



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

JUN 13 2014

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

RE: Eicher's Family Care Home
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 April 2, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Kimberland".

Jon Kimberland
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: EICHER S FAMILY HOME CARE		License Number: 44674
Address: 704 CAMP ACHIEVEMENT ROAD, NORMALVILLE, PA 15469		County: Fayette
Administrator: Connie Eicher		Region: WEST
Legal Entity Name: CONNIE S EICHER		
Legal Entity Address: P.O. BOX F, NORMALVILLE, PA 15469		
Certificate(s) of Occupancy C-2 LP 09/22/1999 L & I		RECEIVED JUN 05 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 43	Waking Staff: 32
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/02/2014: McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable 04/04/2014: McConnell, Deb		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 42 Number of Residents Served: 34 Secured Dementia Care Unit in Home: No Area:	Number of Residents who: Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 30 Have Mental Illness: 15 Have an Intellectual Disability: 2	
Secured Dementia Unit Capacity, if Applicable:	Have a Mobility Need: 9 Have a Physical Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 10 Number of Hospice Residents in past year: 16		

Violation Report: 44674 - 04/02/2014 - McConnell, Deb
 PCH Name: EICHER S FAMILY HOME CARE

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION

On 4/3/14, at approximately 8:40 a.m., resident #2 was observed in bed with the use bedrails on both sides of the bed. The resident's annual medical evaluation, dated 1/7/14, does not indicate the physician's recommendation for the use of bedrails.

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 #2 HAS HALF BED RAILS ON HER BED. AS DISCUSSED WITH HER PCP THESE ARE BEING UTILIZED SECONDARY TO HER EXTREME ANXIETY + FEAR OF FALLING. THEY ARE ALSO BEING UTILIZED BY THIS NONAMBULATORY RESIDENT TO ASSIST WITH REPOSITIONING HERSELF WHILE IN BED. ALTHOUGH THE USE OF HALF BED RAILS WERE APPROVED BY HER PCP, NO MENTION OF THIS WAS ON THE RESIDENT'S DME DATED 12-13-13. A NEW DME WAS OBTAINED FROM HER PCP FOLLOWING HIS VISIT 060214 WHICH INCLUDES THE PHYSICIAN'S RECOMMENDATION FOR THE USE OF BEDRAILS, EFFECTIVE IMMEDIATELY. ANY RESIDENT FOR WHOM THE PHYSICIAN DEEMS THE USE OF BEDRAILS WHO IS COGNITIVELY AWARE AND ABLE TO USE THE BEDRAIL FOR A SPECIFIC NEED WILL HAVE THIS RECOMMENDATION DOCUMENTED ON HIS/HER

Repeat Violation: No	Date(s) of Previous Violation(s):		DME BY HIS/HER PHYSICIAN
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Signature of Legal Entity Representative (Required on EVERY Page) Kristine E McCain RD

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KRISTINE E MCCAIN RD Date 060314

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

The above plan of correction is approved as of <u>6-12-14</u> (Date)	Plan of correction implementation status as of <u>6-12-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>6-12-14</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

7-10-14 - The Administrator or designated staff person will review all resident medical evaluations for accuracy and completion including a physician's recommendation for any resident who requires the use of bedrails. 6/22/14

JUN 05 2014

Violation Report: 44674 - 04/02/2014 - McConnell, Deb

PCH Name: EICHER S FAMILY HOME CARE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual medical evaluation, dated 1/7/14, includes a diagnosis of Dysphagia and is prescribed a pureed diet. As of the week of 3/24/14, the home has not made this diet available to the resident. The home only purees the resident's meats at meal time.

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 RECEIVED TUBE FEEDINGS UNTIL THE TIME OF HER DEATH ON 011014. RESIDENT # 1 WAS NOT AT THE PERSONAL CARE HOME ON THE DAY OF THIS INSPECTION 040314.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kristie E McCain RW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KRISTIE E MCCAIN RW* Date *060314*

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Violation Report: 44674 - 04/02/2014 - McConnell, Deb
 PCH Name: EICHER S FAMILY HOME CARE

JUN 05 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #2 uses bedrails on both sides of the bed. However, the resident's support plan, dated 12/13/13, does not address the use of the bedrails.

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 # 2'S SUPPORT PLAN DATED 12-13-13 + UPDATED 010914 FOLLOWING HER HOSPITALIZATION FOR SEPSIS DID NOT ADDRESS THE PHYSICIAN SANCTIONED USE OF HALF BED RAILS SECONDARY TO THE RESIDENTS EXTREME FEAR OF FALLING + HER ABILITY TO EFFECTIVELY USE THE BED RAILS TO REPOSITION HERSELF IN BED, DESPITE THE USE OF HALF BED RAILS COVERED WITH PADDED SLEEVES (TO PREVENT POTENTIAL OF LIMB ENTANGLEMENT) THIS WAS NOT INCLUDED IN HER SUPPORT PLAN AND HAS NOW BEEN INCLUDED IN HER PLAN AS AN UPDATE DATED 060214. EFFECTIVE IMMEDIATELY ANY PHYSICIAN RECOMMENDATION FOR THE USE OF HALF BED RAILS WHICH SERVES A SPECIFIC NEED AND DOES NOT POSE A POTENTIAL THREAT TO RESIDENT SAFETY, WILL BE INCLUDED AND ADDRESSED ON THE RESIDENT'S SUPPORT PLAN.

7-10-14 - The administrator or designated staff person will review all resident support plans for accuracy and completion including the safety measures the home will take to protect residents who require the use of bedrails. 6-12-14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kristine E. McCann RW*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **KRISTINE ELYSCAW RW** Date **060314**

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