



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

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 August 23, 2017 until August 23, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **448160**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
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.

HS 628 - 5/17



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 23 2017

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

RE: Paula Teacher and Associates, Inc.
206 Sagerville Road
Harrison City, Pennsylvania 15636
License #: 448160

Dear Ms. Hubsch:

As a result of the Department of Human Services' annual licensing inspections on April 27, 2017 and July 27, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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

Ms. Diana Hubsch

2

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 inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Jacqueline L. Rowe
Director

Enclosures

License

License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: PAULA TEACHER & ASSOCIATES		License Number: 44816
Address: 208 SAGERVILLE ROAD, HARRISON CITY, PA 15638		County: Westmoreland
Administrator: Deborah Andrachek		Region: WEST
Legal Entity Name: PAULA TEACHER AND ASSOCIATES INC		
Legal Entity Address: 6149 SALTSBURG ROAD SUITE 4, VERONA, PA 15147		
Certificate(s) of Occupancy R-4 09/21/2016 Township of Penn		RECEIVED JUL 23 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours:		
Resident Support: 0	Total Daily Staff: 11	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site 04/27/2017: Garrigan, Laurie; Park, Belh		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 10	Number of Residents who:	
Number of Residents Served: 10	Receive Supplemental Security Income: 10	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 7	
Area:	Have Mental Illness: 10	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 1	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 0		

Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

There was no resident-home contract completed prior to admission, or within 24 hours after admission for the following residents:

Resident	Date of Admission	Contract Date
Resident #1	[REDACTED] 17	[REDACTED] 17
Resident #2	[REDACTED] 17	[REDACTED] 17
Resident #3	[REDACTED] 17	[REDACTED] 17
Resident #4	[REDACTED] 17	[REDACTED] 17
Resident #5	[REDACTED] 16	[REDACTED] 16
Resident #6	[REDACTED] 16	[REDACTED] 16
Resident #7	[REDACTED] 16	[REDACTED] 16
Resident #8	[REDACTED] 17	[REDACTED] 17
Resident #9	[REDACTED] 17	[REDACTED] 17

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.

See attached

See Pages 2A and 2B of 16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Debbie Andrache

ADMINISTRATOR

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

Debbie Andrache

Date *7-21-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/10/17
(Date)

Plan of correction implementation status as of

8/10/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

See Page 2A of 16

PLAN OF CORRECTION
PAUL TEACHER & ASSOCIATES, INC
JULY 21, 2017

CERTIFICATE # 448161

Regulation 2600.25 (a) (1) Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place.

A contract shall be signed by both resident or resident representative and administrator upon date of admission. In the case of a temporary or respite stay, the contract shall say that on the initial page and contain beginning and end dates. (See attached)

Debbie Andrachek
Debbie Andrachek

ADMINISTRATOR
7-24-17

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JUL 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie
 PCH Name: PAULA TEACHER & ASSOCIATES

1. REGULATION 65 Pa.Code §2800
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

There was no resident-home contract completed prior to admission, or within 24 hours after admission for the following residents:

Resident	Date of Admission	Contract Date
Resident #1	[REDACTED] 17	[REDACTED] 17
Resident #2	[REDACTED] 17	[REDACTED] 17
Resident #3	[REDACTED] 17	[REDACTED] 17
Resident #4	[REDACTED] 17	[REDACTED] 17
Resident #5	[REDACTED] 18	[REDACTED] 18
Resident #6	[REDACTED] 16	[REDACTED] 16
Resident #7	[REDACTED] 16	[REDACTED] 16
Resident #8	[REDACTED] 17	[REDACTED] 17
Resident #9	[REDACTED] 17	[REDACTED] 17

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.
 Immediately: A designated staff person shall develop and implement a system to ensure a resident-home contract is completed with each newly-admitted resident within 24 hours of admission.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deborah Andracke, ADMINISTRATOR*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Deborah Andracke* Date *8-10-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____
 (Date)

The above plan of correction was approved by _____
 (Initials)

Plan of correction implementation status as of _____
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

JUL 23 2017

Page 3 of 16

Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie

PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #3's resident-home contract, dated [redacted]/17, is not signed by the resident.

