

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

July 18, 2025

[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 05/21/2025 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: *10/23/2025*  
 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: *33* Waking Staff: *25*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *05/21/2025*

**Inspection Dates and Department Representative**

05/21/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *47* Residents Served: *32*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *25* Are 60 Years of Age or Older: *18*  
 Diagnosed with Mental Illness: *25* Diagnosed with Intellectual Disability: *3*  
 Have Mobility Need: *1* Have Physical Disability: *0*

**Inspections / Reviews**

**05/21/2025 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/09/2025*

**06/10/2025 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *06/25/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/25/2025*

Inspections / Reviews *(continued)*

07/18/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/25/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

19 - Review Waiver

1. Requirements

2600.

19.e. The home shall notify the affected resident and designated person of the approval or denial of the waiver. A copy of the waiver request and the Department's written decision shall be posted in a conspicuous and public place within the home.

Description of Violation

On 3/20/2019, the home received a waiver of 2600.101e. A copy of the waiver request and the Department's written decision is not posted in a conspicuous and public place within the home.

Plan of Correction

Accept (█) - 06/10/2025

On 05/23/2025 our designee hung a copy of the wavier approved on 03/20/2019 was posted on the main floor hallway by med room next to the Shadow box with other required posters and information. (Picture will be attached)

To prevent violation from reoccurring the designee/administrator will post any approved waivers in the main floor in hallway by med room immediately upon approval.

Licensee's Proposed Overall Completion Date: 06/04/2025

Implemented (█) - 06/30/2025

64c - Annual Training

2. 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 █ the home's administrator, completed only 22.5 hours of Department-approved training in training year July 2023 through June 2024.

Plan of Correction

Accept (█) - 06/10/2025

To ensure violation does not reoccur an Administrator annual training plan will be implemented by Designee and Administrator by 06/20/2025. (Training plan will be attached on or before 06/20/2025)

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented (█) - 06/30/2025

83a - Indoor Temperature

3. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On 5/21/25 at 3:15 PM, when residents were present in the home, the temperature in the small sitting room next to the chapel was 66.4 degrees Fahrenheit.

Plan of Correction

Accept (█) - 06/10/2025

On 05/21/2025 our maintenance staff adjusted thermostats to ensure the facility was at 70F at all times. (Pictures

83a - Indoor Temperature (continued)

will be attached.)

To prevent violation from reoccurring, starting 06/20/2025 a checklist will be implemented, and completed by our designee/administrator twice daily to ensure the facility's temperature is at or above 70F. (Checklist will be attached after first check is performed.)

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented ( ) - 06/30/2025

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

- The bathroom on the main floor by the kitchen, marked bathroom 1, had a very strong odor of feces.
- The bathroom in the basement by bedroom 14 had a strong odor of urine.
- Bedroom 108 had a strong odor of urine.

Plan of Correction

Accept ( ) - 06/10/2025

On 05/22/2025 Bedroom 108 was cleaned and disinfected by our cleaning staff from top to bottom.

On 05/24/2025 both bathrooms were cleaned and disinfected by our cleaning staff top to bottom. Also, the seal on both toilets were replaced and a solution was added to all the drains in each bathroom to ensure sanitation and get rid of any odors.

To prevent violation from reoccurring, starting 06/20/2025 a checklist will be implemented and completed by designee/administrator daily to ensure Bedroom 108, and that both bathrooms are free of odor. (Checklist will be attached after first check is performed.)

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented ( ) - 06/30/2025

85b - Infestation

5. Requirements

2600.

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

Description of Violation

There were two open trashcans in the downstairs living room and an open trashcan in bedroom 14 that had no lids and were full of trash and what appeared to be tobacco spit. A large trashcan located in the corner of the dining room had no lid and was overflowing with trash. There were small black flying insects observed throughout the home but were concentrated around the open cans and the areas in which they were located.

Repeated Violation - 6/11/24

85b - Infestation (continued)

Plan of Correction

Accept (█) - 06/10/2025

On 05/21/2025 the dining hall trash can, and the trash can in bedroom 14 were dumped and the lids was reattached by cleaning staff.

To prevent violation from reoccurring starting on 06/20/2025 a checklist will be implemented and completed by designee/administrator daily to ensure trash cans are dumped and the lid is attached when not in use. Also, Orkin pest control comes in monthly to spray for flies and gnats they were here on 05/27/25 their next expect visit is 06/27/25.

