



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

APR 30 2014

Ms. Connie S. Eicher, Owner/Operator  
P.O. Box F  
Normalville, Pennsylvania 15469

RE: Eicher's Family Home Care  
704 Camp Achievement Road  
Normalville, Pennsylvania 15469  
License #: 446740

Dear Ms. Eicher:

As a result of the Department of Public Welfare's licensing inspection on January 14, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period March 14, 2014 to March 14, 2015 was issued on December 2, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 44674 - 01/14/2014 - Glidden, Michelle

PCH Name: EICHER S FAMILY HOME CARE

FEB 10 2014

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

WEST REGION FIELD OFFICE

2a. DESCRIPTION OF VIOLATION

The home is video recording the three resident living rooms of the home. On admission, residents of the home are not informed that these areas are subject to video recording.

3. 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.

NO BATHING, DRESSING, CHANGING AND/OR MEDICAL PROCEDURES OCCUR IN EICHERS FAMILY HOME'S COMMUNITY AREAS. IN ADDITION TO THE HOME'S POSTING OF VIDEO MONITORING BEING CONDUCTED ON ALL ENTRANCE DOORS, THE ADMINISTRATOR WILL ADD ADDENDUM G (SEE ATTACHED) TO ALL RESIDENT - HOME CONTRACTS IMMEDIATELY. NEW RESIDENTS AND/OR DESIGNATED PERSONS WILL BE ASKED TO INITIAL ADDENDUM G WHEN SIGNING THE CONTRACT UPON ADMISSION. THE ADDENDUM G WILL ALSO BE INITIALED BY EXISTING RESIDENTS AND/OR THEIR DESIGNEES AFTER WHICH IT WILL BE ADDED TO THEIR EXISTING CONTRACTS

Education and notification of video monitoring for current residents of the home has been initiated and will be completed by 4/10/14. At no time will the home video record the common areas of the home.

Video recording in the interior of the home is only permitted at entrances and exits, and areas not accessible to residents. SMP 3-7-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Kris McCain RW ADMINISTRATOR

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

KRIS MCCAIN RW ADMINISTRATOR

Date 020514

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3-7-14 (Date)

Plan of correction implementation status as of 3-7-14 (Date)

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

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

Violation Report: 44674 - 01/14/2014 - Glidden, Michelle  
PCH Name: EICHER S FAMILY HOME CARE

FEB 10 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home currently serves 38 residents requiring a minimum of 114 gallons of drinking water for a 3-day emergency supply. However, there are only 55 gallons of emergency drinking water in the home and the contractual agreement, dated 11/29/10, with Culligan does not guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

3. 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.

FOLLOWING EICHERS FAMILY HOME'S ANNUAL INSPECTION CONNIE EICHER, OWNER OF FACILITY, CONTACTED COLLIGAN EMERGENCY WATER SERVICE. 26 5 GALLON SODIUM FREE WATER (TOTALLING 130 GALLONS) WILL BE DELIVERED BY 021014. EICHERS HAS A CAPACITY OF 42 RESIDENTS AND THIS AMOUNT OF DRINKING WATER WOULD PROVIDE A 3 DAY SUPPLY. COLLIGAN HAS ALSO AGREED IN THEIR CONTRACTUAL AGREEMENT DATED 2-5-14 TO GUARANTEE THAT ADDITIONAL DRINKING WATER WILL BE DELIVERED AS A PRIORITY

The administrator will review and or update the emergency water contractual agreement at least annually during the emergency procedure review process to ensure the home will have a 3-day supply of drinking water.

Smp  
3-7-14

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)      Kris McCain RN ADMINISTRATOR

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      KRIS MCCAIN RN ADMINISTRATOR      Date 020514

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Plan of correction implementation status as of 3-7-14 (Date)

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

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

Violation Report: 44674 - 01/14/2014 - Glidden, Michelle  
 PCH Name: EICHER S FAMILY HOME CARE

FEB 10 2014

1. REGULATION 55 Pa. Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, certified, registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

WEST REGION FIELD OFFICE

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 10/7/13; however, this resident's medical evaluation was completed 1/11/13.

