

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

September 17, 2026

[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 07/30/2026, 07/31/2026 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:** 10/23/2026
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:** *Dept of Labor & Industry*

Staffing Hours

Resident Support Staff: 48 **Total Daily Staff:** 76 **Waking Staff:** 57

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal* **Exit Conference Date:** 07/31/2026

Inspection Dates and Department Representative

07/30/2026 - On-Site: [REDACTED]

07/31/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47 **Residents Served:** 28

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 20 **Are 60 Years of Age or Older:** 17
Diagnosed with Mental Illness: 20 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

07/30/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** 08/27/2026

08/31/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/14/2026
Reviewer: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** 09/07/2026

Inspections / Reviews (*continued*)

09/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/14/2026

09/17/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/14/2026

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

██████████ the home's administrator, completed only 18 hours of Department-approved training in training year July 1, 2025 to June 30, 2026. Also, all 18 hours were completed online.

Repeated Violation - 5/21/25

Plan of Correction

Accept (██████████) - 09/08/2026)

To ensure violation does not reoccur an Administrator annual training plan will be implemented by designee and administrator by 09/16/2026 and after reviewing to ensure that there are only 12 hours online present on training plan. In addition, a monthly audit will be conducted by our designee to ensure administrator hours scheduled for that month have been completed, and that there are only 12 hours completed online. Training plan will be uploaded on or before 09/16/2026.

In addition, the designees and the administrator will review regulation 2600.64(c) on 09/14/2026.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented (██████████) - 09/17/2026)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/30/26, during the initial walkthrough, bathroom #2, located on main floor by kitchen, had a strong odor of feces.

On 7/30/26, during the initial walkthrough, the basement bathroom by resident room #4 had a strong odor of urine.

On 7/30/26, during the initial walkthrough, resident room #8 had a strong odor of urine that could be smelled throughout the hallway outside of the room.

On 7/30/26, during the initial walkthrough, a strong odor of urine was at top of stairs down and went down into the basement

On 7/30/26, at 1:18pm, Staff Member B was completing medication administrations. Staff stopped to get cigarettes for a resident and then returned to administering medications. Staff failed to sanitize ██████████ hands prior to starting to administer medications again.

Repeated Violation - 5/21/25

Plan of Correction

Accept (██████████) - 09/08/2026)

On 07/30/2026 bathroom #2 was cleaned and the trash can was emptied by cleaning staff.

85a Sanitary Conditions (continued)

On 07/30/2026 the bathroom near bedroom #4 in the basement was cleaned and the trash can was emptied by cleaning staff.

On 08/01/2026 bedroom #8 was cleaned, dirty laundry was removed and the trash cans were emptied by cleaning staff.

On 08/01/2026 the stairways going down into the basement were cleaned by cleaning staff.

On 09/04/2026 Staff Member B will receive retraining on proper medication administration and proper hand washing by reviewing our facility's medication administration policy & procedures, retrained by med trainer. In addition, starting 09/9/2026 Observation Checklists will be completed by our med trainer, randomly twice a week, for three months when Staff Member B is performing medication administration. To ensure proper hand washing is being performed directly before and after each resident has been administered their medications. Sign in sheet will be attached after retraining, and Observation Checklist will be uploaded after first one is completed.

To prevent violation from reoccurring a daily checklist will be implemented by our designee and started on 09/07/2026. A daily walk through will be conducted of our facility to ensure all areas are free of odors by our designee. Checklist will be uploaded the day of first check.

In addition, there will be a staff training on 09/14/2026 and will include reviewing regulation 2600.85(a) training will be provided by designee.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented () - 09/17/2026)

88a - Surfaces**3. 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

On 7/30/26, during the initial walkthrough, there was water on the floor of the main basement storage area from a leaking wastewater pipe.

On 7/30/26, during the physical site inspection, the floor of the "ditch" room had water running over it from the AC unit. The water was running towards the door to the entrance of the room, where white mold is growing along the door jam.

Plan of Correction

Accept () - 09/08/2026)

On 08/27/2026 Electric Sewer Cleaning Company came in to assess the issue with the leaking wastewater pipe in the main basement storage area. () stated that () would need to call a specialist that had the capability of inserting a camera into a wall to locate the pipe that needs to be replaced. () will contact () on 08/28/2026 and then let me know the date/time () can come to do it. Then a date/time will be set with Electric Sewer Cleaning Company by designee to get the pipe replaced. Information will be uploaded as it is received.

