



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 25 2016

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 Human Services' annual licensing inspection on October 13, 2015 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 that reads "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary



RECEIVED

APR 25 2016

Violation Report: 44674 - 10/13/2015 - Park, Beth  
PCH Name: EICHER S FAMILY HOME CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.25(d) SOPb1 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the dollar amount or percentage of the rent rebate to be collected.

2a. DESCRIPTION OF VIOLATION

The home collects a portion of the rent rebate for eligible residents. Resident #4's contract, dated 6/30/2015, does not specify the percentage of the resident's rent rebate the home collects.

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 Eichers Family Home Annual inspection on 10-13-15 it was noted that residents home contract lacked the percentage that the home collects from the rent rebate. Resident # 5 home contract rent rebate section was reviewed by the family and explained to its entirety. All new residents contracts rent rebate section will be reviewed with the family and percentage will be noted immediately.

The administrator will monitor.

Resident #4's contract has been updated to reflect the percentage the home will keep. g.v. 5/2/16  
within 30 days of receipt of the plan of correction - a designated staff person will review all resident-home contracts to ensure that the dollar amount or percentage of the resident's rent rebate that the home collects is included. g.v. 5/2/16

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

Signature of Legal Entity Representative  
(Required on EVERY Page) Katie Craig Administrator

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Katie Craig Administrator      Date 04-08-16

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

The above plan of correction is approved as of 5/2/16  
(Date)

Plan of correction implementation status as of 5/2/16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress g.v.
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by g.v.  
(Initials)

APR 26 2016

Violation Report: 44674 - 10/13/2015 - Park, Beth  
PCH Name: EICHER S FAMILY HOME CARE  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

Resident #2 has his/her blood sugar readings taken and recorded at 8:00am, 12:00pm, 4:00pm, and 8:00pm daily. On the following dates, the resident's glucometer had more that 4 readings and only the stated number of readings belong to resident #2:

10/10/2015; 6 readings, 4 belong to resident #2  
10/11/2015; 7 readings, 4 belong to resident #2

By cross referencing the blood sugar readings from the glucometers of several other residents, and the recording in the Diabetic Record by staff person A, it was determined that resident #1's glucometer was used on 10/10/2015 at 4:19pm to test resident #3's blood sugar; on 10/10/2015 at 4:06pm to test resident #4's blood sugar; on 10/11/2015 at 8:13pm to test resident #4's blood sugar; and on 10/11/2015 at 4:33pm to test resident #4's blood sugar. The additional reading on 10/11/2015 at 8:19pm could not be traced to a specific resident's record.

Multiple cigarette butts were laying on the ground outside the office area.

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.

Continuing blood sugar classes to prevent cross contamination through using glucometers of residents were implemented.  
Staff re-education on safe blood glucose practices was held on 10/26/15. g.w. 5/2/16  
Maintenance will maintain the property to prevent cigarettes from being found on any of the outside grounds.  
Residents #1 & #2 had their old glucometers thrown out & new ones provided. g.w. 5/2/16  
Immediately - all residents who have their blood sugar monitored will have their own testing supplies, including glucometer, which are labeled with the resident's name and are for that resident's exclusive use. g.w. 5/2/16  
Within 15 days of receipt of the plan of correction - a designated staff person will inspect the home clearly to ensure that sanitary conditions, including discarded cigarette butts in proper receptacles, are maintained. g.w. 5/2/16

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

Signature of Legal Entity Representative (Required on EVERY Page) Katie Craig Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Katie Craig Administrator Date 04 08 16

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

The above plan of correction is approved as of 5/2/16 (Date)  
The above plan of correction was approved by g.w. (Initials)  
Plan of correction implementation status as of 5/2/16 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress g.w.  
 Partially Implemented - Inadequate Progress  
 Not Implemented

RECEIVED

Violation Report: 44874 - 10/13/2015 - Park, Beth  
PCH Name: EICHER S FAMILY HOME CARE

APR 26 2016

1. REGULATION 55 Pa.Code §2600  
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The entrance ramp at the front of the home did not have a nonskid surface.

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.

