

Department of Human Services  
Bureau of Human Service Licensing

June 3, 2021

██████████ 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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/02/2021 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,  
Jon Kimberland

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: *03/14/2022*  
Address: *704 CAMP ACHIEVEMENT ROAD, NORMALVILLE, PA 15469*  
County: *FAYETTE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7244553612* Email: [REDACTED]

Legal Entity

Name: *CONNIE S EICHER*  
Address: *P.O. BOX F, NORMALVILLE, PA, 15469*  
Phone: *7244553612* Email: [REDACTED]

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: *33* Working Staff: *25*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *06/02/2021*

Inspection Dates and Department Representative

06/02/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *42* Residents Served: *27*

Secured Dementia Care Unit

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

Hospice

Current Residents: *14*

Number of Residents Who:

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *23*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *6* Have Physical Disability: *2*

Inspections / Reviews

06/02/2021 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

**No Deficiencies Identified**