



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to PAULA TEACHER AND ASSOCIATES INC
LEGAL ENTITY

To operate PAULA TEACHER & ASSOCIATES
NAME OF FACILITY OR AGENCY

Located at 206 SAGERVILLE ROAD, HARRISON CITY, PA 15636
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 10
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 26, 2017 until July 26, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **448161**

Robert E. Robinson
ISSUING OFFICER

Don Bank
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 26 2017

Ms. Diana Hubsch, COO
Paula Teacher & Associates, Inc.
6149 Saltsburg Road, Suite 4
Verona, Pennsylvania 15147

RE: Paula Teacher & Associates, Inc.
206 Sagerville Road
Harrison City, Pennsylvania 15636
License #: 448161

Dear Ms. Hubsch:

As a result of the Department of Human Services' licensing inspection on January 4, 2017 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

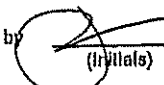
A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

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JAN 18 2017

Violation Report: 44816 - 01/04/2017 - Flinner-Alman, Lisa PCH Name: PAULA TEACHER & ASSOCIATES, INC.		WEST VIRGINIA STATE OFFICE Human Services Licensing	
1. REGULATION 65 Pa.Code §2800 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.			
2a. DESCRIPTION OF VIOLATION "Bleach Water 4/1" was handwritten on a spray bottle containing a clear liquid located on the first shelf to the left in the pantry. Original product labeling at the home indicates "IF SWALLOWED - Drink a glassful of water. Call a doctor or poison control center."			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.			
<p>[A PHOTOCOPY OF THE ORIGINAL LABEL WAS MADE AND PLACED SECURELY ON SPRAY BOTTLE. TO PREVENT THIS FROM HAPPENING AGAIN, KITCHEN & HOUSEKEEPING STAFF WERE RE-EDUCATED AND TRAINED TO AFFIX PHOTOCOPIES TO ANY SMALLER AMOUNTS OF CHEMICAL SUBSTANCES. IN ORDER TO ENSURE FUTURE COMPLIANCE, THE ADMINISTRATOR WILL CHECK STORAGE AREA ON A WEEKLY BASIS.] *unacceptable portion of plan</p> <p>1/19/17 - Poisonous materials that were not in containers with original labels removed from home. Home will only use originally labeled containers for poisons. Immediately - All staff persons will be educated on this requirement.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		Debbie Andrachek, Administrator	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Debbie Andrachek		1-12-17	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of 1/19/17 (Date)		Plan of correction implementation status as of 1/19/17 (Date)	
The above plan of correction was approved by  (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

1/19/17

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JAN 18 2017

Page 3 of 9

Violation Report: 44816 - 01/04/2017 - Filmer-Alman, Lisa
PCH Name: PAULA TEACHER & ASSOCIATES, INC.

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

There was a 1/2 full, uncovered trash can next to the sink, and a 1/4 full uncovered trash can next to the toilet in the shared bathroom in the men's wing.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

TWO COVERED TRASHCANS HAVE BEEN PURCHASED AND PLACED IN SHARED SHOWER/TOILET BATHROOM.

THE ADMINISTRATOR OR PROGRAM COORDINATOR WILL APPROVE FUTURE PURCHASES OF TRASH CANS.

Immediately - All staff persons will be educated on this requirement.

1/18/17

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Debbie Andracke, Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *DEBBIE ANDRACKER* Date *1-12-17*

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Plan of correction implementation status as of 1/19/17
(Date)

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(Initials)

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JAN 13 2017

Violation Report: 44816 - 01/04/2017 - Filmer-Alman, Lisa
PCH Name: PAULA TEACHER & ASSOCIATES, INC.

1. REGULATION 55 Pa.Code §2600
2600.01 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
The telephone on the desk in the ACE office does not have any emergency service numbers posted nearby.

The telephone in the activity storage area off of the dining room does not have any emergency service numbers posted nearby.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

THE TELEPHONE NUMBERS FOR THE NEAREST HOSPITAL, POLICE DEPARTMENT, AMBULANCE, POISON CONTROL, LOCAL EMERGENCY MANAGEMENT AND PERSONAL CARE HOME COMPLAINT HOTLINE WERE ADDED NEXT TO THE PHONE IN THE ACE OFFICE ON 1-4-17, AND ALSO NEXT TO TELEPHONE IN THE ACTIVITY ROOM.
THE ADMINISTRATOR OR PROGRAM COORDINATOR WILL BE RESPONSIBLE FOR ENSURING THAT THE REQUIRED TELEPHONE NUMBERS ARE POSTED, BY MONITORING MONTHLY.
m 1/19/17

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Andrachek, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DEBBIE ANDRACHEK* Date *1-12-17*

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44816 - 01/04/2017 - Flinner-Alman, Lisa
PCH Name: PAULA TEACHER & ASSOCIATES, INC.

1. REGULATION 55 Pa.Code §2600
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
The first aid kit did not include a breathing shield.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

ADMINISTRATOR PURCHASED A BREATHING SHIELD FOR BOTH THE HOME AND VAN FIRST AID KITS. (SEE ATTACHED RECEIPTS.)

BREATHING SHIELD WAS ADDED TO MONTHLY CHECKLIST. ADMINISTRATOR IS RESPONSIBLE FOR MONTHLY CHECKS TO ENSURE THAT ALL ITEMS ARE AVAILABLE.

Immediately - all staff persons will be educated on required contents of the first aid kit and to report used items so they can be replaced immediately.

1/12/17

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Anorachek, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DEBBIE ANORACHEK* Date *1/12-17*

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WEST REGIONAL FIELD OFFICE
Human Services Licensing

Page 6 of 9

Violation Report: 44816 - 01/04/2017 - Flinner-Alman, Lisa
PCH Name: PAULA TEACHER & ASSOCIATES, INC.

1. REGULATION 55 Pa. Code §2800
2800.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
There is a pond measuring approximately 11' 4" by 6' 2" in the rear courtyard of the home. None of the residents have been assessed as being safe near bodies of water.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

ALL RESIDENTS AND STAFF WILL BE EDUCATED ON SAFETY AROUND WATER, AND PREVENTION OF ANY ACCIDENTS.
AN ASSESSMENT HAS BEEN COMPLETED ON ALL CURRENT RESIDENTS, ENSURING THAT THEY ARE SAFE AROUND BODIES OF WATER INCLUDING THE POND. DOCUMENTATION IS IN THE RASP.
FUTURE NEWLY ADMITTED RESIDENTS WILL BE ASSESSED UPON ADMISSION.
THE SAFETY ASSESSMENT WILL BE DONE ANNUALLY BY STAFF + DOCUMENTED BY THE PROGRAM COORDINATOR.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Andracke, Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DEBBIE ANDRACHEK* Date *1-12-17*

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Violation Report: 44816 - 01/04/2017 - Flinner-Alman, Lisa
PCH Name: PAULA TEACHER & ASSOCIATES, INC.

WEST HANOVER FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The emergency evacuation diagram posted in the living area of the home does not depict the correct orientation to the exits.

The emergency evacuation diagram posted in the dining area of the home to the left of the pantry does not depict the correct orientation to the exits.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

DIAGRAMS HAVE BEEN DESIGNED TO SHOW THE CORRECT ORIENTATION TO THE EXITS. IF THERE ARE ANY MODIFICATIONS MADE TO THE EXISTING BUILDING, THE ADMINISTRATOR WILL AMMEND THE DIAGRAMS.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Debbie Andracker, Administrator

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

DEBBIE ANDRACKER

Date

1-12-17

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1/19/17
(Date)

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1/19/17
(Date)

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JAN 13 2017

Page 8 of 9

Violation Report: 44818 - 01/04/2017 - Finner-Alman, Lisa
PCH Name: PAULA TEACHER & ASSOCIATES, INC. WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

There is a portable electric fireplace heater in the living area of the home. The heater is not permanently mounted or hardwired.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

THE PORTABLE ELECTRIC FIREPLACE HAS BEEN REMOVED.
ADMINISTRATOR WILL ENSURE THAT NO SPACE HEATERS ARE PURCHASED IN THE FUTURE.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Debbie Anderson, Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DEBBIE ANDRACHEK Date 1-12-17

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Violation Report: 44816 - 01/04/2017 - Flinner-Alman, Lisa
PCH Name: PAULA TEACHER & ASSOCIATES, INC.

1. REGULATION 55 Pa.Code §2600 .
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.

2a. DESCRIPTION OF VIOLATION
The fire extinguisher in the pantry did not have an inspection tag.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

THE FIRE EXTINGUISHER MENTIONED HAS BEEN REMOVED. IT IS THE POLICY THAT ALL FIRE EXTINGUISHERS BE INSPECTED AND TAGGED ANNUALLY EACH JULY.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Debbie Anorackek, Administrator</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
DEBBIE ANORACKEK		1-12-17	
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