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented (█) - 06/30/2025

88a - Surfaces

6. 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 tub in the basement in the back of the home has a vinyl floor that is too large and rolled over at the edges of the floor. The flooring by the tub is loose and torn and covered with a piece of green tape. The vinyl tub surround has dark moldy spots where it is peeling away from the wall.

Plan of Correction

Accept (█) - 06/10/2025

On 05/21/2025 the bathroom was locked by designee and an out of order sign was place on the door. By 06/25/2025 our maintenance █ will repair the flooring issues, and all signs of mold will be removed from the bathtub and fresh silicone will be applied. After completion the sign will be removed, and the bathroom will be opened back up for use. (Pictures will be attached after completion.)

To prevent violation from reoccurring starting 06/20/2025 a checklist will be implemented and completed by designee/administrator weekly to ensure bathroom is still in good repair and free of hazards. (Checklist will be attached after first check is completed.)

Licensee's Proposed Overall Completion Date: 06/25/2025

Implemented (█) - 07/18/2025

89a - Water Pressure

7. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

The sink in the bathroom on the main floor next to the steps in the laundry area has no running water.

Plan of Correction

Accept (█) - 06/10/2025

On 05/23/2025 the sink in the bathroom on the main floor next to the laundry area was repaired by our

89a - Water Pressure (continued)

maintenance [REDACTED]. (Pictures will be attached.)

To prevent violation from reoccurring starting on 06/20/2025 a checklist will be implemented and completed by our designee/administrator weekly to ensure sink remains in good working order. (Checklist will be attached after first check is completed.)

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented ([REDACTED] - 06/30/2025)

95 - Furniture and Equipment

8. Requirements

2600.

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

Description of Violation

- The bathroom in the basement closest to bedroom 14 has a bare metal pipe sticking out of the wall but no showerhead.
- The dresser between the beds of residents 1 and 2 is falling apart as evidenced by an area of the top which is delaminated and has a hole about 4" across and 1 1/2" wide through which the inside of the top drawer is visible.

Plan of Correction

Accept ([REDACTED] - 06/10/2025)

On 05/22/2025 a showerhead was installed in the bathroom by our maintenance [REDACTED] (Picture will be attached.)

On 06/03/2025 the dresser from bedroom 14 was removed and replaced with one in good repair by our maintenance [REDACTED] (Picture will be attached.)

To prevent violation from reoccurring starting 06/20/2025 a checklist will be implemented and completed by designee/administrator weekly to ensure that furniture remains in good repair, clean and free of hazards. (Checklist will be attached after first check is completed.)

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented ([REDACTED] - 06/30/2025)

101j7 - Lighting/Operable Lamp

9. Requirements

2600.

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

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept ([REDACTED] - 06/10/2025)

On 05/22/2025 our designee added a lamp to Resident 1's bedside table. (Picture will be attached.)

101j7 - Lighting/Operable Lamp (continued)

To prevent violation from reoccurring starting 06/20/2025 a checklist will be implemented and completed by designee/administrator and checked daily to ensure lamp remains at bedside. (Checklist will be attached after first check.)

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented (█ - 06/30/2025)

101o - Walls, Floors, Ceilings

10. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The suspended ceiling tile in bedroom 14 located directly over resident 1's bed has a hole with a dark ring around it which measures about 1 1/2" across.

Plan of Correction

Accept (█ - 06/10/2025)

On 05/22/2025 the ceiling tile above Resident 1's bed was replaced by our maintenance (Picture will be attached.)

To ensure violation does not reoccur starting 06/20/2025 a checklist will be implemented and checked weekly by our designee/administrator to ensure ceiling tile remains clean and good repair. (Checklist will be attached after first check.)

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented (█ - 06/30/2025)

103f - Refrigerator/Freezer Temps

11. 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

On 5/21/25 at approximately 3:18 PM, the thermometer in the white refrigerator in the basement read 45 degrees Fahrenheit. The thermometer in the double-door silver refrigerator in the basement read 48 degrees Fahrenheit.

Plan of Correction

Accept (█ - 06/10/2025)

On 05/21/2025 our maintenance man adjusted both refrigerators internal temperatures and when checked later were both at 40F or lower. (Picture will be attached.)

To prevent violation from reoccurring starting 06/20/2025 a checklist will be implemented and checked by designee/administrator daily to ensure temperature remains at or below 40F. (Checklist will be attached after first check is completed.)

