

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

June 4, 2025

[REDACTED] COO
PAULA TEACHER AND ASSOCIATES INC
[REDACTED]
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/08/2025 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: 08/23/2025
 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: Penn TWP

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 8 Waking Staff: 6

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 05/08/2025

Inspection Dates and Department Representative

05/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 10 Residents Served: 7
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 5
 Diagnosed with Mental Illness: 7 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

05/08/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/08/2025

06/04/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/04/2025
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews (*continued*)

06/04/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/04/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

A furnace inspection was completed on 12/18/23. However, the home's next furnace inspection was not conducted until 3/7/25, more than a year later.

Plan of Correction

Accept ([redacted] - 06/04/2025)

Administrator reviewed 2600. 126.a. to ensure compliance with the regulations.

A reminder was added into tabula pro to contact [redacted] Inc. (HVAC company that we currently utilize) in August 2025. By contacting the company at the end of summer, this will ensure that we are able to schedule yearly furnace maintenance in a timelier manner, ensuring that the inspections do not lapse. Administrator will be responsible for ensuring compliance with the upcoming furnace maintenance utilizing the reminder in tabulapro. Additionally, once the furnace maintenance has been scheduled, the appointment will be added into tabula pro. Administrator will be responsible for ensuring the appointment takes place prior to 3/6/26 and obtaining necessary paperwork upon completion of the inspection.

See attached internal reminders

Licensee's Proposed Overall Completion Date: 03/06/2026

Implemented ([redacted] - 06/04/2025)

185a - Implement Storage Procedures

2. Requirements

2600.

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.

Description of Violation

On 9/13/23, Resident #1 was prescribed [redacted] On 4/14/25 at 6:31 am, Resident #1's [redacted] [redacted] being used by the staff had expired on 3/31/25.

Plan of Correction

Accept ([redacted] - 06/04/2025)

Med cart audits occur on a monthly basis by facility nurse to ensure compliance with required items. A reminder to check all expiration dates on PRNs [redacted] has been added. Facility nurse was educated on 2600.185.a on 6-3-2025. Monthly medication cart audits will continue by the facility nurse and will now include checking PRN [redacted] expiration dates as a required component. The first audit occurred 6-3-2025 and no deficiencies were found. The nursing staff reports findings, including any deficiencies to the Administrator. Administrator is responsible for tracking accuracy. These audits will be ongoing to ensure compliance in all areas. Please see attached.

Licensee's Proposed Overall Completion Date: 06/03/2025

185a - Implement Storage Procedures (*continued*)

Implemented ([REDACTED] - 06/04/2025)