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.

See attached

See page 3A of 16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Debbie Andraчек ADMINISTRATOR

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

Debbie Andraчек

Date *7-21-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/10/16
(Date)

Plan of correction implementation status as of

8/10/16
(Date)

The above plan of correction was approved by

L
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *f*
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 2600.25 (b) The contract shall be signed by the administrator or designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Resident #3's contract was signed on April 27th, 2017. To prevent this violation in the future, the Administrator or Designee will review the contracts upon admission to ensure all areas are signed.

Debbie Andrachek
Debbie Andrachek

ADMINISTRATOR
7-24-17

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Human Services Licensing

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JUL 23 2017

Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2800.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
Resident #7's resident-home contract, dated [redacted] 16, does not include the monthly fee schedule for room and board.

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.

See attached

See Page 4A of 16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Androshek* ADMINISTRATOR

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debbie Androshek* Date *7-21-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/10/16
(Date)

Plan of correction implementation status as of 8/10/16
(Date)

The above plan of correction was approved by [Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *L*
- Partially Implemented - Inadequate Progress
- Not Implemented

See Page 4A of 16

Regulation 2600.25 (c) The contract will specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.

The amount of income was unknown at the time of admission. Resident #7's room and board fee was added to the contract. To prevent this violation in the future, the Administrator or Designee will review the contracts upon admission to ensure all areas are completed, and indicate if income is unverified.

Debbie Andrachek
Debbie Andrachek

ADMINISTRATOR

7-24-17

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JUL 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

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 home's first aid kit in the men's medication room did not include a thermometer or eye coverings. These items were on a shelf approximately 6 feet across the room from the first aid kit.

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.

See attached

See Pages 5A and 5B of 16

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/04/2017

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 Andracke* Date *7-21-17*

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The above plan of correction is approved as of 8/10/16
(Date)

Plan of correction implementation status as of 8/10/16
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *L*
- Partially Implemented - Inadequate Progress
- Not Implemented

See page 5A of 16

Regulation 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.

All required contents of the first aid kit were placed together in a single bag for that purpose. Contents are checked routinely by staff. Any supplies needing replaced or refilled will be the responsibility of the Administrator.

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JUL 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Debbie Andrachek
Debbie Andrachek

ADMINISTRATOR
7-24-17

Violation Report: 44818 - 04/27/2017 - Garrigan, Laurie
PCH Name: PAULA TEACHER & ASSOCIATES

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 home's first aid kit in the men's medication room did not include a thermometer or eye coverings. These items were on a shelf approximately 6 feet across the room from the first aid kit.

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.

Immediately: All staff persons shall be educated on the required contents of the home's first aid kit. If any items are removed from the first aid kit, they shall immediately be replaced. Documentation of the education shall be kept.

Immediately: A designated staff person shall check the first aid kit weekly for 1 month, then monthly thereafter to ensure all items specified in 2600.96a are present in the first aid kit and that the first aid kit is accessible to all staff persons.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/04/2017
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Signature of Legal Entity Representative
(Required on EVERY Page) *Deborah Andrachek, ADMINISTRATOR*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deborah Andrachek</i>	Date <i>8-10-17</i>
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<p>The above plan of correction is approved as of _____ (Date)</p> <p>The above plan of correction was approved by _____ (Initials)</p>	<p>Plan of correction implementation status as of _____ (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
EIGHTH SERVICES DIVISION

1. REGULATION 55 Pa.Code §2800
2800.96(c) - The first aid kit must be in a location that is easily accessible to staff persons.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit in the men's medication room was screwed into the wall and could not be easily removed from the wall.

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.

See attached

See Page 6 of 16

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 Andracke* Date *7-21-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/10/16
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of 8/10/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 2600.96(c) The home's first aid kit in the men's medication room was screwed into the wall and could not be easily removed from the wall.

