



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 6, 2018

Ms. Diana Hubsch
Chief Operating Officer
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
Certificate #: 448160

Dear Ms. Hubsch:

As a result of the Department's Bureau of Human Services Licensing inspection on June 1, 2018, 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Suzy Quinn', with a stylized flourish at the end.

Suzy Quinn
Acting Human Services Licensing Supervisor

Enclosure
Licensing 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 15836 | | County: Westmoreland |
| Administrator: Debra 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 26 2018 WEST REGION FIELD OFFICE Human Services Licensing |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 10 | Working Staff: 8 |
| Type of inspection: Partial | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Incident | | |
| On-Site Inspections Dates and Department Representatives On-Site 06/01/2018: Eveges, Joseph | | |
| 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 Served: 9 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1 | Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 6 Have Mental Illness: 9 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 1 | |

SD

Violation Report: 44816 - 06/01/2018 - Eveges, Joseph
PCH Name: PAULA TEACHER & ASSOCIATES

JUL 26 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 5/29/18 at approximately 1:00 p.m., direct care staff person A was prompting resident #1 to clean off his/her lunch dishes and place them in the sink. The resident asked for his/her dessert, which was being served shortly after the main meal. Direct care staff person A responded in a loud, harsh tone, Why should I do something for you when you won't do something for me? This upset the resident, who did not receive dessert. The interaction between resident #1 and direct staff person A took place in the presence of other residents in the dining room.

On 5/29/18 at approximately 3:00 p.m., direct care staff person A was cleaning feces from resident #2's hands and several rings, when the resident yelled and slapped the staff's hand, causing several rings to fall. Direct care staff person A raised his/her voice to the same level as the resident and yelled back "If you're going to yell at me I guess I'm not going to help you anymore" and walked out of the room. This caused the resident to feel angry and "like a piece of shit". Resident #2's support plan, dated 4/6/18, indicates staff should remind the resident in a soft and even tone that screaming/yelling is not acceptable and staff has heard 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.

PLEASE REFER TO PAGE 3 OF THIS DOCUMENT.

1. SAME STAFF IN THIS VIOLATION; SAME DAY.
2. STAFF WAS TERMINATED. SHE WOULD NOT SIGN CORRECTIVE ACTION PLAN/WRITE UP.
3. RESIDENT RIGHTS REVIEWED AT STAFF MEETING ON 7/23/18. (ADMINISTRATOR)
4. STAFF WAS IMMEDIATELY CORRECTED AFTER INCIDENT AT 3:00PM BY ADMINISTRATOR.

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 *7-25-18*

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

The above plan of correction is approved as of 10/29/18 (Date)

Plan of correction implementation status as of 10/29/18 (Date)

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

The above plan of correction was approved by *SE* (Initials)

Violation Report: 44816 - 06/01/2018 - Eyegees, Joseph
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.164(a) - A home may not withhold meals, beverages, snacks or desserts as punishment.

2a. DESCRIPTION OF VIOLATION

On 5/29/18 at approximately 1:00 p.m., direct care staff person A was prompting resident #1 to clean off his/her lunch dishes and place them in the sink. The resident asked for his/her dessert, which was being served shortly after the main meal. Direct care staff person A responded in a loud, harsh tone, Why should I do something for you when you won't do something for me? This upset the resident, who did not receive dessert. The interaction between resident #1 and direct staff person A took place in the presence of other residents in the dining room.

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.

AT STAFF MEETING ON 7/23/18, STAFF WERE REMINDED TO NOT DISCUSS RESIDENTS IN COMMON AREAS. RESIDENT RIGHTS WERE REVIEWED ALSO. STAFF NAMED ABOVE WAS IMMEDIATELY WRITTEN UP & HUMAN RESOURCES NOTIFIED. AFTER INVESTIGATION THE STAFF PERSON WAS TERMINATED, AS THIS TYPE OF INTERACTION HAS OCCURRED BEFORE. ALL STAFF WERE REMINDED THAT FOOD CANNOT BE WITHHELD. THIS RESIDENT HAS DIABETES AND STAFF WAS EDUCATING RESIDENT ON FOODS/DIET AS RESIDENT HAD NOT EATEN HIS MEAL TO ENHANCE DIABETIC DIET BALANCE. ADMINISTRATOR WILL CONTINUE

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 ANDRACKER, ADMINISTRATOR

Date

7-25-18

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

The above plan of correction is approved as of 10/29/18
(Date)

Plan of correction implementation status as of 10/29/18
(Date)

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

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

2600.164(a)

PAGE 4
ADDENDUM

TO SUPERVISE & EDUCATE STAFF ON REGULATIONS
AND BEHAVIORAL RECOMMENDATIONS PER
THE RASP.

REG.# 2600.164 WILL BE POSTED IN THE
DINING ROOM BY 7/28/18

Debbie Anderson
ADMINISTRATOR

7-25-18

LICENSE # 448160