



pennsylvania
DEPARTMENT OF HUMAN SERVICES

July 1, 2019

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 annual inspection on April 26, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

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.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: PAULA TEACHER & ASSOCIATES
Address: 206 SAGERVILLE ROAD, HARRISON CITY, PA 15636
County: WESTMORELAND Region: WESTERN

License Number: 448160

Administrator

Name: Deborah Andrachek Phone: 7242960296 Email: DIANA.HUBSCH@PAULATEACHER.COM

Legal Entity

Name: PAULA TEACHER AND ASSOCIATES INC
Address: 6149 SALTSBURG ROAD, SUITE 4, PA, 15147

Certificate(s) of Occupancy

Type: R-4 Date: 09/21/2016 Issued By: Township of Penn

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 11 Waking Staff: 8

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

04/26/2019 - On-Site: Ashley Roser, Amy Duncan

RECEIVED

5/23/2019

Resident Demographic Data as of Inspection Dates

Western Region Field Office
Bureau of Human Services Licensing

General Information

License Capacity: 10

Residents Served: 10

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 10

Are 60 Years of Age or Older: 6

Diagnosed with Mental Illness: 10

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 1

Have Physical Disability: 1

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 3/12/19 at 4:30 p.m., a case manager from Westmoreland County case management reported to staff person A that resident #1 had disclosed to the case manager that an unnamed staff person of the home went into resident #1's front pant pocket and "reached for a gold coin and continued to feel the resident down there"; however, this allegation was not reported to the Department until 4/26/19.

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.)

CASE MANAGER REPORTED INCIDENT TO HIS SUPERVISOR & DISCUSSED WITH PROGRAM COORDINATOR. ADMINISTRATOR WAS EDUCATED THIS DATE ON NEED FOR A REPORT TO BE FILED WITH THE DEPARTMENT AS WELL AND THIS WAS DONE APR. 26, 2019. ALL ALLEGED REPORTS OF ABUSE WILL BE FILED IMMEDIATELY FROM NOW ON.

Within 5 days of receipt of the plan of correction: All staff persons shall be educated that all reportable incidents in conditions indicated in 2600.16a shall be reported to the Department within 24 hours and all allegations shall be reported in accordance with 2600.15a-2600.15d. Documentation of the education shall be kept. JH 6/7/19

Legal Entity Representative

Immediately: A designated staff person shall review all incidents on a daily basis to ensure timely reporting in accordance with 2600.16a and 2600.15a-2600.15d. JH 6/7/19

Debbie Andrachek

Signature

DEBBIE ANDRACHEK

Printed Name and Title

5/23/19

Date

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The above plan of correction is approved as of

6/7/19

(Date)

Plan of correction implementation status as of

6/7/19

(Date)

The above plan of correction was approved by

JH

(Initials)

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

18 - Compliance With Laws

Regulations

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 3/12/19 at 4:30 p.m., a case manager from Westmoreland County case management reported to staff person A that resident #1 had disclosed to the case manager that an unnamed staff person of the home went into resident #1's front pant pocket and "reached for a gold coin and continued to feel the resident down there".

Act 70 of the Pennsylvania Adult Protective Services Act, enacted on 10/7/10, indicates an oral report involving suspected abuse shall immediately be reported to Adult Protective Services, followed by a written report to Adult Protective Services within 48 hours; however, the home did not make an oral or written report to Adult Protective Services.

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 THE NEED FOR IMMEDIATE INCIDENT REPORTS TO APS WHEN WITNESSING FIRST HAND A SUSPICION OF ABUSE OR NEGLECT. A BINDER CONTAINING INCIDENT REPORTS AND DIRECTIONS FOR REPORTING IS LOCATED IN STAFF BREAK ROOM.

Legal Entity Representative Immediately: A designated staff person shall review all incidents on a daily basis to ensure timely reporting in accordance with 2600.16a, 2600.15a-2600.15d and Act 70 of the Pennsylvania Protective Services Act. *LM* 6/7/19

Debbie Andracher
Signature

DEBBIE ANDRACHER 6/23/19
Printed Name and Title ADMINISTRATOR Date

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89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 9:41 a.m., the hot water at the bathroom sink located in bedroom #1 measured 146.3 degrees Fahrenheit.

At 9:53 a.m., the hot water at the bathroom sink located in bedroom #10 measured 127.7 degrees Fahrenheit.

At 10:24 a.m., the hot water at the laundry room sink measured 145.4 degrees Fahrenheit.

REPEAT VIOLATION: 4/27/2018 *REPORTED TO MAINTENANCE 4/27/2018*

Plan of Correction (POC) *WATER TANKS WERE IMMEDIATELY ADJUSTED.*

(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.)

THREE PLUMBERS WERE CONTACTED FOR VIOLATION AND ONE IS BEING HIRED TO CHECK AND INSTALL REGULATORS ON RESIDENT BATHROOM SINKS.

SEE ATTACHED. Immediately: A designated staff person shall test the hot water temperature of at least 3 water sources accessible to residents daily for one week, then weekly thereafter to ensure the hot water does not exceed 120 degrees Fahrenheit. Documentation of the hot water temperatures shall be kept, which includes the date, time, location, temperature and initials of the staff person measuring the temperatures. *6/7/19*

TO BE COMPLETED BY JUNE 1, 2019

Legal Entity Representative

Debbie Andracke

Signature

DEBBIE ANDRACHEK

Printed Name and Title

5/23/19

Date

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LN
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103c - Food Protected

Regulations

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

There was an unsealed bag of El Monterey burritos in the black refridgerator located in the home's conference room.

