

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

November 20, 2023

[REDACTED]
PAULA TEACHER AND ASSOCIATES INC
[REDACTED]

RE: PAULA TEACHER & ASSOCIATES
206 SAGERVILLE ROAD
HARRISON CITY, PA, 15636
LICENSE/COC#: 44816

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/02/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: PAULA TEACHER & ASSOCIATES License #: 44816 License Expiration: 08/23/2024
 Address: 206 SAGERVILLE ROAD, HARRISON CITY, PA 15636
 County: WESTMORELAND Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: PAULA TEACHER AND ASSOCIATES INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

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: 10 Waking Staff: 8

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 11/02/2023

Inspection Dates and Department Representative

11/02/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 10 Residents Served: 9
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 5
 Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

11/02/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/19/2023

11/15/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/20/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/22/2023

Inspections / Reviews (*continued*)

11/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/20/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b8 - Quarterly Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home holds funds for multiple residents, including for resident #1 and resident #2; however, the residents and their designated persons have not received a quarterly account of financial transactions.

Plan of Correction

Accept (█ - 11/15/2023)

Administrator reviewed 2600.20 to ensure compliance in all sections.

Resident #1 and #2's designated person were given a quarterly report of their funds for the fiscal quarter ending in September 2023 on 11-10-23. Additionally, all residents and or their designated persons whom keep funds on site were given a quarterly summary report for September. A chart has been created to ensure compliance with quarterly financial reports. (see attached) The administrator will be responsible to ensure that quarterly financial transactions are given to those residents (or designated persons) whom keep funds on site by initialing the form to show record of giving the quarterly report. Additional reports will be given to individuals in December 23, March 24 and June 24. The chart will reflect the administrator's signature for each quarter signifying that the resident's transactions and balance were given to the individuals. Effective 11-10-2023 the chart will be kept in the financial records binder where the resident financial records are kept.

Licensee's Proposed Overall Completion Date: 11/14/2023

Implemented (█ - 11/20/2023)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

5. Falls and accident prevention.

Description of Violation

Direct care staff person A, hired 12/2/21, did not receive training in falls and accident prevention during training year 7/1/22-6/30/23.

Plan of Correction

Accept (█ - 11/15/2023)

Administrator reviewed 2600.65.g. Direct care staff person A was educated on falls and accident prevention on 11-12-23. The signed training form was added to the training binder. See attached. Administrator will use a spreadsheet to cross check compliance with 2600.65.g (as well as 2600.65(f)). When a monthly training is completed, the Administrator will cross check each staff has signed the required training documentation and record on the spreadsheet. As an extra measure the Residential Program Supervisor has been educated on 2600.65.g. and will also cross check that all staff have received the required monthly training, have signed the required training documentation and ensure that it has been recorded on the spreadsheet. The annual training plan reflects planned required trainings. The spreadsheet began on 11-13-23 and will be utilized through the training year. July, August, September and October were cross checked for compliance. Audits will continue on a monthly basis.

Licensee's Proposed Overall Completion Date: 11/13/2023

65g - Annual Training Content (*continued*)*Implemented* [REDACTED] - 11/20/2023)

96a - First Aid Kit

3. Requirements

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.

Description of Violation

The first aid kit in the medication room did not include eye coverings.

Plan of Correction*Accept* [REDACTED] - 11/15/2023)

Eye coverings were available in the first aid kit during the inspection on 11-2-23. Please see attached photos and first aid user kit. Per department representative "eye coverings" are protective eye goggles. Protective eye goggles were added to the first aid kit during the inspection on 11-2-23 in front of the department representative. First aid kit checks occur on a monthly basis by nursing staff to ensure compliance with required items. A line to include "goggles" has been added to ensure goggles are in the first aid kit. Facility nursing staff was educated on 2600.96.a on 11-13-23 and 11-14-23. Monthly first aid kit audits will continue by the nursing staff and will now include "eye goggles" as a required component. The nursing staff reports any deficiencies to the Administrator. If at the end of 3 months, 100% accuracy is achieved, the audits will be reduced to quarterly to ensure continued compliance. Administrator is responsible for tracking accuracy. The first aid kit audits including goggles, began on November 10, 2023.

Please see attached.

Licensee's Proposed Overall Completion Date: 11/14/2023

Implemented [REDACTED] - 11/20/2023)

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most recent fire drill conducted during sleeping hours was on 4/19/23 at 10:30 p.m.

Plan of Correction*Accept* [REDACTED] - 11/15/2023)

Administrator reviewed 2600 132.e and re-educated the Residential Program Supervisor on 2600.132 to ensure compliance with the regulations.

An overnight fire drill was conducted on 11-9-23 at 5:57 a.m. A reminder was added into tabula pro to conduct an overnight fire drill no later than 5-31-24. Please see attached reminder. Administrator will be responsible for ensuring compliance with the upcoming overnight fire drill utilizing the reminder in tabulapro. Additionally, future overnight fire drills will be added to tabulapro to ensure continued compliance is met. See attached internal reminders. The Residential Program Supervisor will be responsible for audits of the fire drill records by the last day of each month. [REDACTED] initials will be recorded on the fire drill record form after completing the audit. If after 6 months, 100% compliance with 2600.132 is achieved, the audits will be discontinued. Administrator is responsible for tracking accuracy.

Licensee's Proposed Overall Completion Date: 11/10/2023

132e - Fire Drill Sleeping Hours (*continued*)

Implemented (█ - 11/20/2023)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #3's initial medical evaluation, dated 6/27/23, does not include the medical professional's signature and license number. These sections of the form are blank.

Resident #4's initial medical evaluation, dated 9/19/23, includes the resident's October 2023 medication administration record (MAR), attached as the medication addendum, dated 10/2/23, and is not signed by a physician, physician's assistant or certified registered nurse practitioner who completed the evaluation.

Plan of Correction

Accept (█ - 11/15/2023)

Resident #3's initial DME was misfiled in the nursing office and was located on 11-4-23. The medical evaluation was removed from the nursing office and filed correctly in Resident #3's chart. The original DME includes the medical professional's signature and license number, where as the version from tabula pro (given to the department representative on 11-2) did not have the signature or license number. Please see attached.

Resident #4's DME with the corrected medication addendum was signed by the physician and added to the residents chart.

Resident records are reviewed monthly for compliance by nursing staff. Administrator created a new form for chart reviews that includes a review of signatures on required documentation. Chart reviews will continue monthly by the nursing staff. The nursing staff was educated on 2600.141a requirements on 11-13-23 and 11-14-23 and will ensure compliance when conducting audits. Additionally, a second reviewer (administrator or program supervisor) will ensure compliance with 2600.141a each month. If in 6 months, 100% accuracy is achieved, the second review will discontinue. Administrator is responsible for tracking accuracy. See attached corrected DMEs, staff education and monthly resident record audit form. The audits began on 11-13-23 and will continue monthly.

Licensee's Proposed Overall Completion Date: 11/14/2023

Implemented (█ - 11/20/2023)

141b1 - Annual Medical Evaluation

6. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 3/25/23; however, the resident's previous medical evaluation was completed on 3/9/22.

Plan of Correction**Accept (█ - 11/15/2023)**

Resident records are reviewed monthly for compliance by nursing staff. Administrator re-educated nursing staff on 2600.141.b.1 on 11-13-23 and 11-14-23. The Residential Program Supervisor was re-educated on 11-10-23. Administrator created a new form for chart reviews that includes a review of required dates as stated in 2600.141 b.1 to ensure compliance. Chart reviews will continue monthly by the nursing staff. Additionally, a second reviewer (administrator or program supervisor) will ensure compliance with 2600.141.b.1 each month. When a medical evaluation is due, nursing staff will be responsible for ensuring compliance with 2600.141.b.1 and scheduling the physician's visit to complete the medical evaluation within the time frame. Upcoming physician's visits will be recorded in tabulapro. If in 6 months, 100% accuracy is achieved, the second review will discontinued. The administrator is responsible for tracking accuracy. See attached staff education and monthly resident record audit form. The audits began on 11-13-23.

Licensee's Proposed Overall Completion Date: 11/14/2023

Implemented (█ - 11/20/2023)

227g -Support Plan Signatures

7. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for resident #2 dated 8/24/23, is not signed by the assessor.

Plan of Correction**Accept (█ - 11/15/2023)**

Residential Program Supervisor was educated on 2600.227.g. Resident #2's support plan was signed on 11-2-23 in front of the department representative during the inspection. Resident records are reviewed monthly for compliance by nursing staff. Administrator educated nursing staff on 2600.227.g on 11-13-23 and 11-14-23. Administrator created a new form for chart audits that includes a review of required signatures as stated in 2600.227.g. to ensure compliance. Chart audits will continue monthly by the nursing staff. Additionally, a second reviewer (administrator or program supervisor) will ensure compliance with 2600.227.g each month. If in 6 months, 100% accuracy is achieved, the second review will discontinued. The administrator is responsible for tracking accuracy. See attached staff education and monthly resident record audit form. The audits began on 11-13-23.

Licensee's Proposed Overall Completion Date: 11/13/2023

Implemented (█ - 11/20/2023)