

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: *03/14/2023*
Address: *704 CAMP ACHIEVEMENT ROAD, NORMALVILLE, PA 15469*
County: *FAYETTE* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]
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: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *12/15/2021*

Inspection Dates and Department Representative

12/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *42* Residents Served: *28*

Secured Dementia Care Unit

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

Hospice

Current Residents: *14*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *25*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *11* Have Physical Disability: *1*

Inspections / Reviews

12/15/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/08/2022*

01/10/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/14/2022*

Inspection Dates and Department Representative (*continued*)

01/11/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *01/21/2022*

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]; however the resident's resident-home contract is undated, so it is unable to be determined if the resident's contract was completed prior to or within 24 hours after the resident's admission to the home.

Plan of Correction**Directed**

Resident #1 was admitted to home on [REDACTED], the date on the contract was not dated on the day the resident came in. However the resident did fill out the date on the contract [REDACTED]. (see attached) The administrator has made a monthly checklist to lookover ever resident file to make sure all paperwork is signed and dated and all work is completed

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review the records of all current residents to ensure a resident-home contract is completed, in its entirety, for each resident. LM 1/11/22

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a resident-home contract is completed in its entirety for all newly-admitted residents, within 24 hours of admission. A copy of the completed checklist shall be kept in each resident's record. LM 1/11/22

Completion Date: 01/11/2022

42p - Restraints

1. Requirements

2600.

42.p. A resident shall be free from restraints.

Description of Violation

Bilateral half-length bedrails were present at the top of resident #1's bed, however; the resident was unable to demonstrate the ability to use the device.

Plan of Correction**Directed**

Bilateral half length bedrails removed 12/16/2021 from residents #1 bed as resident is unable to constructively utilize rails in care. Removed by maintenance person, Resident #1 is now deceased.

DIRECTED: Within 5 calendar days of receipt of the plan of correction: The use of bedrails or enablers shall be documented in the resident's assessments and support plans and will identify an individual's ability to use the device safely for the purpose it was intended and any risk associated with their use. If any resident is unable to demonstrate the ability to operate the bedrails independently and without assistance, then the resident's physician shall immediately be notified and an alternative shall be used, such as a bed cane. LM 1/11/22

Completion Date: 01/11/2022

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on [REDACTED] however, a Pennsylvania criminal background check was not completed for staff person A until [REDACTED].

Staff person B was hired on [REDACTED]; however, a Pennsylvania criminal background check was not completed until 12/15/21.

Plan of Correction

Directed

No criminal background check was completed for staff person A, hired [REDACTED], or staff person B, hired [REDACTED]. A complete B.G. check was completed on [REDACTED] (see attached). In the future all CBS's will be completed prior to an employee's hire. A check sheet of necessary pre employment paperwork will be attached to each employee file and completed by administrator prior to each employee's date of hire. The completed checklist shall be kept in each staff person's record. (see attached)

Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review the records of all current staff persons to ensure a Pennsylvania criminal background check is present for each current staff person.
LM 1/11/22

Completion Date: 01/11/2022

54a - Direct Care Staff

1. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, hired on [REDACTED] does not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Directed

Within 48 hours from inspection, Documentation of staff person A's High School Diploma was obtained. (see attached) Administrator has a monthly checklist to go through all employees files to verify all proper paperwork is completed and in the file. (see attached)

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review the records of all current direct care staff persons to ensure each qualifications for each direct care staff person are present in accordance with 2600.54a. LM 1/11/22

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new hire checklist to ensure qualifications specified in 2600.54a are obtained from each newly-hired

54a - Direct Care Staff (continued)

direct care staff person prior to providing care and services to residents. LM 1/11/22

Completion Date: 01/11/2022

65a - FS Orientation 1st Day**1. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person B, hired on [REDACTED] did not receive training on any topics specified in 2600.65a.

Plan of Correction**Directed**

Prior to during the first work day all staff shall have an orientation in general fire safety and emergency preparedness. Employee # B hired on 1 [REDACTED] did not have documentation reflecting this orientation although some instructions was gibing on [REDACTED] It was however not signed and documented by mistake. This instruction was not documented until 12/16/2021. Checklist for all new employees with date it was complete will be in all new hire files. [REDACTED] will review all new employee folders within 1 week of their hire to verify all is correct.

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review the records of all current staff persons to ensure each staff person has received training on all topics specified in 2600.65a. Documentation of the training shall be kept in each staff person's record in accordance with 2600.65i. LM 1/11/22

Completion Date: 01/11/2022

65b - Rights/Abuse 40 Hours**1. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person B, hired on [REDACTED] did not receive training on any topics specified in 2600.65b. Staff person B completed their 40th scheduled working hour at the end of [REDACTED].