On 07/31/2026 Bradleys Heating and Cooling came in to look at our () unit and repaired it. On 08/01/2026 all

88a - Surfaces (continued)

the water was cleaned up with a shop vac and then after fans to dry the whole area out and the white mold was removed. Pictures are attached.

To prevent violation from reoccurring a checklist will be implemented by our designee and started on 09/07/2026. A daily walk through the facility will be conducted to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean and in good repair and free of hazards by our designee. Checklist will be uploaded the day of first check.

In addition, there will be a staff training on 09/14/2026 and will include reviewing regulation 2600.88(a) training will be provided by designee.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented () - 09/17/2026)

95 - Furniture and Equipment**4. Requirements**

2600.

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

Description of Violation

On 7/30/26, during the initial walkthrough, there was a gray and black chair in the lower-level living room that the fabric is worn through.

On 7/30/26, during the physical site inspection, the vanity in the pink bathroom, located in the lower level of the home, has collapsed so that the left had side is separated from the base and leaning, the door is dislodged and hanging sideways by 1 hinge, and the floor of the vanity is separated from the sides.

Plan of Correction

Accept () - 09/08/2026)

On 07/30/2026 the gray and black chair was removed from the lower-level living room and disposed of by designee.

On 07/31/2026 the vanity in the pink bathroom located in the lower level was repaired temporality for safety by our maintenance ()

By 09/15/2026 a new vanity will be installed by our maintenance man. A picture of the new vanity will be uploaded after installed.

To prevent violation from reoccurring a checklist will be implemented by our designee and started on 09/07/2026. A weekly walkthrough will be conducted by our designee of the entire facility ensuring all furniture and equipment is in in good repair, clean and free of hazards. Checklist will be uploaded the day of first check.

In addition, there will be a staff training on 09/14/2026 and will include reviewing regulation 2600.95 training will be provided by designee.

95 - Furniture and Equipment (continued)

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented () - 09/17/2026)

101j2 - Bedroom Chairs

5. Requirements

2600.

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

2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom #8 is occupied by two residents; however, there was only 1 chair in this room.

Bedroom #17 is occupied by two residents; however, there was only 1 chair in this room.

Bedroom #19 is occupied by two residents; however, there were no chairs in this room.

Plan of Correction

Accept () - 09/08/2026)

On 08/03/2026, a chair was place into Bedroom #8, a chair was placed in Bedroom #17 and two chairs were place into Bedroom #19 by designee.

To prevent violation from reoccurring a checklist will be implemented by our designee and started on 09/07/2026. A weekly walkthrough of each bedroom will be conducted by our designee, to ensure a chair is present for each resident that meets their needs. Checklist will be uploaded the day of first check.

In addition, there will be a staff training on 09/14/2026 and will include reviewing regulation 2600.101(j)2 training will be provided by designee.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented () - 09/17/2026)

101j7 - Lighting/Operable Lamp

6. 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

Residents #5 and #8 do not have access to a source of light that can be turned on/off at bedside.

Repeated Violation - 5/21/25

Plan of Correction

Accept () - 09/08/2026)

On 08/03/2026, an operable lamp was place by the bedside by designee of Resident #5 and Resident #8 that is accessible to resident at bedside and that can be turned on/off.

101j7 - Lighting/Operable Lamp (continued)

To prevent violation from reoccurring a checklist will be implemented by our designee and started on 09/07/2026. A weekly walkthrough of each bedroom will be conducted by our designee, to ensure a lamp is present at bedside that is accessible to be turned on/off for each resident. Checklist will be uploaded the day of first check.

In addition, there will be a staff training on 09/14/2026 and will include reviewing regulation 2600.101(j)7 training will be provided by designee.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented () - 09/17/2026)

103i - Outdated Food**7. Requirements**

2600.

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

Description of Violation

There were multiple cans of outdated food with expiration dates ranging from 11/1/21 to 3/25/26, stored in the basement food storage room including the following items: Marie Callender's chicken pot pie soup, Navy beans, Furman's Spaghetti sauce, Ditalini Pasta Sauce, Chef Boyardee Ravioli, Pumpkin.

Plan of Correction

Accept () - 09/08/2026)

On 07/30/2026 all the outdated food was removed from the basement storage room by our designee.

By 09/07/2026 our designee will do a complete audit of all food items in the basement storage room to ensure there are no other expired items.

To prevent violation from reoccurring a checklist will be implemented by our designee and started on 09/07/2026. A weekly walkthrough of the basement storage room will be conducted by our designee to ensure all items are in date, and any cans are free of dents. Checklist will be uploaded the day of first check.

