

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 (MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 January 27, 2011 until January 27, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 446740

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

FEB 28 2011

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

Ms. Connie S. Eicher, Owner/Administrator  
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 November 29, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations 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. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

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		CURRENT LICENSE NUMBER 446740	
INSPECTION DATES (Include all dates of the inspection) 11/29/2010		REGIONAL REPRESENTATIVE M. Orme, J. Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Scott J. Fischer Administrator Connie Eicher Owner/Designee</i>			
SIGNATURE OF LEGAL ENTITY <i>Scott J. Fischer - Connie Eicher</i>	DATE 12-23-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan B. Humbert (GL)</i>	DATE 1-21-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
25a2 Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.  Western Region  DEC 2 2010	Resident #1, admitted 6/12/10, signed a contract that was incompleated and not dated.	12-23-10 <i>J</i>	Resident #1's Contract Has Been Completed and DATED IMMEDIATELY FOLLOWING THE VIOLATION REPORT. ALL CURRENT AND FUTURE CONTRACTS WILL BE DOUBLE CHECKED TO MAKE SURE INFORMATION IS DATED AND COMPLETED BY THE ADMINISTRATOR AND DESIGNEE.	1-21-11 <i>S</i>

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		CURRENT LICENSE NUMBER 446740	
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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Scott D. Guin - Commissioner</i>	12-23-2010		1-21-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and signed by the resident's designated person if any, if the resident agrees.	The following resident-home contracts were not signed by the residents: <ul style="list-style-type: none"> <li>• Resident #2, admitted 7/14/10</li> <li>• Resident #3, admitted 7/01/10</li> <li>• Resident #4, admitted 10/30/10</li> </ul>	12-23-10,	Resident # 2, 3, and 4's Contracts were signed properly after receiving violation report. All future and current documentation will be checked for signatures by both the administrator and designee.	1-21-11
Western Region  DEC 21 2010  Adult Residential Licensing				

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

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Scott J. Fisher - Commissioner</i>	12-23-2010		1-21-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
25c4 (4) The party responsible for payment.	The contract for resident #2, admitted 7/14/10, does not specify the party responsible for payment.	12-27-10	Resident #2's Contract Has Been Updated to reflect the party responsible for payment. All current and future contracts will be checked to make sure responsible party for payments is completed. Both the Administrator and Designee will perform this duty.	1-21-11

Western Region

DEC 27 2010

Adult Residential Licensing

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

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 12-23-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-21-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
85a Sanitary conditions shall be maintained.	There was a heavy accumulation of dust on the exhaust fan vents in the shared bathroom beside the kitchen.  There was a heavy accumulation of dust on the exhaust fan vents in the shared bathroom closest to the parking lot entrance.	12-28-10	<i>Both BATHROOM EXHAUST FAN VENTS WERE REMOVED, CLEANED THOROUGHLY, AND REPLACED. ALL OTHER EXHAUST VENTS IN THE HOME HAVE BEEN CHECKED FOR ACCUMULATIONS. VENTS WILL BE HIGHLIGHTED ON CLEANING PERSONNEL'S SCHEDULE. ADMINISTRATOR AND DESIGNEE WILL VISUALLY INSPECT ALL VENTS ON A REGULAR BASIS.</i>	1-21-11 <i>[Signature]</i>

Western Region

DEC 27 2010

Adult Residential Licensing

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

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SIGNATURE OF LEGAL ENTITY <i>Scott J. Frisch - Counselor</i>	DATE 12-23-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-21-11

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101r2 Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	The window covering in the shared bathroom across from room #4, is sheer and does not cover the entire window, preventing privacy.	12-23-10 ✓	A New BLIND HAS BEEN INSTALLED ON THE BATHROOM WINDOW ACROSS FROM ROOM #4. ALL WINDOW BLINDS WILL BE VISUALLY CHECKED TO ENSURE RESIDENT'S PRIVACY. ADMINISTRATOR AND DESIGNEE WILL INSPECT BLINDS ON ALL WINDOWS OF THE HOME TO ENSURE PRIVACY OF RESIDENTS IS MAINTAINED.	1-21-11 ✓
Western Region  DEC 2 2010  Adult Residential Licensing				

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Scott J. Fisher - Director</i>	DATE 12-23-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-21-11

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The living room of the home is being used as a fire-safe area. The living room has not been approved by a fire safety expert as a fire-safe area since 2/10/09.	12-23-10	THE Living Room Area of the Personal Care Home has been re-Approved as a Fire Safe Area on 12-20-2010 by the Local Fire Chief. An Annual Re-Inspection will be completed along with the Annual Fire Drill by the Local Fire Chief. Documentation will be reviewed for completion by both Administrator and Designee.	1-21-11 <i>g</i>

Western Region

DEC 27 2010

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

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Connie Lecker</i>	DATE 12-23-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-21-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall 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	The medical evaluation for resident #3 dated 7/8/10 indicates "see list" for the medication regimen. There is no list attached.  <p style="text-align: center;">Western Region</p> <p style="text-align: center;">DEC 21 2010</p> <p style="text-align: center;">Adult Residential Licensing</p>	12-23-10	MEDICATION Regimen Has been Attached to Resident # 3's Medical Evaluation. All Current AND FUTURE EVALUATIONS Will be REVIEWED For Complete Compliance According to Doctor's Notations. Both the Administrator AND Designer will ensure that Medication Listings will be maintained.	1-21-11

