

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

July 26, 2024

[REDACTED], ADMINISTRATOR  
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 06/11/2024 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

**Facility Information**

Name: *HELPING HAND RESCUE MISSION - MAIN BUILDING* License #: 30036 License Expiration: 10/23/2024  
 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: *Department of Labor & 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: *06/11/2024*

**Inspection Dates and Department Representative**

06/11/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 47 Residents Served: 35  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 25 Are 60 Years of Age or Older: 19  
 Diagnosed with Mental Illness: 26 Diagnosed with Intellectual Disability: 3  
 Have Mobility Need: 1 Have Physical Disability: 3

**Inspections / Reviews**

06/11/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/08/2024*

07/10/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *07/20/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/17/2024*

Inspections / Reviews (*continued*)

## 07/18/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/20/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/26/2024

## 07/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/20/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

64c - Annual Training

1. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person [redacted] who is the home's administrator, has not successfully completed 24 hours worth of annual training for training year 2023.

Plan of Correction

Accept ([redacted] - 07/10/2024)

To ensure violation does not reoccur an Administrator annual training plan will be implemented by Designee and Administrator by 07/17/2024. (Training plan will be uploaded on or before 07/17/2024)

Licensee's Proposed Overall Completion Date: 07/17/2024

Implemented ([redacted] - 07/26/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

During the initial walk through of the home at 9:20 AM there was strong odor of urine in the living room by the chapel.

Room #2 had a strong odor of urine at 3:30 PM.

Plan of Correction

Accept ([redacted] - 07/10/2024)

On 06/11/2024, the living room and Room #2 were cleaned and disinfected by Designee's and Administrator until the areas were free of the urine smell.

To ensure violation does not reoccur starting 07/12/2024 a walk-through of the facility will be done daily by designee or administrator to ensure there are no smells of urine. Any findings will be dealt with immediately and documented on checklist implemented. A checklist will be created that requires designee or administrator to initial daily after walk-through as well as a comment area to document any findings and what was done to fix the problem. (Checklist will be upload on 07/12/2024 after first check is completed.)

Licensee's Proposed Overall Completion Date: 07/12/2024

Implemented ([redacted] - 07/26/2024)

85b - Infestation

3. Requirements

2600.

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

Description of Violation

Large quantities of small black gnats were present throughout the home.

85b - Infestation (continued)

Repeated Violation: 2/28/24

Plan of Correction

Accept ( ) - 07/10/2024

On 06/14/2024, our Designee contacted Orkins Pest Control about getting the entire facility treated for fruit flies, they came on 06/25/2024. (Work order is attached from that visit)

To ensure violation does not reoccur Orkin Pest Control will come monthly and continue to treat as needed for this issue.

Licensee's Proposed Overall Completion Date: 07/08/2024

Implemented ( ) - 07/26/2024

102k - No Common Towel

4. Requirements

- 2600.
- 102.k. Use of a common towel is prohibited.

Description of Violation

There were no paper towels, mechanical hand dryer or other sanitary means of hand drying in bathroom #4.

Plan of Correction

Accept ( ) - 07/10/2024

On 06/11/2024 the Designee placed a roll of paper towels into bathroom #3.

To ensure violation does not reoccur Designee or Administrator starting 07/12/2024 will do a daily check to ensure each bathroom has a method provided for drying hands at all times. (Checklist will be uploaded on 07/12/2024 after first check is completed.)

Licensee's Proposed Overall Completion Date: 07/12/2024

Implemented ( ) - 07/26/2024

182b - Prescription Medication

5. Requirements

- 2600.
- 182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:
  - 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Resident #1 is prescribed Ozempic, 1 mg. subcutaneously weekly for diabetes which was administered by medication technician staff person B on 6/1/24 and 6/8/24 at 8:00 AM. Staff Person B is not qualified to administer this type of medication.

Plan of Correction

Accept ( ) - 07/18/2024

On 06/12/2024 Resident #1's PCP was notified by Med Tech that none of our current staff are qualified to administer GLP-1 injections. Resident #1's PCP said they would make arrangements for one of their nurses to come out and administer it when prescribed.

**182b - Prescription Medication (continued)**

To ensure violation does not reoccur when a resident is prescribed any medications not able to be administered by staff at the facility. The prescribing doctor will be notified that none of our current staff are qualified to administer the medication and ask if they or a nurse at their practice will be able to administer it as prescribed. If they cannot provide this service, the facility will requested a wavier to administer the medication ourselves.

In addition, starting 07/17/2024 our Med Tech Trainer will conduct weekly reviews of all residents' medications being administered by staff at the facility to ensure we qualify to administer all that are presently prescribed. (Checklist attached)

Licensee's Proposed Overall Completion Date: 07/17/2024

Implemented (█) - 07/26/2024)

**185a - Implement Storage Procedures****6. Requirements**

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 has a blood glucose level of 251 recorded on 6/9/24 at 9:00 PM. The reading on the glucometer for this date and time was 328.

**Plan of Correction**

Accept (█) - 07/10/2024)

On 06/11/2024 a review of all Blood Glucose Machines was done by our Med Tech Trainer and found that resident #1 Blood Glucose check was documented in the MAR incorrectly and the 251 reading was another residents' reading for that night.

To ensure violation does not reoccur starting 07/12/2024 our Med Tech Trainer will conduct weekly reviews of all Blood Glucose Machines to ensure they are entered correctly on MAR a checklist will be implemented that requires Med Tech Trainer in initial weekly after each check and a comment area to document any issues found. (Checklist will be uploaded on 07/12/2024 after first check is completed)

Licensee's Proposed Overall Completion Date: 07/12/2024

Implemented (█) - 07/26/2024)

**254a - Records Discharge/Active****7. Requirements**

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

**Description of Violation**

The privacy coding document containing resident names, was attached to the 2/28/23 License Inspection Summary and was posted on the bulletin board in a public place.

**254a - Records Discharge/Active (continued)****Plan of Correction****Accept ( [REDACTED] - 07/10/2024)**

*On 06/11/2024, the document containing residents' names attached to license inspection summary was removed and shredded. by Designee.*

*To ensure violation does not reoccur when Designee or Administrator post future License Inspection Summaries for viewing the document containing residents' names will not be posted with it.*

**Licensee's Proposed Overall Completion Date: 07/08/2024**

**Implemented ( [REDACTED] - 07/26/2024)**