A portable first aid bag was purchased to add all of the required items into it and is physically located in the men's medication room. Staff was re-educated on its location for use in an emergency such as an injured resident in the patio area outside. It is checked monthly by staff to ensure all of the items are there. The first aid kit is restocked as necessary. The fixed first aid kit will be utilized if needed in the medication room.

Debbie Andrachek
Debbie Andrachek

ADMINISTRATOR
7-24-17

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JUL 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

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JUL 23 2017

Page 8 of 16

Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home currently serves 10 residents requiring a minimum of 30 gallons of drinking water for a 3-day emergency supply. However, there was only 14 gallons of emergency drinking water available on-site. The home does not have a contractual agreement with a vendor to deliver water in an emergency.

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.

See attached

See Page 8A of 16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Debbie Andrashek ADMINISTRATOR

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

Debbie Andrashek

Date *7-21-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/10/16
(Date)

Plan of correction implementation status as of 8/10/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 2600.107(c) The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Additional 16 gallons of drinking water were purchased on May 9, 2017 and added to the existing 14 gallons on hand. (See attached receipt) There are now a total of 30 gallons of water for an emergency supply. To prevent this violation in the future, the emergency supply will be inventoried on a monthly basis by the chef. Staff was re-educated on the purpose of the water and it was labeled as such (Emergency Supply Use Only).

Debbie Andrachek
Debbie Andrachek

ADMINISTRATOR

7-24-17

RECEIVED

JUL 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

RECEIVED

JUL 23 2017

Page 9 of 16

Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie PCH Name: PAULA TEACHER & ASSOCIATES	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The emergency preparedness plans for the municipality were not posted in a conspicuous and public place.

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.

See Attached

See Page 9A of 16

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Debbie Andrachek</i> ADMINISTRATOR
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Debbie Andrachek</i>	<i>7-21-17</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 2600.123(b) Copies of the emergency procedures as specified in 2600.107 relating to emergency preparedness shall be posted in a conspicuous and public place in the home and a copy shall be kept in the Emergency Preparedness binder in office.

On April 27, 2017, the Administrator made an additional copy of the municipality of Penn Township Emergency Preparedness Plan and placed it with the home's plan located in the common living area of the home. Both plans are in a marked binder. It will be the role of the Administrator to obtain updated Emergency Plans when available. Staff have been educated on reviewing the plans semi-annually.

Immediately: A designated staff person shall inspect the home monthly to ensure copies of the emergency procedures specified in 2600.107, including the municipality's procedures, are posted in a conspicuous and public place. *[Signature]*
8/10/16

Debbie Andrachek
Debbie Andrachek

ADMINISTRATOR
7-24-17

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JUL 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie PCH Name: PAULA TEACHER & ASSOCIATES	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2800
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 At 10:36 a.m., only the current week's menu was posted in the home. The following week's menu was not not posted in a conspicuous and public place.

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.

See attached

See Page 10A of 16

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Debbie Andrachek</i> ADMINISTRATOR
--	---------------------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Debbie Andrachek</i>	<i>7-21-17</i>

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The above plan of correction was approved by <u><i>[Signature]</i></u> (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

^{1/6 L}
Regulation 2600.12(c) Menus, stating specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Two weeks of menus were immediately posted in the common area display case immediately and dated. The head cook was educated on the postings and also the notation of any changes to the food menu to be documented in a separate binder. The menu for the day is posted in the dining area.

Immediately; A designated staff person shall inspect the home weekly to ensure the current week's menu, as well as a menu 1 week in advance is posted in a conspicuous and public place. *8/10/17*

Debbie Andrachek
Debbie Andrachek

ADMINISTRATOR
7-24-17

RECEIVED

JUL 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie PCH Name: PAULA TEACHER & ASSOCIATES	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 65 Pa.Code §2800
 2800.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 There was an open and undated Lanlus Solostar insulin pen for resident #5. According to the manufacturer's instructions, all opened pens must be discarded after 28 days of opening.