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SIGNATURE OF LEGAL ENTITY <i>Scott J. Fisher</i>	DATE 12-23-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-20-11

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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.	Western Region  DEC 23 2010  Adult Residential Licensing			

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

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SIGNATURE OF LEGAL ENTITY <i>Connie Licker</i>	DATE 12-23-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-21-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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 60 days prior to admission or within 30 days after admission.	There were no medical evaluation completed for resident resident #5, admitted on 7/14/10.  Repeated Violations: 12/21/2009  Western Region  DEC 21 2010	12-23-10	THE MEDICAL EVALUATION FOR RESIDENT #5 ADMITTED ON 7/14/10 HAS BEEN COMPLETED AND DOCUMENTED. ALL MEDICAL EVALUATIONS WILL BE CHARTED BY DATES AND COMPLETED ANNUALLY OR IMMEDIATELY FOR NEW RESIDENTS. DOCUMENTATION WILL BE REVIEWED AND COMPLETED BY ADMINISTRATOR AND DESIGNEE.	Steps have been taken to correct violation; full compliance is not verifiable. 1-21-11 Date Initials (OPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Connie S. Eicher</i>		DATE 12-23-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  8
<i>Stobbs J. Williams</i>			DATE 1-21-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident #5, admitted 7/14/10, does not include the resident's diagnoses, prescribed date of medication, the physician, or allergies if any.  Western Region  DEC 21 2010  Adult Residents	12-23-10	The Medical Evaluation Record for Resident #5 Has been corrected to include the resident's diagnosis, prescribed dates of medications, physician, or allergies if any. All current and future Medical Evaluations will be reviewed for completion of all required information by the Administrator and Designee.	1-21-11 8

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

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SIGNATURE OF LEGAL ENTITY <i>Connie Lecher</i>	DATE 12-23-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-21-11

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	<p align="center">Western Region</p> <p align="center">DEC 23 2010</p> <p align="center">Adult Residential Licensing</p>			

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Connie Slicker</i>	DATE 12-23-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-21-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	There was no preadmission screen completed for resident #4, admitted 10/30/10.  Repeated Violations: 12/21/2009  Western Region  DEC 28 2010  Adult Residential Licensing	12-23-10	THE Pre-Admission SCREENING for Resident #4 Has been Completed and FILED in Resident's Folder. All Current and future Pre-Admission SCREENINGS will be checked for thorough completion by Administrator and Designee.	Steps have been taken to correct violation; full compliance is not verifiable. 1-21-11 Date Initials (DPW)

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

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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	There was no initial assessment completed for resident #5, admitted on 7/14/10.  The assessment for resident #6, admitted 3/27/10, did not have a completion date.  <div style="text-align: center;">                         Western Region                           DEC 27 2010                           Adult Residential                     </div>	12-23-10	THE INITIAL ASSESSMENT FOR RESIDENT #5 HAS BEEN COMPLETED AND FILED ACCORDINGLY. THE ASSESSMENT FOR RESIDENT 6 HAS BEEN CORRECTED WITH A NEW COMPLETION DATE. ALL ASSESSMENTS WILL BE VIEWED BY BOTH THE ADMINISTRATOR AND DESIGNEE FOR COMPLETION BEFORE BEING PLACED INTO RESIDENT'S FILES.	1-21-11

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

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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	<p>Resident #1's assessment dated 6/12/10 indicates the resident's mobility as "Independently mobile with ambulation device"; however, the resident's medical evaluation completed on 6/9/10 indicates the resident's mobility need as "Unable to move from one location to another without physical assistance from others."</p> <p>Resident #3's assessment dated 7/1/10 indicates the resident's mobility needs as "None; Walks without assistance; Mobile"; however, the resident's medical evaluation completed on 7/8/10 indicates the resident's mobility needs as "Difficulty understanding and following oral directions in the event of an emergency."</p>	12-23-10	<p>Resident #1's Assessment Has BEEN CORRECTED to reflect the DOCTOR'S Mobility Determination</p> <p>Resident #3's ASSESSMENT ALSO CORRECTED to reflect DOCTOR'S Mobility Assessment. All current and future ASSESSMENTS will be CHECKED to MAINTAIN proper INDICATIONS AS STATED ON DOCTOR'S EVALUATION. DOCUMENTATION TO BE CROSS-CHECKED BY ADMINISTRATOR AND Designee.</p>	1-21-11

Western Regional  
DEC 28 2010  
Pennsylvania Licensing

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

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SIGNATURE OF LEGAL ENTITY <i>Commishler</i>  <i>Scott J. Fisher</i>		DATE 12-23-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  g
			DATE 1-21-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	The support plan for resident #6, admitted on 3/27/10, was not dated.  Western Region  DEC 22 2010  Pennsylvania Department of Public Welfare Pennsylvania Statewide Residential Licensing	12-23-10	The Support Plan for Resident #6 has been dated to reflect completion. All current and future support plans will be verified for dates following completions. Both the Administrator and Designee will review all support plans for compliance.	1-21-11 g