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/23/2023

## 03/23/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/22/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 85a - Sanitary Conditions

### 1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

#### Description of Violation

*On 2/28/23 at approximately 9:00 am, there was a strong urine smell when the Department first entered the home through the dining room.*

*On 2/28/23 at approximately 9:40 am, there was a strong urine smell in resident #1's room and in the hallway right outside of resident #1's room.*

#### Plan of Correction

*Accept (█ - 03/17/2023)*

*On 03/01/2023 the area outside and inside Room #1 was cleaned and disinfected by the Administrator and Designee's to ensure urine smell was still not present.*

*To ensure violation does not reoccur starting 03/12/2023 a daily check will be conducted by the Designee to ensure area outside and inside room #1 is free of odor so sanitary conditions are maintained. (See checklist attached)*

*On 03/21/2023 staff will be educated by the Designee on identifying areas where sanitary conditions are not being maintained and ways to correct or prevent them. (Sign in sheet will be attached after class)*

**Licensee's Proposed Overall Completion Date: 03/21/2023**

*Implemented (█ - 03/23/2023)*

## 85b - Infestation

### 2. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

#### Description of Violation

*On 2/28/23 at approximately 2:55 PM, several live bed bugs were observed on the top right side of resident #2's mattress.*

#### Plan of Correction

*Accept (█ - 03/17/2023)*

*On 02/28/2023 the Administrator and Designee removed the mattress and replace it with a new one, and then cleaned and sprayed for bed bugs in Resident #2's bedroom.*

*To ensure violation does not reoccur a contract has been signed with Orkins pest control. Contract details the spraying of all bedrooms and common areas for bed bugs monthly. Their first visit was 03/10/2023. (Orkins signed contract is attached.)*

*On 03/21/2023 staff will be educated by the Designee*

85b Infestation (continued)

on what bed bugs look like and how to identify signs of an infestation, and if an infestation is found or suspected they should verbally report it to the Administrator or to prevent delay if the Administrator is not available it should be reported to the med tech on duty so action can be taken immediately then they will report it to the Administrator. (Sign in sheet will be attached after class)

Starting on 03/14/2023 a weekly check will be conducted by Designee to ensure all bedrooms are free of bed bugs and any signs of infestation. (See Attached Checklist)

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented ( ) - 03/23/2023)

100a - Exterior - Free of Hazards

3. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On the side of the home facing the parking lot there is a section of the roof's eaves missing, exposing a hole in the soffit measuring approximately 1x2 feet. There is another area on the same side of the home where several pieces of soffit are missing exposing a hole measuring approximately 1x3 feet.

Plan of Correction

Accept ( ) - 03/17/2023)

Repairs will be completed by 03/21/2023 by ( ) General Contracting to the two areas of the home. After repairs have been completed pictures were added to violation report.

To ensure violation does not reoccur starting 03/12/2023 a check will be conducted monthly by the Designee to ensure the exterior of the building and the building grounds or yard are in good repair and free of hazards. (See checklist attached)

On 03/21/2023 staff will be educated by the Designee on reporting hazards found to the exterior of the building, grounds or yard, and if issue is found reporting verbally to the Administrator or to prevent delay if the Administrator is not available it should be reported to the med tech on duty so action can be taken immediately then they will report it to the Administrator. (Sign in sheet will be attached after class)

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented ( ) - 03/23/2023)

102k - No Common Towel

4. Requirements

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

In bathroom #1 there were no paper towels, mechanical hand dryer or other sanitary means of hand drying in this bathroom.

Plan of Correction

Accept ( ) - 03/17/2023)

On 02/28/2023 the Administrator placed a roll of paper towels into bathroom #1.

102k No Common Towel (continued)

To ensure violation does not reoccur the Designee hung a mechanical hand dryer in bathroom #1 on 03/07/2023. (Picture attached)

Starting 03/14/2023 a weekly check will be conducted by the Designee to ensure all bathrooms have a method of drying hands at all times. (Checklist is attached)

Licensee's Proposed Overall Completion Date: 03/14/2023

Implemented [redacted] - 03/23/2023)

103f - Refrigerator/Freezer Temps

5. Requirements

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.

Description of Violation

The floor chest freezer located in the basement containing frozen chicken does not contain a thermometer.

The standing chest refrigerator (right side) that is storing loafs of bread does not contain a thermometer.

Plan of Correction

Accept [redacted] - 03/17/2023)

On 02/28/2023, the Designee placed thermometers in floor freezer and standing chest refrigerator. (Pictures attached)

To ensure violation does not reoccur on 03/12/2023 the Designee attached the thermometers inside freezer and refrigerator to prevent them from being removed or falling down with frozen items. (Pictures attached)

Starting 03/14/2023 a weekly check will be conducted by the Designee to ensure all freezers and refrigerators contain a thermometer. (Checklist is attached)

Licensee's Proposed Overall Completion Date: 03/14/2023

Implemented [redacted] - 03/23/2023)

103g - Storing Food

6. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

Inside the floor chest freezer located on the floor in the basement, there was a large quantity of frozen raw chicken. The frozen raw chicken was not secured in a closed or sealed container and frozen liquids from the chicken was protruding from the unsealed bag.

