



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: eichersfamilyhome@gmail.com

Mailing Date: March 30, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 14, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

JAN 20 2020

Violation Report

WEST REGION FIELD OFFICE
Human Services Licensing

Facility Information

Name: EICHER'S FAMILY HOME CARE
Address: 704 CAMP ACHIEVEMENT ROAD,, NORMALVILLE, PA 15469
County: FAYETTE Region: WESTERN

License Number: 44674

Administrator

Name: KATIE CRAIG Phone: 7244553612 Email: EICHERSFAMILYHOME@GMAIL.COM

Legal Entity

Name: CONNIE S EICHER
Address: P.O. BOX F, NORMALVILLE, PA, 15469

Certificate(s) of Occupancy

Type: C-2 LP Date: 09/22/1997 Issued By: Dept of L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

11/14/2019 - On-Site: Jan Cutter, Cindy Mulick

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 42 Residents Served: 34

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 18

Number of Residents Who:

Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 31
Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 7
Have Mobility Need: 10 Have Physical Disability: 1

11/14/2019



JAN 20 2020

133.1 - Exit Signs

Regulations

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

WEST REGION FIELD OFFICE
Human Services Licensing

Description of Violation

There was no exit sign over the exit door next to bedroom #14 or the exit door next to bedroom #13. The home currently serves 34 residents.

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 11-14-2019 during our annual inspection, exit signs were placed next to the exit doors by rooms 13 and 14.

In the future the administrator will do monthly checks to assure all exits are labeled with exit signs.

Legal Entity Representative

Katie Craig
Signature

Katie Craig Administrator 01-17-2020
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/23/20 (Date)

Plan of correction implementation status as of 3/23/20 (Date)

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

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

11/14/2019

2 of 6

185a - Implement Storage Procedures

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

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.

Description of Violation

Resident #2's glucometer was not calibrated to the current date and time.

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 11-16-19 the administrator calibrated all glucometers.

The administrator will conduct monthly checks on the glucometers to assure they are calibrated correctly.

Legal Entity Representative

Katie Craig
Signature

Katie Craig Administrator 01-17-2020
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/23/20
(Date)

Plan of correction implementation status as of 3/23/20
(Date)

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

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

JAN 20 2020

EICHER'S FAMILY HOME CARE

44674

WEST REGION FIELD OFFICE
Human Services Licensing

187b - Date/Time of Medication Admin.

Regulations

2600.

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

Description of Violation

Resident #1 is prescribed Risperidone 4 mg. take one tablet twice daily. The medication was not documented as administered in the November MAR on 11/10/19 and 11/11/19 at 8:00 pm.

Resident #1 is prescribed Novolog Flexpen inject 20 units three times daily with meals. The medication was not documented as administered in the November MAR on 11/12/19 at 4:00 pm.

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 11-15-19 & 11-16-19 the administrator spoke with all med aides about the importance of making sure that all medications are given and documented properly.

The administrator will perform random checks to assure all MAR's are documented properly.

Legal Entity Representative

Katie Craig
Signature

Katie Craig Administrator 01-17-2020
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/23/20
(Date)

Plan of correction implementation status as of 3/23/20
(Date)

The above plan of correction was approved by *JW*
(initials)

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

11/14/2019

5 of 6

225c - Additional Assessment

Regulations

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.

Description of Violation

Resident #3's assessment, dated 11/14/2018, indicates the resident requires a heart healthy diet; however, the resident's medical evaluation dated 10/23/2019, indicates the resident requires a pureed diet.

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 resident charts were reviewed to assure all diets were documented correctly.

Resident #3's assessment was reviewed and corrected.

Legal Entity Representative

Katie Craig
Signature

Katie Craig Administrator
Printed Name and Title

3-18-2020
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/23/20
(Date)

Plan of correction implementation status as of 3/23/20
(Date)

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

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