



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 20 2017

Ms. Connie S. Eicher, Owner
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 Human Services' annual licensing inspection on November 17, 2016 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 44674 - 11/17/2016 - Gillespie, Denise
 PCH Name: EICHER S FAMILY HOME CARE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #1 on 11/12/16 at 4:00 pm, does not include the staff person's initials indicating that Vitamin D-3, 2000 units 1 tablet daily, was administered to the resident.

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 on proper documentation during every med pass. Documentation of this staff training will be kept. The Administrator or designee will conduct weekly audits of the MA's to ensure that all required information is captured. Results will be discussed at home's periodic quality management plan reviews. -SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 12-19-16

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The above plan of correction is approved as of 12-30-16
 (Date)

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

Plan of correction implementation status as of 12-30-16
 (Date)

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

Violation Report: 44674 - 11/17/2016 - Gillespie, Denise
 PCH Name: EICHER S FAMILY HOME CARE

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

2a. DESCRIPTION OF VIOLATION
 Resident #2 has a physician's order for Spiron/Actone, 50 mg 1 tablet daily. The medication administration record indicates that a 25 mg tablet be administered 2 times daily at 8:00 am and 8:00 pm. From 11/1/16 to 11/17/16, 100 mg of the medication was administered daily to Resident #2.

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. All labels must be checked with the Doctors orders during every med pass. If there is a discrepancy found it should be noted to the owner or administrator immediately.

The Administrator or designee will conduct weekly audits of the physicians' orders (MAR's) to ensure prescriber's directions are followed. Results of checks will be discussed at home's periodic quality management plan reviews. BE

Repeat Violation: Yes	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Hattie Craig Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Hattie Craig Administrator</u>	Date <u>12-19-16</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12-30-16</u> (Date)	Plan of correction implementation status as of <u>12-30-16</u> (Date)
The above plan of correction was approved by <u>BE</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented