



MAILING DATE: September 10, 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 inspection on July 23, 2019, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Larry Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Violation Report

8/30/2019

Violation Report

Western Region Field Office
Bureau of Human Services Licensing

Facility Information

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

License Number: 44816

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, VERONA, PA, 15147

Certificate(s) of Occupancy

Type: R-4 Date: 9-21-16 Issued By: TOWNSHIP OF PENN

Staffing Hours

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

Inspection

Type: Partial Reason: Incident BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

07/23/2019 - On-Site: Michael Marini

Resident Demographic Data as of Inspection Dates

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: 9
Diagnosed with Mental Illness: 10
Have Mobility Need: 1
Are 60 Years of Age or Older: 6
Diagnosed with Intellectual Disability: 0
Have Physical Disability: 1

15b - Supervisor Plan

Regulations

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 7-16-19, resident #1 made an allegation of abuse involving staff person A. However, staff person A worked in the home unsupervised on 7-19-19, 7-20-19 and 7-23-19, which was before the Department and the Area Agency on Aging completed their investigations of these allegations.

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 SUSPENDED FROM 7-16-19 - 7-19-19 WHILE AN AGENCY INTERNAL INVESTIGATION WAS BEING COMPLETED. IT WAS UNFOUNDED. STATE DID THEIR INVESTIGATION ON 7/23/19.

GOING FORWARD, A SUPERVISION PLAN WILL BE IMPLEMENTED IF INTERNAL AGENCY INVESTIGATION CONCLUDES AS UNFOUNDED, UNTIL BMSL DOES THEIR INTERNAL/ON-SITE INVESTIGATION.

Immediately: If there is an allegation of abuse of a resident involving a staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident until the home, Area Agency on Aging and the Department have concluded their investigations. All management staff shall be educated on these procedures. Documentation shall be kept. 8/30/19

Legal Entity Representative

EM

Debbie Andracker

Signature

DEBBIE ANDRACKER

Printed Name and Title

8-30-19

Date

ADMINISTRATOR

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/30/19 (Date)

Plan of correction implementation status as of 8/30/19 (Date)

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

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