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented (█ - 06/30/2025)

12. Requirements

103f - Refrigerator/Freezer Temps *(continued)*

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**

*There was no thermometer in the basement chest freezer labeled #6.*

**Plan of Correction**

*Accept (█ - 06/10/2025)*

*On 05/22/2025 chest freezer #6 was cleaned out by one of our cooks and two thermometers were found mixed in with the frozen food.*

*To ensure violation does not reoccur on 06/20/2025 one of the thermometers will be attached to a yard stick with a zip tie and adjusted to fit freezer to ensure it is always accessible and does not get mixed up with the food. (Picture will be attached after thermometer is added to yard stick and added to chest freezer.)*

**Licensee's Proposed Overall Completion Date:** 06/20/2025

*Implemented (█ - 06/30/2025)*

105g - Lint Removal and Duct Cleaning

**13. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**Description of Violation**

*On 5/21/25, there was an approximate 1/4" accumulation of lint in the lint trap of the Maytag Neptune dryer on the main floor of the home. There were no clothes in the dryer.*

**Plan of Correction**

*Accept (█ - 06/10/2025)*

*On 05/21/2025 the lint was removed from the lint trap by our designee and disposed of in the trash can.*

*To prevent violation does not reoccur starting 06/20/2025 a checklist will be implemented and checked daily by our designee/administrator to ensure dryer lint trap is free of lint when not in use. (Checklist will be attached after first check is completed.)*

**Licensee's Proposed Overall Completion Date:** 06/20/2025

*Implemented (█ - 06/30/2025)*

121a - Unobstructed Egress

**14. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

*On 5/21/25 at 9:15 AM. a piece of wood paneling and an upholstered chair blocked egress from the home's main hallway through the sitting room and to the front of the home.*

121a - Unobstructed Egress (continued)

**Plan of Correction**

Accept (█) - 06/10/2025

On 05/21/2025 all items blocking the home's main hallway was cleared away by designee.

To prevent violation from reoccurring starting 06/20/2025 a checklist will be implemented and checked twice daily by designee/administrator to ensure egress route is not blocked. (Checklist will be attached after first check is completed.)

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented (█) - 06/30/2025

144c1 - Smoking Area Guidelines

**15. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

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.

**Description of Violation**

The home's designated smoking area is the smoking shack across the parking lot. There was a watering can full of cigarette butts outside the exit door by the chapel. There were seven little brown cigar butts on the stoop outside of bedroom 14 on the back of the home.

**Plan of Correction**

Accept (█) - 06/10/2025

On 05/22/2025 the cigarette butts in the watering can on church porch and the ones outside Bedroom 14 were collected and disposed by designee. (Pictures will be attached.)

To prevent violation from reoccurring starting 06/20/2025 a checklist will be implemented and checked daily by designee/administrator to ensure there are no cigarette butts, and that no one smoking restricted areas. Also, a Staff/Resident meeting will be held on 06/20/2025 to go over the homes policies & procedures of tobacco use. (Checklist and meeting sign in sheet will be attached after first check and meeting.)

Licensee's Proposed Overall Completion Date: 06/20/2025

Implemented (█) - 06/30/2025

185a - Implement Storage Procedures

**16. 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**

Resident 3 is prescribed Tramadol HCL Tab 50 MG, take 1 tablet orally four times daily as needed for pain. The home has two cards of 30 (total 60) and one card with 12 tablets for a total of 82 tablets. The home's electronic medication administration system (eMAR). indicated that 87 tablets remain.

**185a - Implement Storage Procedures (continued)**

Resident 4 is prescribed Lorazepam Tab 1 MG, take 1 tablet orally at lunchtime for muscle spasms. There is one tablet remaining, however, the eMAR system states that 0 remain.

**Plan of Correction****Accept (█ - 06/10/2025)**

On 05/22/2025 a medication audit was conducted on all countable by Med Tech Trainer. The only issues found were the two mentioned above. Resident 3's issue was determined that there were 5 PRN doses administered and were not marked a inventory adjusted was performed on the (eMAR) and 5 of them were removed from the count. Resident 4 was determined as a missed dose and 1 tablet was disposed.

To prevent violation from reoccurring a starting on 06/20/2025 a twice daily audit will be conducted by Med Tech Trainer ensuring shift counts are being done and all medication counts are correct. (Checklist audit will be attached after first check.)

Also, a meeting will be held on 06/20/2025 by Med Tech Trainer with all Med Techs reviewing medication administration policies & procedures. (After meeting sign in sheet will be attached.)

Licensee's Proposed Overall Completion Date: 06/20/2025

**Implemented (█ - 06/30/2025)**