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.

See attached

See Pages 11A and 11B of 10

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	<i>Debbie Andrachek</i> ADMINISTRATOR
---	---------------------------------------

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>Debbie Andrachek</i>	<i>7-21-17</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/10/17</u> (Date)	Plan of correction implementation status as of <u>8/10/17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Mark]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 2600.183(e) Prescription medications, OTC and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

The old d/c pharmacy label/bag was removed from the med cart, which was placed on the new Lantus pen. The only label that remains is the correct label for the Lantus medication with the Resident's name, the name of the medication, the date that it was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber. Medication cart audits will be done by the home's RN and Program Coordinator beginning immediately to ensure proper storage is maintained. *The audits shall occur at least monthly.*

8/10/17

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JUL 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Debbie Andrachek
Debbie Andrachek

ADMINISTRATOR

7-24-17

Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie
PCH Name: PAULA TEACHER & ASSOCIATES

1. REGULATION 55 Pa.Code §2800

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

There was an open and undated Lantus Solostar insulin pen for resident #5. According to the manufacturer's instructions, all opened pens must be discarded after 28 days of opening.

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.

Immediately: All staff persons qualified to administer medications shall be educated that all opened insulin pens shall be labeled with the resident's first and last name, as well as the date it was opened. Documentation of the education shall be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Deborah Andracke, ADMINISTRATOR*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Deborah Andracke* Date *8-18-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of _____ (Date)</p> <p>The above plan of correction was approved by _____ (Initials)</p>	<p>Plan of correction implementation status as of _____ (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
---	--

Violation Report: 44818 - 04/27/2017 - Gardigan, Laurie
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 85 Pa.Code §2800

2800.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #5 is prescribed Lantus Solostar 100/ml-Inject sub-q 16 units at bedtime. However, the pharmacy label indicates Lantus Solostar 100/ml-Inject sub-q 10 units at bedtime. Also, there was an opened Lantus Solostar pen for resident #5 which did not include the resident's name.

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.

See attached

See Page 12A of 16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Debbie Andrachek ADMINISTRATION

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

Debbie Andrachek

Date *7-21-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/10/17
(Date)

Plan of correction implementation status as of

8/10/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *L*
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 2600.184(a) The original container for prescription medications shall be labeled with a pharmacy label that includes: Resident's name, name of the medication, date the prescription was issued, the prescribed dosage and instructions for administration, and the name and title of the prescriber.

Resident number 5's Lantus pen was immediately removed on April 27, 2017 and replaced with a new Lantus pen that was dated and labeled with the resident's name. The old d/c pharmacy label/bag was removed from the med cart, which was placed on the new Lantus pen. The only label that remains is the correct label for the Lantus medication with the Resident's name, the name of the medication, the date that it was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber. All staff were retrained on the 5 rights of medication on July 10, 2017. To prevent this violation in the future, the Program Coordinator will audit the med carts on a weekly basis to ensure that all medications are stored properly and labeled appropriately.

Documentation of the audits shall be kept. *J*
8/10/17

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JUL 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Debbie Andraшек
Debbie Andraшек

ADMINISTRATOR
7-24-17

Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #3 is prescribed Fish Oil concentrate 900 mg-Take one capsule by mouth twice a day. However, the medication was not administered from 4/21/17 through 4/26/17, because the medication was not available in the home.

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.

See attached

See Pages 13A and 13B of 16

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 *7-21-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/10/17
(Date)

Plan of correction implementation status as of 8/10/17
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 2600.187(d) The home shall follow the directions of the prescriber.

Resident #3's fish oil medication was delivered on May 4, 2017. In order to prevent this violation in the future, the pharmacy contacts the physician when a medication needs reordered. PRNs are ordered through the computer (MAR). All standing orders are on automatic refill. Weekly medication audits will begin immediately to ensure all prescribed medications are on hand. All medications will be counted on a daily basis.