3. 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.

RESIDENT #1 WAS ADMITTED TO EICHERS FAMILY HOME ON 10-07-13. PRIOR TO ADMISSION RESIDENT'S FAMILY HAD INFORMED ADMINISTRATOR THAT SHE HAD BEEN EXAMINED BY PCP WITHIN LAST 2 MONTHS. A DME WAS REQUESTED FROM HER PCP REFLECTING THIS VISIT. THE DME WAS FAXED TO EICHER'S ON 10-10-13. THE ADMINISTRATOR FAILED TO NOTE EXAMINATION DATE OF 01-11-13. PCP WAS CONTACTED + DENIED EVALUATING RESIDENT #1 AFTER THAT DATE. RESIDENT #1 HAD, IN FACT, BEEN EXAMINED BY EICHER'S HOUSE PHYSICIAN ON 10-16-13 (WITHIN 30 DAYS OF ADMISSION) A NEW DME REFLECTING THIS VISIT WAS OBTAINED AND DATED COMPLETED ON 01/14 (SEE ATTACHED)

EFFECTIVE IMMEDIATELY THIS ADMINISTRATOR WILL CHECK DATES OF EVALUATION ON ALL DME'S COMPLETED PREVIOUS TO RESIDENT ADMISSIONS. IF THE RESIDENT WAS NOT EVALUATED BY HIS/HER PCP WITHIN 60 DAYS PRIOR TO ADMISSION THEN RESIDENT/DESIGNEE WILL EITHER SCHEDULE AN APPOINTMENT WITHIN 2 WEEKS WITH THEIR PREFERRED PCP OR AGREE TO BE EVALUATED BY EICHER'S HOUSE PHYSICIAN WITHIN THE NEXT 30 DAYS. THIS ADMINISTRATOR WILL MONITOR COMPLIANCE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Kris McCain RD ADMINISTRATOR

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) KRIS MCCAIN RD ADMINISTRATOR Date 020414

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 (Date)

Plan of correction implementation status as of 3-7-14  
 (Date)

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

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- Partially Implemented - Adequate Progress SMP
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- Not Implemented

Violation Report: 44674 - 01/14/2014 - Glidden, Michelle

PCH Name: EICHER S FAMILY HOME CARE

FEB 10 2014

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2's January 2014 medication administration record includes, Quetiapine Fumarate 200mg take one tab by mouth twice daily. However the medication label indicates Quetiapine Fumarate 100mg take one tab by mouth twice daily.

3. 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.

DURING EICHER FAMILY HOMES ANNUAL INSPECTION IT WAS NOTED THAT RESIDENT #2'S MEDICATION ADMINISTRATION RECORD FOR HIS PRESCRIBED QUETIAPINE FUMARATE "200 MG TAKE ONE TAB BY MOUTH TWICE DAILY" WHILE THE LABEL ON THE SAME MEDICATION READ "100 MG TAKE ONE TAB BY MOUTH TWICE DAILY". UPON INVESTIGATION BY THIS ADMINISTRATOR IT WAS FOUND THAT RESIDENT'S HOSPICE NURSE HAD OBTAINED A NEW ORDER FROM THE HOSPICE PHYSICIAN TO DECREASE RESIDENT'S QUETIAPINE FUMARATE FROM 200MG TO 100 MG DUE TO SEDATION. THE HOSPICE NURSE HAD CALLED THE NEW PRESCRIPTION INTO THE PHARMACY, INFORMED EICHER'S MEDICATION AIDES ABOUT THE CHANGE, BUT HAD NEGLECTED TO CORRECT THE MEDICATION ADMINISTRATION RECORD (VISITING NURSES HAVE BEEN INSTRUCTED ON HOW TO CHANGE MEDICATION ADMINISTRATION RECORD USING DPW GUIDELINES). THE IMPORTANCE OF MAKING SUCH CHANGES WAS REINFORCED WITH ALL VISITING NURSES DURING THEIR NEXT RESIDENT VISIT BY THIS ADMINISTRATOR + [REDACTED] MEDICATION TRAINER. IN ADDITION ALL MEDICATION AIDES WERE REEDUCATED CONCERNING PROPER MEDICATION ADMINISTRATION (CHECKING EACH PRESCRIPTION LABEL AGAINST THE MEDICATION ADMINISTRATION RECORD DURING EACH MEDICATION PASS. MEDICATION AIDES WERE ALSO INSTRUCTED DURING MEETING WITH [REDACTED] 011514 THAT IF A DISCREPANCY IS FOUND WHICH CAN BE CLARIFIED (BY EITHER VERBAL/WRITTEN COMMUNICATION WITH VISITING NURSE) THAT THE MEDICATION AIDE MAY CORRECT THE MAR AS PER DPW GUIDELINES. IF, ON THE OTHER HAND, THIS DISCREPANCY CANNOT BE EXPLAINED THE MEDICATION AIDE WILL REPORT THIS TO THE ADMINISTRATOR OR MEDICATION TRAINER PRIOR TO ADMINISTERING