It was noted at annual inspection on 10-13-15 that the entrance ramp was missing non-skid strips. The ramp was under construction being painted, the strips were removed during this process. Non-skid strips were placed on the entrance ramp. Maintenance will monitor and keep the outside of the building in good repair.

Within 15 days of receipt of the plan of correction - a designated staff person will check the home at least weekly to ensure that all interior + exterior steps and ramps have non-skid surfaces. JN. 5/2/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Hattie Craig Administrator

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

Hattie Craig Administrator

Date

04 08 16

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

The above plan of correction is approved as of

5/2/16  
(Date)

Plan of correction implementation status as of

5/2/16  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress JN.

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

JN.  
(Initials)

RECEIVED

APR 25 2015

Page 5 of 11

Violation Report: 44674 - 10/13/2015 - Park, Beth  
PCH Name: EICHER S FAMILY HOME CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2800.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
The front entrance landing has a raised board which poses a tripping hazard.

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.

The raised boards were repaired the day of inspection 10-13-15. All other boards were secured by new screws. Maintenance will monitor the building and grounds and make appropriate repairs as needed. <sup>at least weekly,</sup>  
g.v. 5/2/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Kate Craig Administrator

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

Kate Craig Administrator

Date

04 08 16

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

The above plan of correction is approved as of

5/2/16  
(Date)

Plan of correction implementation status as of

5/2/16  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress g.v.

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

g.v.  
(Initials)

RECEIVED

APR 20 2016

Page 6 of 11

Violation Report: 44674 - 10/13/2015 - Park, Beth  
PCH Name: EICHER S FAMILY HOME CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
There was no thermometer in the chest freezer in the storage area.

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.

It was noted during annual inspection on 10-13-15 there were no thermometers in freezer in storage area. The day of inspection thermometers were installed in the freezer and will be monitored to ensure appropriate temperature.

Temperature logs kept April 1<sup>st</sup> through April 22<sup>nd</sup> are all 0°F or lower. *gms* 5/2/16  
Within 15 days of receipt of the plan of correction, a designated staff person will check refrigerator + freezer temperatures at least weekly to ensure that each refrigerator + freezer has a thermometer and that temperatures for refrigerators do not exceed 40°F + temperatures for freezers do not exceed 0°F. *gms* 5/2/16.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Natlie Craig Administrator*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Natlie Craig Administrator*      Date *04 08 16*

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

The above plan of correction is approved as of 5/2/16  
(Date)

Plan of correction implementation status as of 5/2/16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *gms*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *gms*  
(Initials)

RECEIVED

APR 25 2016

Page 7 of 11

Violation Report: 44674 - 10/13/2015 - Park, Beth  
PCH Name: EICHER S FAMILY HOME CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

Only the current week's menu was posted in the home.

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.

Since the time of inspection all menu's have been made 1 week in advance and kept for 1 month past and posted in the kitchen and both dining areas at all times.

Within 15 days of receipt of the plan of correction - a designated staff person will check the home daily to ensure that the current week's menu and the following week's menu are posted in a conspicuous and public place in the home. *n.v. 5/2/16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Watie Craig Administrator*

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

*Watie Craig Administrator*

Date

*04 08 16*

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

The above plan of correction is approved as of

*5/2/16*  
(Date)

Plan of correction implementation status as of

*5/2/16*  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *n.v.*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*n.v.*  
(Initials)

RECEIVED

APR 25 2016

Violation Report: 44674 - 10/13/2015 - Park, Beth  
PCH Name: EICHER S FAMILY HOME CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A's last completed annual practicum for medication administration was 12/11/2013.

On 10/10/2015, direct care staff person A administered 9 units of Novolog to resident #2 at 4:00pm and 8:00pm; and 15 units of Lantus at 8:00pm.

On 10/11/2015, direct care staff person A administered 9 units of Novolog to resident #2 at 4:00pm and 8:00pm; and 15 units of Lantus at 8:00pm.

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.

We will implement that all direct care staff persons complete the medication training as specified within the abated time frame who dispense prescription medication that is not self administered.