In addition, there will be a staff training on 09/14/2026 and will include reviewing regulation 2600.103(i) training will be provided by designee.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented () - 09/17/2026)

144c1 - Smoking Area Guidelines**8. 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

On 7/30/26, during the physical site inspection, there was a plastic trash can with paper plates, cigarette butts and

144c1 - Smoking Area Guidelines (continued)

other debris in the home's designated smoking area. There were also two blankets folded on the floor and two folded blankets located on a white container in the home's designated smoking area.

Repeated Violation - 5/21/25

Plan of Correction**Accept () - 09/08/2026)**

On 07/30/2026 the trash was removed from our homes designated smoking area by our designee.

On 07/31/2026 the blankets were removed from the floor and the from the top of the white container in our designated smoking area. by our designee.

To prevent violation from reoccurring a checklist will be implemented by our designee and started on 09/07/2026. A daily walk through of our designated smoking area will be conducted by our designee, to ensure the area is free of fire hazards. Checklist will be uploaded the day of first check.

In addition, there will be a staff training and a resident training on 09/14/2026 and will include reviewing regulation 2600.144(c)1 training will be provided by designee.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented () - 09/17/2026)**183b - Meds and Syringes Locked****9. Requirements**

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

On 7/31/26, at 2:16pm, a loose oval pill was under the first medication cart when entering the medication room. Staff identified the medication as a Dulcolax pill.

Plan of Correction**Accept () - 09/08/2026)**

On 07/31/2026, after the loose medication was located it was disposed of in the proper dispenser, by DCS that was assisting with the medication review.

On 08/01/2026, our entire med room was checked to ensure there were no lose medications by all our Med Techs.

To prevent violation from reoccurring a checklist will be implemented by our designee and started on 09/07/2026. A daily walkthrough of our med room will be conducted by our designee, to ensure there are no lose medications. Checklist will be uploaded the day of first check.

In addition, there will be a staff training on 09/14/2026 and will include reviewing regulation 2600.183(b) training will be provided by designee.

Licensee's Proposed Overall Completion Date: 09/14/2026

Implemented () - 09/17/2026)

187b - Date/Time of Medication Admin.

10. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #9's July 2026 medication administration record has the initials of the staff who signed off that the following medications were administered to the resident on 7/22/26 at 9:00am:

- *D3 High POTE 50mg*
- *Icosapent 1mg*
- *Metoclopram 5mg*
- *Mirtazapine 45mg*
- *Olanzapine 20mg*
- *Omeprazole 20mg*
- *Risperidone 1mg*
- *Ziprasidone 60mg*

However, on 7/31/26 in the afternoon, these medications were still in the medication blister packs and had not been administered.

Plan of Correction**Accept () - 09/08/2026)**

On 09/04/2026 Staff Member B will receive retraining on proper medication administration by reviewing our facility's medication administration policy & procedures, retrained by med trainer. In addition, starting 09/09/2026 Observation Checklists will be completed by our med trainer, randomly twice a week, for three months when Staff Member B is performing medication administration. To ensure all medications are administered at the prescribed times. Sign in sheet will be attached after retraining, and Observation Checklist will be uploaded after first one is completed.

Licensee's Proposed Overall Completion Date: 09/09/2026

Implemented () - 09/17/2026)

187d - Follow Prescriber's Orders

11. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #9's July 2026 medication administration record has the initials of the staff who signed off that the following medications were administered to the resident on 7/22/26 at 9:00am:

- *D3 High POTE 50mg*
- *Icosapent 1mg*
- *Metoclopram 5mg*
- *Mirtazapine 45mg*
- *Olanzapine 20mg*
- *Omeprazole 20mg*
- *Risperidone 1mg*

187d - Follow Prescriber's Orders (continued)

- Ziprasidone 60mg

However, on 7/31/26 in the afternoon, these medications were still in the medication blister packs and had not been administered.

Plan of Correction**Accept () - 09/08/2026)**

On 09/04/2026 Staff Member B will receive retraining on proper medication administration by reviewing our facility's medication administration policy & procedures, retrained by med trainer. In addition, starting 09/09/2026 Observation Checklists will be completed by our med trainer, randomly twice a week, for three months when Staff Member B is performing medication administration. To ensure all medication orders are followed as directed by the prescriber. Sign in sheet will be attached after retraining and Observation Checklist will be uploaded after first one is completed.

Licensee's Proposed Overall Completion Date: 09/09/2026

Implemented () - 09/17/2026)