

Department of Human Services
Bureau of Human Service Licensing

May 10, 2021

[REDACTED], OWNER
CONNIE S EICHER
P.O. BOX F
NORMALVILLE, PA 15469

RE: EICHER'S FAMILY HOME CARE
704 CAMP ACHIEVEMENT ROAD
NORMALVILLE, PA, 15469
LICENSE/COC#: 44674

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/30/2020, 12/31/2020, 01/08/2021, 01/21/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jason Williams

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *EICHER'S FAMILY HOME CARE* License #: *44674* License Expiration Date: *03/14/2021*
Address: *704 CAMP ACHIEVEMENT ROAD, NORMALVILLE, PA 15469*
County: *FAYETTE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: [REDACTED]
Address: *P.O. BOX F, NORMALVILLE, PA, 15469*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *01/21/2021*

Inspection Dates and Department Representative

12/30/2020 - Off-Site: [REDACTED]
12/31/2020 - Off-Site: [REDACTED]
01/08/2021 - Off-Site: [REDACTED]
01/21/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *42* Residents Served: *24*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *24*
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *8* Have Physical Disability: *1*

Inspections / Reviews

12/30/2020 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/01/2021*

3/9/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/12/2021*

5/10/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187a - Medication Record

1. Requirements

2600.

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
- 8. Frequency of administration.
 - 10. Duration of therapy, if applicable.

Description of Violation

Resident #1 is prescribed Triamcinolone .1%, apply topically twice a day to shin in an order dated 8/12/2020. However, resident's October and November 2020 medication administration record indicates Triamcinolone 0.1% cream apply topically to legs, arms, and back twice daily as needed for 3 weeks.

Plan of Correction**Accept**

The administrator will make sure that all orders from the doctor are changed immediately on the medication administration record, and will conduct monthly checks to make sure when monthly medication administration records are printed at the pharmacy that all of the orders are printed correctly, and will correct any mistakes.

Completion Date: 02/24/2021

Document Submission**Implemented**

Administrator is continuing to review MAR's daily to ensure accuracy. MARS are then reviewed the 1st day of every month to ensure accuracy, and are updated as needed.

187d - Follow Prescriber's Orders

1. Requirements

2600.

- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 was ordered to have bloodwork completed by [REDACTED] neurologist on [REDACTED]. The home was provided the order on 10/21/2020 and again on 10/29/2020. The resident did not have the order completed until after [REDACTED] discharge from the home on [REDACTED].

Plan of Correction**Accept**

The administrator conducted a meeting with the office staff, and expressed the importance of making sure that all faxes received are placed in the correct place, so [REDACTED] can review them and take correct action to assure that all of the papers received are addressed in a timely manner.

Administrator will review the incoming fax folder daily and as needed, and will address any orders immediately.

Completion Date: 02/24/2021

Document Submission**Implemented**

Administrator is checking incoming faxes daily and is addressing them as needed