



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 04 2018

Ms. Connie S. Eicher
Owner/Operator
Connie S Eicher
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 November 8, 2017, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 4467 - 11/08/2017 - Mulick, Cindy
PCH Name: EICHER S FAMILY HOME CARE

WEST PENNSYLVANIA REGIONAL
DEPARTMENT OF HOME CARE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 11/3/17, at approximately 1:30 p.m. resident #1 fell, was sent to the emergency room and was diagnosed with a broken nose. This incident was not reported to the Department until 11/8/17.

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 administrator will report all incidents that occur in the facility to DHS within 24 hours.

Immediately - The administrator will reeducate all staff on reportable accidents and timeframes for completion.

Handwritten initials/signature

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 *12-4-17*

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

The above plan of correction is approved as of 12/8/17
(Date)

Plan of correction implementation status as of 12/8/17
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

Violation Report: 4467 - 11/08/2017 - Mulick, Cindy
PCH Name: EICHER S FAMILY HOME CARE

REGISTRATION & LICENSING
DIVISION OF SENIOR SERVICES

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Influenza Awareness Act, enacted 11/21/16, requires influenza information to be posted in a public place in the facility year-round. There was no information posted in the home in accordance with The Influenza Awareness Act.

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.

On 11-8-17 I was informed that Influenza posters were required to be posted throughout the facility. The posters were printed and posted on 11-8-17. The administrator subscribed to Listserv, to be sure to receive all changes and new regulations.

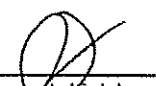
Repeat Violation: No Date(s) of Previous Violation(s):

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 *12-4-17*

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

The above plan of correction is approved as of 12/8/17
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 12/8/17
(Date)

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

Violation Report: 4467 - 11/08/2017 - Mulick, Cindy
PCH Name: EICHER S FAMILY HOME CARE

DEC 08 2017

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #2, dated [redacted] 14, is not signed by 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.

Contract for resident # 2 signed, or marked by resident.

12/8/17

The administrator will be sure to have the resident sign the contract during admission. If resident is unable to sign, it will be noted in the contract.

Within 30 days- The administrator or designee will review all contracts of current residents to ensure they are completed fully, including resident signature and rent rebate information. Any missing information will be obtained and completed.

12/8/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kristen Craig Administrator

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

Kristen Craig Administrator

Date *12-4-17*

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

The above plan of correction is approved as of

12/8/17
(Date)

Plan of correction implementation status as of

12/8/17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

DEC 05 2017

Violation Report: 4467 - 11/08/2017 - Mulick, Cindy
PCH Name: EICHER S FAMILY HOME CARE

1. REGULATION 55 Pa.Code §2600

2600.25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

2a. DESCRIPTION OF VIOLATION

The home collects a portion of the rent rebate benefit for eligible residents. The contract, dated [redacted] 15, for resident #3, does not include the home's intended use for rent rebate revenues collected.

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 administrator will be sure to write the percentage of the rent rebate that the facility will collect and the intended use.

Contract for resident #3 updated with the home's intended use of rent rebate.
JTC 12/8/17

Within 30 days- The administrator or designee will review all contracts of current residents to ensure they are completed fully, including resident signature and rent rebate information. Any missing information will be obtained and completed.

JTC 12/8/17

| | | | |
|----------------------|-----------------------------------|--|--|
| 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 *12-4-17*

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

The above plan of correction is approved as of 12/8/17
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 12/8/17
(Date)

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

Violation Report: 4467 - 11/08/2017 - Mulick, Cindy
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

Resident #4 is ordered Pravastatin Sodium 80mg, one tablet at bedtime. However, this medication is not indicated on the resident's medication administration record (MAR).

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 med Techs were re-trained, and Administrator explained the importance of checking the medications that are being administered with the MAR to ensure the correct medications are being given at the correct times. Administrator will check weekly and as needed to ensure accuracy.

| | | | | |
|-----------------------|-----------------------------------|------------|--|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 11/17/2016 | | |
|-----------------------|-----------------------------------|------------|--|--|

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 12-4-17

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

The above plan of correction is approved as of 12/8/17
(Date)

Plan of correction implementation status as of 12/8/17
(Date)

The above plan of correction was approved by [Signature]
(Initials)

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

Violation Report: 4467 - 11/08/2017 - Mulick, Cindy
PCH Name: EICHER S FAMILY HOME CARE

RESIDENT INFORMATION
Resident Name: [Redacted]

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #5's order for Imdur 60mg was discontinued on 10/31/17. However, staff person(s) initiated the November 2017 MAR from 11/1/17 through 11/8/17, as having administered the medication.

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, and following Doctor's orders. Check every label with the perscription during every med pass. The administrator will conduct a weekly audit of resident MAR's, physician orders and medication administration, to ensure that all directions are being followed, and that discontinued medications are indicated on the MAR.

[Signature]
12/8/17

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 *12-4-17*

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

The above plan of correction is approved as of 12/8/17
(Date)

Plan of correction implementation status as of 12/8/17
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

Violation Report: 4467 - 11/08/2017 - Mulick, Cindy
PCH Name: EICHER S FAMILY HOME CARE

DEC 08 2017

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

2a. DESCRIPTION OF VIOLATION
The records for residents #2 and #5, do not include a 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.

The administrator will be sure to do a personal inventory sheet on every resident during admission, and update as needed.

Inventory of belongings for residents #3 and #4 completed.

Within 30 days - The administrator or designee will review records of all current residents to ensure an inventory is present. a new inventory of belongings will be completed where necessary.

12/8/17

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 *12-4-17*

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

The above plan of correction is approved as of 12/8/17 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 12/8/17 (Date)

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