Plan of Correction**Directed**

As in 65A this orientation although given was not documented until 12/16/2021 due to administrator oversight. A check list sheet was created which administrator will completed within 40 schedule working hours of employment, The owner will review employee recorded within 1 week of their hire.

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review the records of all current staff persons to ensure each staff person has received training on all topics specified in

65b - Rights/Abuse 40 Hours (continued)

2600.65b. Documentation of the training shall be kept in each staff person's record in accordance with 2600.65i.

LM 1/11/22

Completion Date: 01/11/2022

141b1 - Annual Medical Evaluation**1. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation, signed by the physician on [REDACTED], does not include the date the resident was evaluated, the resident's height, weight, pulse rate, blood pressure or temperature. These sections of the form are blank.

Resident #2's most recent medical evaluation, signed by the physician on [REDACTED] does not include the date the resident was evaluated. This section of the form is blank.

Resident #4's most recent medical evaluation, signed by the physician on [REDACTED] does not include the date the resident was evaluated. This section of the form is blank.

Resident #5's most recent medical evaluation was completed on [REDACTED]

Plan of Correction**Directed**

Resident #1 most recent medical evaluation, was signed by the physician on [REDACTED], The date the resident was evaluated, height, weight, pulse rate, BP or temperature due to fault by administrator. Administrator overlooked that information when completing the paperwork. The documentation was dated on the day of the inspection when [REDACTED] was told do complete the form. (DIRECTED: Within 5 calendar days of receipt of the plan of correction: Resident #1's medical evaluation shall be returned to the medical professional who completed the form so it may be updated. A copy of the completed medical evaluation shall be kept in resident #1's record. LM 1/11/22

Resident #2's most recent medical evaluation, signed by the physician on [REDACTED], does not include the date the resident was evaluated. Administrator is at fault for not checking over all the paperwork to make sure everything was properly filled out. (DIRECTED: Within 5 calendar days of receipt of the plan of correction: Resident #2's medical evaluation shall be returned to the medical professional who completed the form so it may be updated. A copy of the completed medical evaluation shall be kept in resident #2's record. LM 1/11/22

Resident #4's most recent medical evaluation, signed by the physician on [REDACTED] does not include the date the resident was evaluated. This was a over look of the administrator, the administrator has a monthly checklist to go though all charts to make sure everything is completed the proper way. (DIRECTED: The checklist shall include the date that each resident's most recent medical evaluation was completed. LM 1/11/22). [REDACTED] will look over all paperwork to verify all dates are completed. (DIRECTED: Within 5 calendar days of receipt of the plan of correction: Resident #4's medical evaluation shall be returned to the medical professional who completed the form

141b1 - Annual Medical Evaluation (continued)

so it may be updated. A copy of the completed medical evaluation shall be kept in resident #4's record. LM 1/11/22

Resident #5 most recent medical evaluation was completed 1 [REDACTED] but the administrator did not put the paper in file. It is now in the file in proper location. (see attached)

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review the records of all current residents to ensure each resident has a medical evaluation, completed in its entirety, at least annually. The completed medical evaluations shall be kept in each resident's record. LM 1/11/22

Completion Date: 01/11/2022

187d - Follow Prescriber's Orders**1. Requirements**

2600.

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

Description of Violation

On 4/21/21, resident #6 was prescribed Divalproex Sodium 500mg-Take 1 tablet twice a day by oral route with meals for 90 days; however, the medication is still being administered to the resident. According to the resident's December 2021 medication administration record, the resident was administered the medication twice daily on 12/1/21 through 12/14/21.

REPEAT VIOLATION: 12/30/2020, et. al.

Plan of Correction**Directed**

Resident #6 medication Divalproex Sodium 500mg was ordered 1 tablet twice a day by oral route with meals for 90 days. However the doctor ordered 2 additional refills on the medication the same way. The label is wrote in the MAR the same as the order for the 90 days. After the refills are complete the doctor will call in a new order to change the label on the bottle. (see attached)

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall obtain an updated physician order from resident #6's physician indicating the administration instructions for resident #6's Divalproex Sodium-500mg. The updated physician order shall be kept in the resident's record. LM 1/11/22.

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review the current medications for all residents to ensure medications are being administered in accordance with prescribers' orders. LM 1/11/22

DIRECTED: Beginning on 2/1/22: A designated staff person shall review the current medications of at least 5 residents monthly to ensure medications are being administered in accordance with prescribers' orders. Documentation of the audits shall be kept. LM 1/11/22

DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated on medication administration and documentation procedures to ensure prescribers' orders are followed. Documentation of the education shall be kept in accordance with 2600.65i. LM 1/11/22

Completion Date: 01/11/2022

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3 was admitted to the home on [REDACTED] however, the resident's preadmission screening form was not completed until 9/28/21.