Debbie Andrachek
Debbie Andrachek

ADMINISTRATOR

7-24-17

RECEIVED

JUL 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie
PCH Name: PAULA TEACHER & ASSOCIATES

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Fish Oil concentrate 900 mg-Take one capsule by mouth twice a day. However, the medication was not administered from 4/21/17 through 4/26/17, because the medication was not available in the home

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.

Immediately: A designated staff person shall develop and implement a system to ensure all resident medications are present in the home for administration. The system shall also include procedures to ensure medications are reordered prior to depleting the current supply. All staff persons qualified to administer medications shall be educated on the new system. Documentation of the education shall be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Deborah Andrachek* ADMINISTRATOR

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Deborah Andrachek* Date *8-10-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of _____ (Date)</p> <p>The above plan of correction was approved by _____ (Initials)</p>	<p>Plan of correction implementation status as of _____ (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 7; however, a preadmission screening was not completed until [redacted] 17.

Resident #3 was admitted to the home on [redacted] /17; however, a preadmission screening was not completed until [redacted] 17.

Resident #4 was admitted to the home on [redacted] /17; however, a preadmission screening was not completed until [redacted] 17.

Resident #6 was admitted to the home on [redacted] /16; however, a preadmission screening was not completed until [redacted] 16.

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.

See attached

See Pages 14A and 14B of 16

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 *7-21-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/10/17
(Date)

Plan of correction implementation status as of 8/10/17
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *L*
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 2600.224(a) A determination shall be made within 30 days prior to admission and documented by the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Going forward all potential residents will be assessed by the Administrator within 30 days prior to admission utilizing the Department's Preadmission Screening Form. If admitted, the form shall be kept in the resident file.

Debbie Andrachek
Debbie Andrachek

ADMINISTRATOR
7-24-17

RECEIVED

JUL 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie
 PCH Name: PAULA TEACHER & ASSOCIATES

1. REGULATION 55 Pa.Code §2600
 2600.224(b) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the home on [redacted] 17; however, a preadmission screening was not completed until [redacted] 17.
 Resident #3 was admitted to the home on [redacted] 17; however, a preadmission screening was not completed until [redacted] 17.
 Resident #4 was admitted to the home on [redacted] 17; however, a preadmission screening was not completed until [redacted] 17.
 Resident #8 was admitted to the home on [redacted] 16; however, a preadmission screening was not completed until [redacted] 16.

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.
 Immediately: A designated staff person shall develop and implement a system to ensure all newly admitted residents, including residents admitted on a temporary basis, have a preadmission screening completed within 30 days prior to admission.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deborah Andrachek, ADMINISTRATOR*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Deborah Andrachek* Date *8-10-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date)

 The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of _____ (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

JUL 23 2017

Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on [redacted] 17; however, an assessment was not completed until [redacted] 17.

Resident #5 was admitted to the home on [redacted] 16; however, an assessment was not completed until [redacted] 16.

Resident #7 was admitted to the home on [redacted] 16; however, an assessment was not completed until [redacted] 16.

Resident #8 was admitted to the home on [redacted] 17; however, an assessment was not completed until [redacted] 17.

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.

See attached

See Pages 15A and 15B of 16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Debbie Andraehel ADMINISTRATOR

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

Debbie Andraehel

Date *7-21-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/10/17
(Date)

Plan of correction implementation status as of

8/10/17
(Date)

The above plan of correction was approved by

f
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *f*
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 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.

At this facility, the Program Coordinator shall be the responsible part for completing the initial assessment. Any future admissions shall have their assessment completed within the first 15 days of their stay. Administrator shall review all assessments for signatures and dates.

Debbie Andrachek
Debbie Andrachek

ADMINISTRATOR

7-24-17

RECEIVED

JUL 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie
PCH Name: PAULA TEACHER & ASSOCIATES

1. REGULATION 55 Pa.Code §2600
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.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on [redacted] 17; however, an assessment was not completed until [redacted] 17.

