



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Emailing Date: December 29, 2022

[REDACTED]  
Connie Eicher  
[REDACTED]

RE: Eicher's Family Home Care  
704 Camp Achievement Road  
Normalville, PA 15469  
LICENSE/COC#: 44674

Dear Ms. Eicher:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 17, 2022 and December 5, 2022, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer".

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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: *12/17/2022*  
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: [REDACTED]  
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: *31* Waking Staff: *23*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint, Provisional, Monitoring* Exit Conference Date: *10/17/2022*

**Inspection Dates and Department Representative**

*10/17/2022 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *42* Residents Served: *25*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *9*

**Number of Residents Who:**

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *21*  
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *6* Have Physical Disability: *1*

**Inspections / Reviews**

**10/17/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/07/2022*

Inspections / Reviews (*continued*)

## 11/09/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/10/2022

## 11/10/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/16/2022

## 12/27/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2022

Reviewer: [REDACTED]

Follow-Up Type: Exception

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, hired [REDACTED], does not have a criminal background check completed.

Repeat Violation: 10/12/2021 et al, 12/25/2021 et al.

Plan of Correction

Accept [REDACTED] - 11/09/2022)

Staff person A's employee file, hired [REDACTED] did not contain a Criminal Background Check as required by the Older Protective Services Act. Completion of the required clearance for Staff person A was obtained by the Administrator on the day of inspection. (see attached). In order to prevent such omissions occurring in the future a Pre Employment check sheet was developed, This Checklist includes the Criminal Background Check as well as other important paperwork which requires completion in the hiring process. See attached. This checklist will be completed by either the Owner or Administrator. It will be utilized for all future employees. After it's completion it will then be given to to the Medication Trainer, who also does the scheduling of all staff at Eicher's. Effective immediately no staff person shall be scheduled to work and have any direct contact with our residents until this checklist is complete. In addition, all current employee files have been reviewed by this Administrator on 10/18/22 to ensure all Criminal Background Checks have been performed.

Licensee's Proposed Overall Completion Date: 11/04/2022

Implemented [REDACTED] - 12/27/2022)

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 10/17/22 at approximately 10:32 a.m., the hot water temperature in the bathroom, next to bedroom #4, measured 124.3 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] - 11/10/2022)

Hot water temperatures in all resident bathtubs and showers may not exceed 120 degrees Fahrenheit. The shower in individual 1's bathroom was 124.3 degrees the morning of inspection. The staff was immediately notified that the water in this bathroom was not to be used until further notice. All staff will be educated concerning the State's Water Temperature Policy and the importance of this policy to ensure resident safety during Eicher's mandatory monthly staff meeting by 11/30/22. During this meeting staff members will also be instructed that if at any time they feel the water temperature may be too warm they are to report such an event to this Administrator or Owner immediately. The home's maintenance man was notified the afternoon of inspection. The maintenance man adjusted the temperature in BR adjacent to bedroom #4's room 10/17/2022 afternoon. Additionally, the water in all other bathrooms were checked and found to be within acceptable temperatures on 10/18/2022, In order to ensure that future such incidents do not occur a monthly check list was developed. The maintenance man was instructed to conduct monthly checks beginning November 2022 on the bathroom's water temperatures and adjust the water

**89b - Hot Water Temperature (continued)**

tank as necessary to ensure compliance. The check sheet is to be given to the Administrator each month after completion and filed in the Administrator's office. See attached check sheet.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (█) - 12/27/2022)

**90b - Staff Communication****3. Requirements**

2600.

90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

**Description of Violation**

The home does not have a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency. On 10/17/22, the home served 25 residents.

**Plan of Correction**

Accept (█) 11/09/2022)

Any home which serves 9 or more residents shall have a means of communication in which staff can contact each other in case of emergency, Eichers is in the process of obtaining 10 walkie talkies to ensure improved staff communication in an emergency. See attached invoice. Upon receipt of these walkie talkies an inservice shall be scheduled instructing all staff about the proper use of these walkie talkies. Connie Eicher will conduct this inservice. This will be completed by 11-30-2022,

Licensee's Proposed Overall Completion Date: 11/04/2022

Implemented (█) - 12/27/2022)

**101j7 - Lighting/Operable Lamp****4. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

Resident #1 does not have access to a source of lighting that can be turned on/off at bedside.