Plan of Correction

Directed

No preadmission screen form was completed on Resident #3 before the resident was admitted to the home on [REDACTED]. The preadmission screen form was completed [REDACTED]. Administrator is at fault for not completing the proper paperwork at the right time. The administrator will make sure all paperwork is completed the right amount of time before resident arrives at home.

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review the records of all current residents to ensure a preadmission screening completed, in its entirety, for each resident. LM 1/11/22

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a preadmission screening is completed in its entirety for all newly-admitted residents within 30 days prior to admission. A copy of the completed checklist shall be kept in each resident's record. LM 1/11/22

Completion Date: 01/11/2022

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3 was admitted to the home on [REDACTED]; however, the resident's assessment was not completed until [REDACTED]

Plan of Correction

Directed

Resident #3 was admitted to the home on [REDACTED]. However, the resident's assessment was not completed and submitted until [REDACTED] which puts it in as a day over the 15 day mark. The Administrator is at fault and will make sure all paperwork is completed in a timely manner so they will not be late. The administrator made a paper to inform her of the correct times all needs complete so this does not happen again.(see attached)

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review the records of all current residents to ensure an assessment completed, in its entirety, for each resident. LM 1/11/22

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure an assessment is completed in its entirety for all newly-admitted

225a - Assessment 15 Days (continued)

residents within 15 days of admission. A copy of the completed checklist shall be kept in each resident's record. LM 1/11/22

Completion Date: 01/11/2022

225c - Additional Assessment**1. Requirements**

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's most recent assessment, dated [REDACTED], does not indicate the resident's prescribed puree diet, as indicated on the resident's most recent medical evaluation, signed by the resident's physician on [REDACTED].

Resident #5's most recent assessment was completed on [REDACTED]

REPEAT VIOLATION: 11/14/2019

Plan of Correction**Directed**

Resident #1 and Resident #5 both was on a normal diet when they arrived at the home. When residents was changes to a puree diet the administer did not due a new medial evaluation on the residents to update their care. The Administrator has a monthly checklist to go over every Residents forms and paperwork to make sure if they are not updated with current resident needs they will be changed. (DIRECTED: The checklist shall include the dates of the most recent assessment for each resident. LM 1/11/22.)
(see attached)

DIRECTED: Within 72 hours of receipt of the plan of correction: Resident #1's assessment shall be updated to include the resident's current puree diet. LM 1/11/22

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall complete an assessment for resident #5. The completed assessment shall be kept in the resident's record. LM 1/11/22

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review the records of all current residents to ensure an assessment completed in its entirety, at least annually, for each resident. LM 1/11/22

Completion Date: 01/11/2022

226a - Mobility Assessment**1. Requirements**

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

226a - Mobility Assessment (continued)

Description of Violation

Resident #1's assessment, dated [REDACTED], indicates the resident is moderately immobile; however, the resident requires the physical assistance of 2 staff persons with the use of a Hoyer lift to transfer in/out of bed/chair.

Plan of Correction**Directed**

Resident #1 assessment, dated [REDACTED] indicated the resident is moderately immobile. On Resident #1 new assessment residents mobility needs has been changed to total immobile due to [REDACTED] is completely immobile due to no lower limbs. Resident #1 has recently passed away. (see attached)

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review all current resident assessments to ensure each resident has been accurately assessed for mobility needs. LM 1/11/22

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a system to ensure resident assessments are updated as mobility needs change. LM 1/11/22

Completion Date: 01/11/2022

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Bilateral half-length bedrails were present at the top of resident #1's bed; however, the resident's most recent support plan, dated [REDACTED], does not address the need for the bedrails or plan to protect the resident from the potential dangers of the bedrails. Also, the resident's support plan does not indicate the need for resident #1 to transfer in/out of bed/chair with the physical assistance of 2 staff persons with the use of a Hoyer lift.

Plan of Correction**Directed**

Resident #1 bedrails was removed on 12/16/2021. The new DME and support plan for [REDACTED] is updated with all the new correct information. Resident #1 used a small bed assistant to help [REDACTED] pull [REDACTED] around in bed. Resident #1 has recently passed away. (see attached)

DIRECTED: Within 5 calendar days of receipt of the plan of correction: The use of bedrails or enablers will be documented in the resident's assessments and support plans and will identify an individual's ability to use the device safely for the purpose it was intended and any risk associated with their use. If any resident is unable to demonstrate the ability to operate the bedrails independently and without assistance, then the resident's physician shall immediately be notified and an alternative shall be used, such as a bed cane. LM 1/11/22

Completion Date: 01/11/2022