

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CONNIE S. EICHER

LEGAL ENTITY

To operate EICHER'S FAMILY HOME CARE

NAME OF FACILITY OR AGENCY

Located at 704 CAMP ACHIEVEMENT ROAD, NORMALVILLE, PA. 15469

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 42  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 22, 2010 until February 22, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 446740

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

FEB 25 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Connie S. Eicher, Owner/Administrator  
Connie S. Eicher  
PO Box F  
Normalville, Pennsylvania 15469

RE: Eicher Family Home Care  
704 Camp Achievement Road  
Normalville, Pennsylvania 15469

Dear Ms. Eicher:

As a result of the Department of Public Welfare's licensing inspection on December 21, 2009 and February 12, 2010, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosure  
License

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Eicher's Family Home Care, 704 Camp Achievement Road, Normalville, PA, 15469		Adult Residential Licensing	CURRENT LICENSE NUMBER 44672
INSPECTION DATE(S) (Include all dates of the inspection) December 21, 2009		REGIONAL REPRESENTATIVE M. Marini, J. Cutter	
SIGNATURE OF LEGAL ENTITY <i>Committee owner</i> <i>Scott Fischer Administrator</i>	DATE 1-11-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Puzos</i>	DATE 2-17-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.</p> <p>224a A determination shall be made within 30 days prior to admission and documented on the Department's pre-admission screening form that the needs of the resident can be met by the ser-</p>	<p>Resident #1 was admitted on 9/18/09. Resident #1's preadmission screening is undated. It is impossible to determine when preadmission screening was completed.</p>	<p>12/22/09</p> <p>3/30/10</p>	<p>OWNER AND ADMINISTRATOR COMPLETED Pre-Admission Screening By Dating 9/18/09 THE DATE OMITTED FROM ORIGINAL COMPLETION. All Pre Admission Screenings will BE DOUBLE CHECKED By owner/ ADMINISTRATOR BEFORE COMPLETION.</p> <p>A checklist will be developed by the home to ensure all admission documents are completed including dates and signatures.</p> <p align="right">2-11-10 JJP</p>	<p>2/11/10 <del>REAA</del></p>

VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) December 21, 2009		REGIONAL REPRESENTATIVE M. Marini, J. Cutter	
SIGNATURE OF LEGAL ENTITY <i>Connie Eicher</i>	DATE 1-11-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 2-17-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
vices provided by the home				

VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Eicher's Family Home Care, 704 Camp Achievement Road, Normalville, PA, 15469		CURRENT LICENSE NUMBER Adult Residential Licensing 24572	
INSPECTION DATE(S) (Include all dates of the inspection) December 21, 2009		REGIONAL REPRESENTATIVE M. Marini, J. Cutter	
SIGNATURE OF LEGAL ENTITY <i>Connie Eicher</i>	DATE <i>1-11-2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE <i>2-17-10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department.</p> <p>141a 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</p>	<p>Resident #1 was admitted on 9/18/09. Resident #1's medical evaluation is undated. It is impossible to determine when medical evaluation was completed.</p>	<p><i>12/22/09</i></p>	<p><i>OWNER CONTACTED Dr. WHO IN TURN DATED MEDICAL EVALUATION 9-20-09. OWNER AND ADMINISTRATOR WILL REVIEW ALL MEDICAL EVALUATIONS TO ENSURE ALL NECESSARY DATES AND INFORMATION IS INCLUDED. IF THE MEDICAL EVALUATION IS INCOMPLETE THE ADMINISTRATOR WILL RETURN THE MEDICAL EVALUATION TO THE PHYSICIAN FOR COMPLETENESS.</i></p>	<p><i>2/11/10 VAAA</i></p> <p><i>2-11-10 JJP</i></p>

VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

2009

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INSPECTION DATE(S) (Include all dates of the inspection) December 21, 2009		REGIONAL REPRESENTATIVE M. Marini, J. Cutter	
SIGNATURE OF LEGAL ENTITY <i>Connie Eicher</i>	DATE <i>1-11-2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE <i>2-17-10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
60 days prior to admission or within 30 days after admission.				

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

**Western Region**

4 2010

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Eicher's Family Home Care, 704 Camp Achievement Road, Normalville, PA, 15469		Adult Residential Licensing	
INSPECTION DATE(S) (include all dates of the inspection)		REGIONAL REPRESENTATIVE	
December 21, 2009		M. Marini, J. Cutter	
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Connie Ecker</i>	<i>1-11-2010</i>	<i>JJC</i>	<i>2-17-10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
85a Sanitary conditions shall be maintained.	There are 2 plastic "bath puffs" in the shower of the shared bathroom by the dining area. There are no names on the bath puffs to determine who uses them.	<i>12/22/09</i>	<i>All STAFF NOTIFIED BY OWNER &amp; ADMINISTRATOR THAT ALL PERSONAL BATHROOM ITEMS INCLUDING "PUFFS" MUST BE INDIVIDUALLY LABELED AND REMOVED FROM BATHROOMS AFTER USED BY RESIDENT OF OWNERSHIP.</i>	<i>2/11/10 NAAA</i>

*A designated staff person from each shift will inspect the shared bathrooms 1x per shift to ensure sanitary conditions are met. 2-11-10 JJC*

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191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident #1 and #2 were not educated on the right to refuse medication or question if he/she believes there may be a medication error.	12/22/09	OWNER AND ADMINISTRATOR REVISED CONTRACT TO INCLUDE RESIDENTS Right to Refuse Medication. All RESIDENTS WERE ADVISED OF THIS Right Verbally to ENSURE COMPLETE AWARENESS THROUGHOUT THE FACILITY. THIS Right IS NOW ON CONTRACT PERMANENTLY. All residents were educated on the right to refuse medication if he/she believes there may be a medication error and have signed for this. 1-14-10 JJP	2/11/10 VMA

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SIGNATURE OF LEGAL ENTITY <i>Connie Eicher</i>	DATE 1-11-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JYP</i>	DATE 2-17-10

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251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	Resident #3's assessment and support plan, both dated 8/23/09, were not signed by the person who completed them.	12/22/09	ADMINISTRATOR AND OWNER WILL BOTH CHECK OVER ALL ASSESSMENTS AND SUPPORT PLANS TO MAKE SURE THAT PROPER SIGNATURES AND DATES ARE INCLUDED BEFORE COMPLETION. Resident #3's assessment and support plan were signed by the person who completed them. 1-14-10 <i>JYP</i>	2/11/10 <i>JYP</i>