Plan of Correction

Accept [redacted] - 03/17/2023)

On 02/28/2023 the frozen raw chicken not secured in a closed sealed container was disposed by the Designee. (Picture Attached)

103g - Storing Food (continued)

To ensure violation does not reoccur starting on 03/12/23 a weekly check will be conducted by Designee to ensure all food being stored is closed and sealed in containers or plastic. (See Attached Checklist)  
On 03/21/2023 staff will be educated by the Designee on only storing frozen food in secured bags and closed sealed containers. (Sign in sheet will be attached after class)

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented [redacted] - 03/23/2023)

107c - Food/Water 3 Day Supply

7. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home currently has a census of 34 residents . At the time of inspection, there were only 22 cases of water on site. Each case of water contains 24 bottles of 16.9oz of water. (69.71 gallons of water). The home needs at minimum 102 gallons of water for 34 residents.

Plan of Correction

Accept [redacted] - 03/17/2023)

On 03/12/2023 15 cases (24 bottle 16.9oz) =47.53 gallons of water were purchased by the Administrator then placed with other water on shelf. (Picture Attached)

To ensure violation does not reoccur starting 03/12/2023 a monthly check will be conducted by the Designee to ensure water has not been used/moved. (See Attached Checklist)

Licensee's Proposed Overall Completion Date: 03/14/2023

Implemented [redacted] - 03/23/2023)

131f - Fire Extinguisher Inspection

8. 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 fire extinguisher located in the attic has not been inspected by a fire safety expert since December 2021.

Repeat Violation - (11/18/2021)

Plan of Correction

Accept [redacted] - 03/17/2023)

On 02/28/2023 fire extinguisher was placed in the attic that was inspected/filled on 08/2022. (See Picture Attached)

To ensure violation does not reoccur a sign has been placed by fire extinguisher closes to the attic. Reminding the fire extinguisher service company that it is up there. (See Attached Picture)

By June 1st of every year, Designee will schedule the fire extinguisher inspection by [redacted] Fire Equipment. Fire Extinguishers are due to be serviced every August.

Licensee's Proposed Overall Completion Date: 03/15/2023

131f - Fire Extinguisher Inspection (continued)

Implemented ( ) - 03/23/2023)

183f - Discontinued Medications

9. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident #3's medication had an expiration date of 2021.

Plan of Correction

Accept ( ) - 03/17/2023)

On 02/28/2023, the Med Tech on duty reordered the medication from the pharmacy. It was delivered on 03/01/2023. (See Attached Picture)

To ensure violation does not reoccur on 03/07/2023 the Designee conducted an audit of the treatment cart to ensure all other medications were in date.

Starting 03/07/2023 the Designee will conduct monthly checks to ensure all medications are in date. (See attached checklist)

On 03/21/2023 staff will be educated by the Designee on checking medications before each administration to ensure they have not expired. (Sign in sheet will be attached after class)

Licensee's Proposed Overall Completion Date: 03/21/2023

Implemented ( ) - 03/23/2023)

225a - Assessment 15 Days

10. Requirements

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.

Description of Violation

Resident #4 was admitted on ; however, the resident's assessment was not completed until

Plan of Correction

Accept ( ) - 03/17/2023)

To ensure violation does not reoccur the Designee will conduct an audit on all assessments to ensure they have been completed within 15 days of admission. Audit will be completed by 03/27/2023.

On 03/14/2023 a new admission checklist was created and added to the master copy of the new admission

**225a - Assessment 15 Days (continued)**

packet. The packet is used and copied for every new admission by the Designee. (See attached checklist)  
 On 03/21/2023 staff will be educated by the Designee on the purpose of the new admission checklist now located in the master copy of the new admission file is to provide guidelines to ensure paperwork is done by the deadlines indicated on checklist. (Sign in sheet will be attached after class)

Licensee's Proposed Overall Completion Date: 03/27/2023

Implemented [REDACTED] - 03/23/2023)

**225c - Additional Assessment**

**11. Requirements**

2600.  
 225.c. The resident shall have additional assessments as follows:  
 1. Annually.

**Description of Violation**

Resident #5's most recent assessment was completed on [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 03/17/2023)

On [REDACTED] an annual assessment was completed for Resident #5 by the Designee. (See Document Attached)

To ensure violation does not reoccur the Designee will conduct an audit on all resident assessments to ensure their annual assessments have been completed. During the audit the Designee will make a list of all resident's due dates for their DME and RASP. That will be viewed at the beginning of each month to ensure they are completed within the timeframes required. Audit will be completed by 03/27/2023.

On 03/21/2023 staff will be educated by the Designee that annual assessments must be completed within 380 days (1 year plus 15-day grace period) after most recent assessment. (Sign in sheet will be attached after class)

Licensee's Proposed Overall Completion Date: 03/27/2023

Implemented [REDACTED] - 03/23/2023)