Staff person A was retrained in medication administration on 11/20/15. p.u. 5/2/16

Within 30 days of receipt of the plan of correction - The administrator or designee will review all medication training records to ensure that all med passers who are not medically licensed staff have received an initial medication training as well as the required annual practicum as required by the Department approved medication administration course. p.u. 5/2/16

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Hattie Craig Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Hattie Craig Administrator</i>	Date <i>04 08 16</i>
---	-------------------------

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

The above plan of correction is approved as of <u>5/2/16</u> (Date)	Plan of correction implementation status as of <u>5/2/16</u> (Date)
The above plan of correction was approved by <u><i>PK</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>PK</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

APR 25 2015

Violation Report: 44674 - 10/13/2015 - Park, Beth  
PCH Name: EICHER S FAMILY HOME CARE WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION  
Resident #5 was prescribed Sulfamethoxazole/TMP DS, take one tablet by mouth two times per day for seven days. The first dose was administered at 8:00pm on 10/10/2015; however, the resident was only given the medication once daily on 10/11/2015 and 10/12/2015.

Resident #5 was prescribed Nystop, 100,000 units per gram, apply to effected area twice daily; however, the resident only received the treatment one time daily from 10/1/2015 through 10/12/2015.

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.

All medication aides were instructed proper medication administration, checking each label against each perscription during every med pass with proper documentation. If there is a discrepancy found it must be reported to the administrator/owner immediately.

Staff re-education on medication administration was conducted on 10/26/15. p.w. 5/2/16  
Within 15 days of receipt of the plan of correction - a designated staff person qualified to administer medication will conduct an initial and then weekly audit of resident MARs, physician orders and medication administration to ensure that the directions of the prescriber are followed. p.w. 5/2/16

Repeat Violation: YES Date(s) of Previous Violation(s): 01/14/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Mattie Craig Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mattie Craig Administrator* Date *04 08 16*

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

The above plan of correction is approved as of <u>5/2/16</u> (Date)	Plan of correction implementation status as of <u>5/2/16</u> (Date)
The above plan of correction was approved by <u><i>p.w.</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>p.w.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

APR 21 2016

Violation Report: 44874 - 10/13/2015 - Park, Beth  
PCH Name: EICHER S FAMILY HOME CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #6's support plan, dated 5/10/15, was not signed by the resident and did not indicate a reason it was not signed.

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.

It was noted that resident #6 support plan was not signed. The administrator went over the support plan with the resident and answered all questions. The resident signed the support plan. All support plans will be reviewed with residents and signed. If a resident is unable to sign a reason will be noted.

Within 15 days of receipt of the plan of correction - all staff persons who complete support plans will be educated in the requirement for all persons who participate in the development of the support plan, including the resident to be given an opportunity to sign it. If a resident chooses not to sign it or is unable to sign it, the reason will be noted on the support plan and the staff person will initial & date by the note. *AK* 5/2/16.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Katie Craig* Administrator

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Katie Craig Administrator*      Date *04 08 16*

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

The above plan of correction is approved as of 5/2/16  
(Date)

The above plan of correction was approved by *AK*  
(Initials)

Plan of correction implementation status as of 5/2/16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *AK*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

APR 25 2016

Page 11 of 11

Violation Report: 44674 - 10/13/2015 - Park, Beth  
PCH Name: EICHER S FAMILY HOME CARE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION:

Resident #5 was admitted on [redacted] 2015; however, the resident's record did not include an inventory of personal belongings.

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 #5 did not have a record of inventory. Administrator went through inventory and noted what was present with family member. On all new admissions a inventory sheet will be done. administrator will monitor.

Within 30 days of receipt of the plan of correction - a designated staff person will review all resident records to ensure that an inventory, which includes all the required items listed in regulation 2600.252, is present in each record. per. 5/2/16

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Walter Craig Administrator*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Walter Craig Administrator*      Date *04 08 16*

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

The above plan of correction is approved as of 5/2/16  
(Date)

The above plan of correction was approved by W.C.  
(Initials)

Plan of correction implementation status as of 5/2/16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *W.C.*
- Partially Implemented - Inadequate Progress
- Not Implemented