Repeat Violation: No

Date(s) of Previous Violation(s):

MEDICATION (SEE NEXT)

Signature of Legal Entity Representative  
(Required on EVERY Page)

Kris McCain RW ADMINISTRATOR

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

KRIS MCCAIN RW ADMINISTRATOR

Date 011514

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

VIOLATION CORRECTIVE ACTION REGULATION  
CONTINUED 2600.187(d)

RESIDENT 2'S MEDICATION ADMINISTRATION  
RECORD WAS CORRECTED IMMEDIATELY  
TO REFLECT THE NEWLY PRESCRIBED  
AND CORRECT DOSE (SEE ATTACHED)

Kris McCann RD ADMINISTRATOR  
KRIS MCCANN RD ADMINISTRATOR  
011514

RECEIVED

FEB 10 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

The administrator or designated staff will review all prescription orders for all residents, at least monthly to ensure all prescriptions orders are current and are accurately documented on all resident medication administration records.

SMP 3-7-14

Susie Pollock (SMP) 3-7-14  
Regional Licensing Approval of Plan of Correction  
Susie Pollock

Violation Report: 44674 - 01/14/2014 - Glidden, Michelle  
PCH Name: EICHER S FAMILY HOME CARE

FEB 10 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

Human Services Licensing

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Residents #1, admitted to the home on 10/7/13 and resident #3, admitted to the home on 6/7/13, have not been educated on the right to question or refuse medication if the resident believes there may be a medication error.

3. 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.

DURING EICHER FAMILY HOME'S ANNUAL INSPECTION IT WAS NOTED THAT SOME RESIDENT/HOME CONTRACTS RESIDENT RIGHTS LACKED RIGHT Z. "THE RESIDENT HAS THE RIGHT TO QUESTION OR REFUSE A MEDICATION IF THE RESIDENT BELIEVES THERE MAY BE A MEDICATION ERROR". RESIDENT #1 AND #3'S RESIDENT RIGHTS PORTION OF THEIR RESPECTIVE CONTRACTS WERE RESUBMITTED TO THE RESIDENTS + THEIR DESIGNEES ON 012214. THE RIGHTS WERE REVIEWED AND THE FAMILIES/RESIDENTS EDUCATED ON ADDENDUM A IN IT'S CORRECTED ENTIRETY. (SEE UPDATED RIGHTS WITH INITIALS ATTACHED). ALL NEW EICHERS FAMILY HOME CONTRACTS WILL CONTAIN RIGHTS A-Z EFFECTIVE IMMEDIATELY. THE ADMINISTRATOR WILL MONITOR

The administrator or designated staff person will review all current resident records, to ensure all residents have been educated on the right to question or refuse medication, if the resident believes there may be a medication error and the proper documentation of this education is kept in the resident's record.

SMP 3-7-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Kris McCain RW ADMINISTRATOR

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

KRIS MCCAIN RW ADMINISTRATOR

Date

012214

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(Date)

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