

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

February 28, 2025

[REDACTED]
CONNIE S EICHER
[REDACTED]

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 02/06/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *EICHER'S FAMILY HOME CARE* License #: *44674* License Expiration: *12/29/2025*
 Address: *704 CAMP ACHIEVEMENT ROAD, NORMALVILLE, PA 15469*
 County: *FAYETTE* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *CONNIE S EICHER*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *02/06/2025*

Inspection Dates and Department Representative

02/06/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *42* Residents Served: *31*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *7*

Number of Residents Who:
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *29*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

02/06/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/21/2025*

02/13/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/27/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/18/2025*

Inspections / Reviews *(continued)*

02/18/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/25/2025

02/28/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to The Care Facility Carbon Monoxide Alarms Standards Act, Section 3(a)(1) An approved carbon monoxide alarm at a care facility shall be installed in close proximity of, but not less than 15 feet from any fossil fuel-burning device or appliance. However, at approximately 11:15 a.m., there was no carbon monoxide detector in the home's laundry room which uses a propane fueled clothes dryer.

Plan of Correction

Directed () - 02/18/2025

ON FEBRUARY 06, 2025 THE CARBON MONOXIDE DETECTOR WAS PLACED IN THE LAUNDRY ROOM APPROXIMATELY 17FEET FROM THE PROPANE DRYER. THE BATTERIES WERE DATED. ON FEBRUARY 10, 2025 THE ADMINISTRATOR SPOKE WITH ANCILLARY STAFF, MADE THEM AWARE OF THE CARBON MONOXIDE DETECTOR, ITS LOCATION AND EDUCATED THEM ON THE MANUFACTURER DIRECTIONS OF PROPER FUNCTIONING. THE DETECTOR WILL BE CHECKED ON A MONTHLY BASIS, TO ENSURE PROPER FUNCTIONING. BATTERIES WILL BE CHANGES YEARLY AND AS NEEDED.

Proposed Overall Completion Date: 02/14/2025

DIRECTED

Within 2 days of receipt of the accepted plan of correction: The administrator or designee shall initiate the monthly checks indicated in the home's plan of correction. 2/18/25 ()

Directed Completion Date: 02/20/2025

Implemented () - 02/28/2025

82c - Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 10:50 a.m., there was a nearly full 32oz container of Amos Super Fast drain cleaner setting on a shelf in the playroom off the kitchen with warning: If swallowed, call poison Control Centre or doctor immediately. Resident #1 is not assessed as able to safely use/avoid poisonous material.

Plan of Correction

Directed () - 02/18/2025

UPON DISCOVERING THE BOTTLE OF AMOS SUPER FAST DRAIN CLEANER IN THE PLAYROOM ON FEBRUARY 06, 2025 THE OWNER REMOVED THE DRAIN CLEANER IMMEDIATELY AND PLACED IN A LOCKED CABINET. ADMINISTRATOR EDUCATED ALL STAFF ON FEBRUARY 10, 2025 ABOUT THE IMPORTANCE, OF ALL HAZARDOUS CHEMICALS BEING LOCKED AT ALL TIMES. ADMINISTRATOR AND ALL STAFF MEMBERS WILL MONITOR DAILY TO MAKE SURE ALL HAZARDOUS CHEMICALS ARE STORED PROPERLY IN A SECURE LOCATION.

82c - Locking Poisonous Materials (continued)

DOCUMENTATION OF EDUCATION WILL BE KEPT IN ALL EMPLOYEE CHARTS

Proposed Overall Completion Date: 02/14/2025

DIRECTED

Within 2 days of receipt of the accepted plan of correction: The administrator or designee shall initiate the daily monitoring indicated in the home's plan of correction. 2/18/25

Directed Completion Date: 02/20/2025

Implemented () - 02/28/2025

103f - Refrigerator/Freezer Temps

3. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 10:30 a.m., there was no thermometer in the white chest freezer on the left of the two chest freezers in the home's storage room that is accessed from outside on the kitchen level of the home.

Plan of Correction

Directed () - 02/18/2025

ON FEBRUARY 06, 2025 A THERMOMETER WAS PLACED IN THE CHEST FREEZER BY THE OWNER. ON FEBRUARY 10, 2025 THE ADMINISTRATOR EDUCATED KITCHEN STAFF ON PLACEMENT OF THERMOMETER IN THE CHEST FREEZER, AND THE PROPER STORAGE TEMPERTAURE FOR FROZEN FOODS. ADMINISTRATOR AND KITCHEN STAFF WILL MONITOR THE FREEZER WEEKLY TO MAKE SURE THE THERMOMETER IS IN PLACE AND WORKING PROPERLY.

DOCUMENTATION OF EDUCATION WILL BE KEPT IN EMPLOYEE CHARTS

Proposed Overall Completion Date: 02/14/2025

DIRECTED

Within 2 days of receipt of the accepted plan of correction: The administrator or designee shall initiate the weekly monitoring indicated in the home's plan of correction. 2/18/25

Directed Completion Date: 02/20/2025

Implemented () - 02/28/2025

143a - Emergency Medical Plan

4. Requirements

2600.

143.a. The home shall have a written emergency medical plan that includes the following:

1. The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.

Description of Violation

The home's written emergency medical plan does not include that the hospital or source of health care that will be used in an emergency shall be the resident's choice, if possible.

143a - Emergency Medical Plan (continued)

Plan of Correction

Accept (█ - 02/18/2025)

ON FEBRUARY 06, 2025 THE FACILITY EMERGENCY MEDICAL PLAN WAS UPDATED AND STATES "HOSPITAL OR SOURCE OF HEALTH CARE WILL BE THE RESIDENTS CHOICE, IF POSSIBLE" IN THE EVENT OF AN EMERGENCY. ON FEBRUARY 10, 2025 ADMINISTRATOR REEDUCATED ALL DIRECT CARE STAFF ON THE UPDATED EMERGENCY MEDICAL PLAN, AND MADE THEM AWARE IN AN EMERGENCY SITUATION, THE HOSPITAL WILL BE OF THE RESIDENTS CHOICE IF POSSIBLE. ADMINISTRATOR WILL CONTINUE TO MONITOR THE EMERGENCY MEDICAL PLAN AND MAKE NECESSARY CHANGES. DOCUMENTATION OF EDUCATION WILL BE KEPT IN EMPLOYEE CHARTS.

Licensee's Proposed Overall Completion Date: 02/14/2025

Implemented (█ - 02/28/2025)

187b - Date/Time of Medication Admin.

5. Requirements

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 #2 is prescribed Tramadol - take one tablet by mouth every eight hours as needed for pain. At 1:19 p.m., there were 19 tablets remaining in the medication blister pack, but the count sheet indicated that 20 tablets should remain. Staff person A informed the home's administrator that █ administered the medication on 2/5/25 in the evening but did not document the administration of the medication on the resident's medication administration record nor the medication count sheet.

Plan of Correction

Directed (█ - 02/18/2025)

ON FEBRUARY 06, 2025 THE ADMINISTRATOR SPOKE WITH STAFF PERSON A ABOUT THE IMPORTANCE OF DOCUMENTATION, ALL DOCUMENTATION SHOULD BE COMPLETED WHEN THE MEDICATION IS ADMINISTERED. ON FEBRUARY 07, 2025 ADMINISTRATOR SPOKE WITH ALL MEDICATION TECHNICIANS, ABOUT DOCUMENTATION AND HOW TO DO SO PROPERLY. ADMINISTRATOR WITH HELP FROM THE MEDICATION SUPERVISOR, WILL CLOSELY MONITOR DOCUMENTATION ON A WEEKLY BASIS STARTING FEBRUARY 10, 2025, TO ASSURE THAT MEDICATIONS THAT ARE ADMINISTERED ARE DOCUMENTATED CORRECTLY. DOCUMENTATION OF EDUCATION WILL BE KEPT IN MEDICATION TECHNICIANS FILE.

Proposed Overall Completion Date: 02/14/2025

DIRECTED

Within 2 days of receipt of the accepted plan of correction: The administrator shall ensure all staff education related to Regulation 2600.187(b) is maintained in accordance with Regulation 2600.65(i). 2/18/25 █

Within 2 days of receipt of the accepted plan of correction: The administrator or designee shall audit all resident MARs to ensure the MARs accurately reflect the administration of medications. Documentation of audits shall be kept. 2/18/25 █

Directed Completion Date: 02/20/2025

187b - Date/Time of Medication Admin. *(continued)*

Implemented ([REDACTED] - 02/28/2025)