**Plan of Correction**

Accept (█) - 11/09/2022)

Each resident shall have a source of lighting at their bedside. A light bulb was found to be not working at Resident #1's bedside the morning of inspection. The light bulb was replaced immediately. A check of all bedside lamps was completed 10/17/2022 afternoon. All other lightbulbs were in working order. In order to avoid future light bulb failures an inservice was conducted 10/17/2022. The Evening Residence Care Aides were instructed that when settling their assigned patients in bed at night that they are now to also turn on all bedside lights and replace non operational bulbs as needed. This practice is to begin immediately. In order to ensure this is being done a monthly check sheet was developed. The Medication Trainer will check all lightbulbs monthly using this check list beginning November 2022. See attached check list.

Licensee's Proposed Overall Completion Date: 11/04/2022

Implemented (█) - 12/27/2022)

## 132c - Fire Drill Records

## 5. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

## Description of Violation

*The fire drill conducted in August does not indicate the date.*

## Plan of Correction

Accept [REDACTED] 11/09/2022)

*Monthly fire drill records will include the month, day and year in addition to other required information. The Fire Drill Record noted on the day of inspection lacked the day of the month. The record was rewritten to correctly reflect the day of the month. See attached. In the future (beginning November 2022) the Fire Drill Record will be transcribed on the original form utilized by this PCH. The original form has the month and year blank and will prevent confusion as to the date. (ie the new form used had 1/22, 2/22 etc where the original form used was blank as to the date). Beginning November 2022 the Owner will record the drills and the Administrator will check for completeness monthly. A check sheet will be used. See attached.*

Licensee's Proposed Overall Completion Date: 11/04/2022

Implemented [REDACTED] - 12/27/2022)

## 185a - Implement Storage Procedures

## 6. Requirements

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 #4's Novolog Flexpen does not indicate the date it was opened, the label was blank.*

## Plan of Correction

Accept [REDACTED] - 11/09/2022)

*All opened insulin pens will be labeled as to the date opened. Resident #4's Novolog Flexpen label was blank. The Medication Aide had failed to mark the date it was opened. The insulin pen was dated immediately following the inspection. An Inservice including all Med Aides was conducted by The Medication Trainer and held on 10-19-2022. The importance of labeling all opened medications with the date and their initials was reinforced. See attached sign in sheet. The Medication Trainer will monitor for Med Aide Compliance using a monthly check sheet starting November 2022. See attached.*

Licensee's Proposed Overall Completion Date: 11/04/2022

Implemented [REDACTED] - 12/27/2022)

## 224a - Preadmission Screen Form

## 7. 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.

## 224a - Preadmission Screen Form (continued)

**Description of Violation**

Resident #2's preadmission screening form, dated [REDACTED] does not include the resident's age or whether or not the resident can safely use and avoid poisonous materials.

Repeat Violation: 10/12/2021, et al, 12/25/2021 et al

**Plan of Correction**

Accept [REDACTED] - 11/09/2022)

A determination of the PCH's ability to safely manage prospective residents will be developed by information included on the Preadmission Screening. A determination will be made within 30 days and documented on this screening. On 10/17/2022, the day of Eicher's inspection, the Preadmission Screening form completed on Resident #2 was found to be incomplete. However I believe that was meant to read Resident #1 as this is the date of his Prescreening. The resident's age and ability to safely use and avoid poisonous materials was not addressed. This Preadmission Screening was completed on [REDACTED]. See attached. In the future the Preadmission Screening will be visually reviewed by Owner, Administrator and Medication Trainer during meetings utilized to determine the patient's appropriateness for Admission. All omissions will be noted by the review of 2 peers. The omissions will be corrected at this time.

Licensee's Proposed Overall Completion Date: 11/04/2022

Implemented [REDACTED] - 12/27/2022)

## 225c - Additional Assessment

**8. Requirements**

2600.

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

1. Annually.

**Description of Violation**

Resident #3's most recent assessment was completed on [REDACTED]

Repeat Violation: 12/25/2021 et al

**Plan of Correction**

Accept [REDACTED] 11/09/2022)

Each resident will have an Annual Assessment. During the home's annual inspection on 10/17/2022 it was found that Resident 3's Assessment was last completed [REDACTED] 2. The resident's RASP was completed on the day of inspection. See attached. In the future Resident Assessments will be completed within the State's timelines. A calendar was developed which plotted the upcoming year's Assessment due dates which will remind the Administrator when Rasps need to be completed, New admissions will be added as needed. See attached. This calendar will be stored in the computer so as to maintain resident privacy,

Licensee's Proposed Overall Completion Date: 11/04/2022

Implemented [REDACTED] - 12/27/2022)