



May 20, 2019

Ms. Connie S. Eicher  
Owner  
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's Bureau of Human Services Licensing annual inspection on November 7, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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](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 that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 44674 - 11/07/2018 - Winters, Lynn

PCH Name: EICHER S FAMILY HOME CARE

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

At approximately 1:30 PM, the home's office was unlocked and unattended. Medical records for multiple residents, to include resident #1, resident #2 and resident #3 were unlocked, unattended and accessible in a file cabinet in the office.

**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.*

Office Staff will make sure when the office is unattended the door will be locked.

Immediately, then at least daily, the administrator or designated staff person shall inspect all areas of the home to ensure resident records and documentation are kept confidential and inaccessible.

 5/1/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Date 04-19-19

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

The above plan of correction is approved as of 5/1/19 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 5/1/19 (Date)

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

Violation Report: 44674 - 11/07/2018 - Winters, Lynn

PCH Name: EICHER S FAMILY HOME CARE

**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**

Resident #1's resident - home contract, dated 12/11/17, was not signed by the resident, nor did it indicate the resident was unable or unwilling to sign.

**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.*

Administrator will make sure that during the admission process that the resident signs the contract.

Within 30 days of receipt of the plan of correction: The administrator shall review all resident contracts to ensure all contain required signatures in accordance with 2600.25(d).

 5/1/19


Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/08/2017		
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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 Date 4-19-19

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**Violation Report:** 44674 - 11/07/2018 - Winters, Lynn  
**PCH Name:** EICHER S FAMILY HOME CARE

**1. REGULATION 55 Pa.Code §2600**  
 2600.26(a) - The home shall establish and implement a quality management plan.

**2a. DESCRIPTION OF VIOLATION**  
 The most recent quality management review the home conducted was on 11/22/16.

**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.

Administrator will be sure  
 to conduct a quality management  
 review after each inspection.

Within 30 days of receipt of the plan of correction: The home shall conduct a quality management review. The review shall be documented in writing including the date of the review, who conducted the review, how the review was done, the findings, and any follow-up action planned.

 5/1/19


Repeat Violation: No	Date(s) of Previous Violation(s):		
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**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 Date 4-19-19

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Violation Report: 44674 - 11/07/2018 - Winters, Lynn

PCH Name: EICHER S FAMILY HOME CARE

**1. REGULATION 55 Pa.Code §2600**

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**2a. DESCRIPTION OF VIOLATION**

Neither the home's emergency preparedness plan or the emergency preparedness plan for the municipality in which the home is located were posted in a conspicuous and public place 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.*

on 11-7-18 the facilities emergency preparedness plan book was replaced in the designated area.

Immediately: The administrator shall post the emergency preparedness plan for the municipality in a conspicuous and public place in the home.

 5/1/19

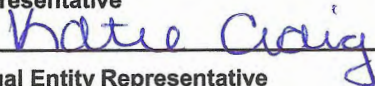
Immediately, then at least weekly, the administrator or designated staff person shall monitor the home to ensure the emergency preparedness plan for the municipality and the home's emergency preparedness plan are posted in a conspicuous and public place

 5/1/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

 Administrator


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

Katie Craig

Date 4-19-19

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**Violation Report:** 44674 - 11/07/2018 - Winters, Lynn

**PCH Name:** EICHER S FAMILY HOME CARE

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

Resident #2's glucometer was not callibrated to the current date and 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.*

Administrator calibrated all glucometers, and will do monthly checks to ensure accuracy.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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**Signature of Legal Entity Representative**  
 (Required on EVERY Page) Hatie Craig Administrator

**Printed Name and Title of Legal Entity Representative**  
 (Required on EVERY Page) Hatie Craig Date: 4-19-19

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**Violation Report:** 44674 - 11/07/2018 - Winters, Lynn  
**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 is prescribed Humalog 100 units/ml, inject per sliding scale before meals and 8:00 PM, 150-180 – 0 units, 181-200 = 2 units, 201-250 = 3 units, 251-300 = 4 units, 301-350 = 5 units, 351-400 = 6 units, >400 = 6 units & call MD.  
 On 11/4/18 at 8:00 PM, resident #2's November 2018 medication administration record indicated a blood glucose reading of 279 and 4 units of Humalog were administered. However, the blood glucose reading on resident #2's glucometer was 316 and according to the prescriber's orders 5 units of Humalog should have been administered.

**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.*


Administrator conducted a meeting with all diabetic trained aides, we spoke about the importance of administering the correct amount of insulin to the resident.  
 On December 27, 2018 all staff were recertified on diabetic training.  
 Administrator will conduct random checks to ensure accuracy.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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**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* Date *4-19-19*

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