Resident #5 was admitted to the home on [redacted] 16; however, an assessment was not completed until [redacted] 16.

Resident #7 was admitted to the home on [redacted] 16; however, an assessment was not completed until [redacted] 16.

Resident #8 was admitted to the home on [redacted] 17; however, an assessment was not completed until [redacted] 17.

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.

Immediately: A designated staff person shall develop and implement a system to ensure all newly admitted residents, including residents admitted on a temporary basis, have an assessment completed within 15 days of admission.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Deborah Andrachek* ADMINISTRATION

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Deborah Andrachek* Date *8-10-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____
(Date)

The above plan of correction was approved by _____
(Initials)

Plan of correction implementation status as of _____
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44816 - 04/27/2017 - Garrigan, Laurie
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
Resident #6's support plan, dated 10/11/16, was not signed by anyone.

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.

See attached.

See Page 16A of 16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Andraчек* ADMINISTRATOR

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debbie Andraчек* Date *7-21-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/10/17
(Date)

Plan of correction implementation status as of 8/10/17
(Date)

The above plan of correction was approved by R
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *✓*
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 2600.227(g) Individuals who participate in the development of the support plan shall sign and date the support plan.

Resident #5's support plan was signed by the resident and assessor on April 27, 2017. To prevent this violation in the future, the Program Coordinator will review the RASPS after completion and when a major change is warranted, to ensure all areas are signed.

Debbie Andrachek
Debbie Andrachek

ADMINISTRATOR

7-24-17

RECEIVED

JUL 24 2017

WEST REGION FIELD OFFICE
Human Services Licensing

AUG 08 2017

Violation Report: 44816 - 07/27/2017 - Garrigan, Laurie
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 2:53 p.m., medical records for residents #1, #2, and #3 were unlocked, unattended and accessible in the office next to bedroom #2.

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.

RESIDENTS #1, #2, & #3 FILES WERE REMOVED FROM THE OFFICE & PLACED IN THE DESIGNATED LOCKED CABINET FOR THAT PURPOSE. ROOM WHERE NAMED CABINET IS LOCATED WILL ALSO BE LOCKED WHEN FILES ARE NOT IN USE.

See Page 2A of 4

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Debbie Andrachek

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

DEBBIE ANDRACHEK, ADMINISTRATOR

Date AUG. 8, 2017

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/10/17
(Date)

Plan of correction implementation status as of

8/10/17
(Date)

The above plan of correction was approved by

J
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *J*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 44816 - 07/27/2017 - Garrigan, Laurie
 PCH Name: PAULA TEACHER & ASSOCIATES

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 At 2:53 p.m., medical records for residents #1, #2, and #3 were unlocked, unattended and accessible in the office next to bedroom #2.

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.

Immediately: All staff persons shall be educated on the importance of maintaining resident confidentiality and that all resident information and medical records shall be kept in an area that is locked. Documentation of the education shall be kept.

Immediately: A designated staff person shall inspect the home daily to ensure all resident information and medical records are kept in an area that is locked.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deborah Andrachek* ADMINISTRATOR

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Deborah Andrachek* Date *8-10-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 44816 - 07/27/2017 - Garrigan, Laurie
 PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed, Saline Mist Spray-0.5%-Use 2 sprays into each nostril 3 times a day as needed for nasal congestion; however, the pharmacy label on the bottle indicates, Saline Mist Spray-0.5%-Use 2 sprays into each nostril 2 times a day.

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.

RESIDENT #1'S SALINE MIST WAS APPROPRIATELY LABELED ON 7-27-17 WITH A LABEL THAT READS "REFER TO MAR." THE MAR CONTAINS THE FOLLOWING AS PER REGULATION 2600.184(a):

1. THE RESIDENT'S NAME
2. THE NAME OF THE MEDICATION
3. THE DATE THE PRESCRIPTION WAS ISSUED
4. THE PRESCRIBED DOSAGE & INSTRUCTIONS FOR ADMINISTRATION
5. THE NAME AND TITLE OF THE PRESCRIBER.