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 INSTRUCTED TO REMOVE ITEMS FROM FREEZER & KEEP ONLY RESIDENT FOOD IN THAT APPLIANCE.

Immediately: A designated staff person shall inspect all food storage areas daily to ensure food is protected from contamination while being stored, prepared, transported and served. *ITN* 6/7/19

Legal Entity Representative

Debbie Andracher

Signature

Debbie ANDRACHER 5/23/19
ADMINISTRATIVE
Date

Printed Name and Title

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103d - Storing Food Off Floor

Regulations

2600.

103.d. Food shall be stored off the floor.

Description of Violation

At 10:08 a.m., there were 8 cans of Hunt's diced tomatoes on the pantry floor.

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.)

FOOD CANS WERE IMMEDIATELY PLACED ON THE PROPER FOOD SHELF IN THE PANTRY. ALL KITCHEN STAFF NOTIFIED OF THE VIOLATION & RE-EDUCATED ON FOOD STORAGE. ADMINISTRATOR TO MONITOR GOING FORWARD.

Immediately: A designated staff person shall monitor all food storage areas daily to ensure no food items are stored on the floor. *JN* 6/7/19

Legal Entity Representative

Debbie Andrachek

Signature

DEBBIE ANDRACHEK 5/23/19

Printed Name and Title

Date

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103e - Left Overs

Regulations

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The following unlabeled and undated items were present in the home's black refrigerator:

- * A small plastic container of unknown leftovers
- * 1/3 full vegetable casserole, stored in a yogurt container
- * 80 oz. of noodle casserole, stored in a sour cream container
- * 6 cups of spaghetti sauce, stored in a large red container
- * 8 cups of beef stroganoff, stored in a plastic container

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.)

HEAD KITCHEN STAFF WAS IMMEDIATELY RE-EDUCATED ON CHAPTER 2600 KITCHEN & FOOD REGULATIONS AND ALSO REFERRED BACK TO PCA ADMINISTRATOR FOOD LABELING CURRICULUM. ALL ABOVE ITEMS WERE DISPOSED OF ON 4/26/19.

Legal Entity Representative Immediately: A designated staff person shall inspect all food storage areas daily to ensure all leftover food items are labeled and dated. *LM* 6/7/19

Debbie Andracher
Signature

DEBBIE ANDRACHER
Printed Name and Title
ADMINISTRATOR

5/23/19
Date

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103i - Outdated Food

Regulations

2600.

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

Description of Violation

The following items were unlabeled and undated in the home's kitchen freezer:

- * 16 sausage patties, stored in a Ziploc bag
- * 3 lbs. of hamburger
- * 1/4 lb. of swiss cheese
- * 2 bags of waffles, stored in Ziploc bags
- * A box of 8 croissants

There was a breakfast sandwich located in the home's black refrigerator that expired on 2/21/19.

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 ABOVE FOOD ITEMS WERE DISPOSED OF ON 4/26/19.
 HEAD COOK WAS WRITTEN UP WITH A CORRECTIVE ACTION
 PLAN & RE-EDUCATED ON CHAPTER 2600 REGULATIONS
 PERTAINING TO OUTDATED FOOD & UNLABELED FOOD. ADMINI-
 STRATOR TO MONITOR ON A DAILY
 SEE ATTACHED. BASIS.

Legal Entity Representative ^{Immediately: A designated staff person shall inspect all food storage areas daily to ensure all food items are labeled and dated.} *JA* 6/7/19

Debbie Andracker
 Signature

DEBBIE ANDRACKER 5/23/19
 Printed Name and Title
 ADMINISTRATOR
 Date

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125a - Combustible Storage

Regulations

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

There were 11 furnace filters stored on top of the home's furnace, located in the attic.

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.)

UNUSED FURNACE FILTERS WERE IMMEDIATELY REMOVED FROM THE ATTIC AND PLACED IN STORAGE CLOSET FOR THAT PURPOSE. MAINTENANCE INFORMED OF VIOLATION & CORRECTED BY ADMINISTRATOR FOR FUTURE REFERENCE.

Immediately: A designated staff person shall inspect all heat sources and hot water heaters daily to ensure no combustible or flammable materials are stored near them. ^{6/7/19}

Legal Entity Representative

Debbie Andrachek

Signature

DEBBIE ANDRACHEK
ADMINISTRATOR

Printed Name and Title

5/23/19
Date

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171b5 - First Aid Kit

Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the Hyundai, used to transport residents, does not include goggles, antiseptic or tape.

The first aid kit in the Toyota Sienna, used to transport residents, does not include goggles, breathing shield or a thermometer.

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.)

GOGGLES WERE PURCHASED & PLACED IN BOTH VEHICLES (SEE ATTACHED).
ANTISEPTIC, TAPE, BREATHING SHIELDS & THERMOMETER WITH SHIELDS WERE ADDED TO VEHICLES' FIRST AID KITS FROM SUPPLIES AT EPOCH, & RE-ORDERED.
GOING FORWARD NEW FIRST AID KITS WILL BE INSPECTED FOR ALL CONTENTS, FIRST AID CHECKLISTS WILL BE LOCATED IN VEHICLES AND CHECKED MONTHLY. SEE ATTACHED.

Legal Entity Representative

Signature *Debbie Andracher*

Printed Name and Title

Debbie ANDRACHER

Date

5/23/19

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