STAFF WAS RETRAINED ON 8-2-17

See Page 3A of 4

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Debbie Anoracher*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DEBBIE ANORACHER ADMINISTRATOR* Date *AUG. 8, 2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/10/17
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

Plan of correction implementation status as of 8/10/17
 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress *[Signature]*
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44818 - 07/27/2017 - Garrigan, Laurie
 PCH Name: PAULA TEACHER & ASSOCIATES

1. REGULATION 55 Pa.Code §2800
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed, Saline Mist Spray-0.5%-Use 2 sprays into each nostril 3 times a day as needed for nasal congestion; however, the pharmacy label on the bottle indicates, Saline Mist Spray-0.5%-Use 2 sprays into each nostril 2 times a day.

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.

Immediately: A designated staff person shall conduct weekly audits to ensure all medications are labeled with an accurate pharmacy label, which includes the correct dosage. Documentation of the audits shall be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deborah Andraчек* ADMINISTRATOR

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Deborah Andraчек* Date *Aug. 10, 2017*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____ (Date) The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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AUG 08 2017

Violation Report: 44816 - 07/27/2017 - Garigan, Laurie
 PCH Name: PAULA TEACHER & ASSOCIATES WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2500.185(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.

2a. DESCRIPTION OF VIOLATION
 Resident #4 is prescribed, Humalog Kwik INJ 100/ml-Inject 7 units sub-q before breakfast. However, on 7/15/17 and 7/16/17 at 7:30 a.m. the resident's July 2017 medication administration record (MAR) indicates only 2 units were administered.

Resident #4 is prescribed, Humalog Kwik INJ 100/ml-Test blood sugars twice a day and inject per sliding scale 15 minutes before meals: 180-200=1u; 201-250=2u; 251-300=4u; 301-350=6u; 351-400=8u; 401-450=10u; greater than 450=call MD. However, the resident's July 2017 MAR indicates the incorrect number of units of insulin administered on the following dates and times:
 * 7/15/17 at 7:30 a.m. his/her blood sugar reading was 236. The resident's MAR indicates 7 units of insulin were administered.
 * 7/16/17 at 7:30 a.m. his/her blood sugar reading was 228. The resident's MAR indicates 7 units of insulin were administered.
 * 7/25/17 at 4:30 p.m. his/her blood sugar reading was 314. The resident's MAR indicates 4 units of insulin were administered.

Resident #4 is prescribed, Humalog Kwik INJ 100/ml-Inject 12 units sub-q before dinner. However, the resident's July 2017 MAR indicates the incorrect number of units of insulin administered on the following dates and times:
 * indicates 0 units of insulin administered at 4:30 p.m. on 7/9/17, 7/11/17, 7/13/17, 7/15/17 through 7/20/17, 7/22/17, 7/23/17 and 7/25/17
 * indicates 1 unit of insulin administered at 4:30 p.m. on 7/4/17, 7/10/17 and 7/21/17
 * indicates 2 units of insulin administered at 4:30 p.m. on 7/2/17 and 7/6/17

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.

- STAFF WAS RE-EDUCATED ON PROPER DOCUMENTATION OF RESIDENT 4'S HUMALOG ON AUG. 2, 2017. (SEE ATTACHED). PROGRAM COORDINATOR & FACILITY NURSE WILL CONDUCT WEEKLY MED CART AUDITS AS WELL AS WEEKLY MAR DOCUMENTATION REVIEW. (SEE FORM)

- STAFF WAS RE-EDUCATED ON PROPER DOCUMENTATION OF RECORDING HUMALOG STRAIGHT ORDERS VS. SLIDING SCALE.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Debbie Andracke, ADMINISTRATOR* Date *AUG. 8 2017*

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The above plan of correction is approved as of <u>8/10/17</u> (Date)	Plan of correction implementation status as of <u>8/10/17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented